

Bundle Strategy, Partnerships and Population Health Committee 1 October 2020

Unfortunately we are presently unable to accommodate attendance by members of the public to our Health Board's committee meetings due to Covid-19 restrictions. However we will endeavour to publish our draft minutes within 3 working days of the meeting taking place

- 1 09:15 - SP20.56 Welcome and Chair's opening remarks
- 1.2 SP20.57 Apologies for absence
- Apologies received from Helen Wilkinson and Adrian Thomas re item SP20.68*
- 3 SP20.58 Declarations of Interest
- 4 09:25 - SP20.59 Draft minutes of the meeting held on 13.8.20 for accuracy, matters arising and summary action plan
- SP20.59a Minutes SPPHC 13.8.20 v.05 draft.docx
- SP20.59b Summary Action Log.docx
- 5 STRATEGY
- 5.1 09:30 - SP20.60 Q2 Operational plan monitoring 2020/21
- Mark Wilkinson*
Recommendation:
The Strategy, Partnerships & Population Health Committee is asked to note the report.
- SP20.60a Q2PMR August 2020.docx
- SP20.60b BCU Quarter Two Plan Monitoring Report - August 2020 FINAL.pdf
- 5.2 09:50 - SP20.61 Plans to support Quarter 3/4 2020/21
- 5.2.1 SP20.61.1 Draft Winter Resilience plan 2020/21
- Gavin Macdonald in attendance*
Recommendation:
The Committee is asked to note the work being done to strengthen delivery over winter 2020-21, alongside the Covid-19 pandemic response, which includes bed capacity modelling, and potential schemes developed by the health communities, in partnership with Local Authorities in order to support delivery over winter.
- SP20.61.1a Draft BCU Winter Resilience Plan.docx
- SP20.61.1b BCUHB overarching Winter Resilience Plan template_draft v 0.04 SPPH.docx
- 5.2.2 SP20.61.2 North Wales Local COVID-19 Prevention and Response Plan
- Sally Baxter in attendance*
Recommendation
The Committee is asked to receive the current draft of the North Wales Plan, note the work being undertaken to progress priority areas and offer any comments to support finalisation of the document.
- SP20.61.2a Prevention Response Plan template.docx
- SP20.61.2b North Wales COVID-19 Prevention Response Plan v4 23 09 20.docx
- 5.2.4 SP20.61.3 Care Homes action plan
- Grace Lewis Parry in attendance*
Recommendation:
The Committee is asked to note the progress made with regards to
The actions taken to date to support care homes , their residents and staff during Covid 19
The commitments made in regional care home action plan
- SP20.61.3a care home plan template.docx
- SP20.61.3b RAPID REVIEW OF CARE HOMES ACTION PLAN 2.7 final.docx
- 5.3 10:35 - SP20.62 Q 3 & 4 BCU Sustainable Services Delivery Plan
- Mark Wilkinson*
John Darlington in attendance
Recommendation
It is recommended that the Committee:
1. Receive the draft Q3/4 summary plan
2. Provide feedback to support refinement of the plan ahead of presenting to the Health Board in October.
- SP20.62a Q3-4 Plan 1.10.20.docx
- SP20.62b Draft Q3-4 Summary Board Plan v0.03.docx
- 5.4 11:05 - Comfort break
- 5.5 11:15 - SP20.63 Presentation : Digitally enabled clinical services strategy
- Arpan Guha*
- SP20.63 Clinical Strategy presentation.ppt
- 5.6 11:35 - SP20.64 Business Continuity Planning and Emergency Preparedness

Mark Wilkinson

John Darlington in attendance

Recommendation:

It is recommended that SPPH Committee

1. Receive this report which outlines progress against BCM & EPRR guidance and 2020/21 work programme.

2. Approve the 2020/21 CCG Work Programme

3. Support in principle the recommendation to strengthen overall EPRR capacity and capability to manage training, exercising, planning and response arrangements going forward, specifically:

• the establishment of a senior tactical advisor role across the health Board to support emergency response arrangements.

• additional temporary capacity to support the development and delivery of BCU wide training programme which has been impacted as a result of responding to Covid-19.

alongside this, it is recommended that a full review of the capacity of divisional teams should be undertaken to deliver the EPRR agenda across the Health Board, supported by a EPRR team.

SP20.64 Business Continuity and Emergency Preparedness September 2020.docx

5.6.1 11:55 - SP20.64.1 Business Continuity lessons learned in Covid 19 response to date

Recommendation:

It is recommended that the Committee:

• Receive the report and consider the draft findings.

• Approve the actions identified within the report to ensure improved management arrangements going forward.

SP20.64.1 Covid 19 Debrief Lessons learned report V2.docx

5.8 12:05 - SP20.65 Childrens rights approach

Chris Stockport

Liz Fletcher Assistant Director Children's Services (West) in attendance

Recommendation:

The Committee is asked to:

approve the paper;

support the continuation of a training awareness programme for staff, leading to the development of an action plan to ensure that children's rights are prioritised in all that we do;

endorse the recommendation to identify an Executive Lead for Children's Rights

SP20.65 Children's Rights v2.docx

6 PRIMARY CARE

6.1 12:20 - SP20.66 Strategic Programme for Primary Care

Chris Stockport

Clare Darlington in attendance

Recommendation:

It is recommended that the Committee:

Notes the work to date of the all Wales Strategic Programme for Primary Care, and the outputs delivered;

Notes the alignment required with the Health Board's strategic and operational plans;

Advises on the future reporting requirements in relation to the Programme.

SP20.66 Primary Care Strategic programme.docx

7 PUBLIC HEALTH

7.1 12:40 - SP20.67 Test, Trace and Protect (TTP) update

Teresa Owen

Recommendation:

The Committee is asked to

note the status of the multiagency response programme for the North Wales TTP programme.

note the summary of achievements during the start-up of the tracing service through the Regional Planning Group.

approve the TTP Strategic Oversight Group Terms of Reference.

SP20.67a TTP Report September 2020 v1.0.docx

SP20.67b Appendix 1 ToR TTP Strategic Oversight Group DRAFT v0 2.doc

SP20.67c TTP Appendix 2 - The Role of the Regional Hub.docx

9 12:55 - Items for information

9.1 SP20.68 Joint Update on Covid 19 Research and Innovation (R&I) 13/08/20 – 21/09/20

Recommendation

The Committee is asked to note the update

SP20.68 Joint update on collaboration undertaken re Covid19 RI 31.8-21.9.20.docx

9.2 SP20.69 Engagement update

Recommendation:

The Committee is asked to note the progress detailed in this paper.

SP20.69 Public Engagement Update September 2020.docx

9.3 13:00 - SP20.70 Workforce policies and procedures WP7 and WP8

Recommendation:

The Committee is asked to note that WP8 and WP7 were approved by the Committee Chair following the Committee meeting held on 13.8.20

SP20.70a Approved workforce policies WP7 and WP8 for information.docx

SP20.70b App1 WP8 Equality Diversity Human Rights Policy 2020 v2.docx

SP20.70c App2 WP7 BCUHB Procedure for Equality Impact Assessment 2020 Review 2.doc

10 SP20.71 Issues of significance to inform the Chair's assurance report

11 13:00 - SP20.72 Date of next meeting 10.12.20



Strategy, Partnerships and Population Health Committee (SPPHC)
Draft minutes of meeting held in public on 13.8.20
via webex

Present:

Lyn Meadows	Independent Member (Acting Chair)
Nicky Callow	Independent Member (<i>part meeting</i>)
John Cunliffe	Independent Member
Helen Wilkinson	Independent Member

In Attendance:

Sally Baxter	Assistant Director ~ Health Strategy
Alaw Griffiths	Welsh Language Standards Compliance Officer (<i>part meeting</i>)
Teresa Owen	Executive Director Public Health (<i>part meeting</i>)
Lesley Singleton	Director Partnerships ~ Mental Health (<i>part meeting</i>)
Chris Stockport	Executive Director Primary and Community Services
Adrian Thomas	Executive Director Therapies and Health Sciences (<i>part meeting</i>)
Diane Davies	Corporate Governance Manager (Committee secretariat)

Agenda item discussed	Action by
SP20/35 Chair's welcome and opening remarks SP20/35.1 The Committee Chair noted that BCUHB was unfortunately unable at the present time to accommodate attendance by members of the public at Health Board committee meetings due to Covid-19 (C19) restrictions. SP20/35.2 The Committee Chair reported a number of issues with inadequate completion of the report templates, which the Assistant Director Health Strategy agreed to address with the authors concerned	SB
SP20/36 Apologies for absence Apologies were noted from Mark Wilkinson (for whom Sally Baxter deputised), Sue Green, David Fearnley, John Darlington and Rob Nolan.	
SP20/37 Declarations of interest IM Helen Wilkinson reported her substantive appointment to be Chief Officer, Denbighshire Voluntary Services Council in relation to third sector matters and involvement in the community transformation programmes as part of partnership work.	

<p>SP20/38 Draft minutes of the meeting held on 9.6.20 for accuracy, matters arising and summary action plan</p> <p>SP20/38.1 The minutes were agreed as an accurate record and there were no matters arising.</p> <p>SP20/38.2 The summary action log was updated and in the ensuing discussion the following was noted:</p> <p>SP20/38.2.1 The Committee expressed concern in deferring the business continuity update, given the feedback provided at the March meeting and the current extended major incident response in effect. The Executive Director Primary and Community Services agreed to relay the Committee's concern in respect of testing, capacity and capability feedback to the Executive Director of Planning and Performance to address with the Committee Chair.</p> <p>SP20/38.2.2 The Chair of the Digital and Information Governance Committee (DIGC) agreed to address the Committee's concern in respect of the operational difficulties arising from the delayed implementation of WCCIS (as outlined in the Engagement briefing note) via DIGC.</p>	<p>CS</p> <p>JC</p>
<p>SP20/39 2019/20 annual plan reconciliation</p> <p>SP20/39.1 The end of year reconciliation which had previously been scrutinised by the Finance and Performance Committee was reviewed. The Committee requested that the following observations be addressed</p> <p>AP016 Digitally enabled Community Care- WCCIS. The Executive Director of Primary and Community services agreed to explore further the concerns raised by members. The Committee emphasised the delay in implementing an alternative solution at pace was a barrier to moving forward transformational change in this important area.</p> <p>AP077 Planning – PMO Capacity and Programme Management – it was confirmed that the Executive Team were addressing the Committee's concern in that the issues were not only impeding addressing financial management but also delaying moving forward improvement work in transformational management.</p> <p>AP072 Medical Records. The Assistant Director Health Strategy agreed to provide greater detail on the implications of potential alternative plans for the Ablett unit, in relation to medical record storage.</p> <p>It was resolved that the Committee noted the report</p>	<p>CS</p> <p>SB</p>
<p>SP20/40 2020/21 Quarter 1 operational plan monitoring</p> <p>It was resolved that the Committee</p>	

noted the report	
<p>SP20/41 Q2 plan and development of Q3 2020/21</p> <p>SP20/41.1 The Assistant Director Health Strategy confirmed that the quarter (Q)2 plan had been submitted to Welsh Government (WG) and therefore was provided for the Committee to note, given the Committee's delegated role by the Board in respect of the Board's strategy and planning oversight. She advised that BCU's next operational plan was likely to be of 6 months duration. Whilst the WG template was still awaited, the Executive Team were developing plans as the timescale for submission would be challenging.</p> <p>SP20/41.2 The Committee noted that whilst the Q2 plan had been submitted, there had been some concerns in respect of Mental Health and some other areas. In respect of the draft Q3/4 process the Committee Chair questioned whether there was sufficient capacity within the Intelligence Cell to meet the critical work apportioned to it, which was affirmed as being addressed. The Committee also questioned whether capacity and demand modelling was being addressed across the organisation as opposed to primarily focussed on the acute area. The Assistant Director Health Strategy confirmed that primary, secondary and independent care was being looked at as well as mental health, but that this was complex. Discussion also ensued on 'Winter planning'. It was confirmed that the newly commenced Interim Chief Operating Officer was planning to ensure this area would be understood and managed. It was recognised that with the presence of Covid19 a difficult winter period would lie ahead but emergency response and surge plans would be incorporated within BCU's Q3/4 plan.</p> <p>SP20/41.3 The Committee questioned how 'outcomes', as previously incorporated into BCU's logic based planning, would be incorporated into the plans. Discussion ensued in which the Committee emphasised the need to include weighted outcomes in order that progress could be monitored and decisions evaluated more easily. It was acknowledged that the organisation had gone through a necessary period of short term planning which required a task led approach however, there was a need to focus on the longer term. The Assistant Director Health Strategy advised that next Q3/4 iteration would take into account the 'outcome' discussion. The Executive Director of Public Health stated that she would link in with the Assistant Director Health Strategy in respect of the harm prevention approach and framework.</p> <p>SP20/41.4 Attention was drawn to inequalities which had arisen in response to the pandemic and the Committee stressed the need to ensure that Equality Impact Assessments were carried out throughout BCU's developments.</p> <p>SP20/41.5 The Committee also questioned whether there would be consistency within the read across between programme/project leads given the tight turnaround required, it was noted that there were planning team members involved in each, however availability issues would be challenging due to the season and acknowledging that it was important to protect staff annual leave needs for their wellbeing. In response to the Committee Chair, the Assistant Director Health Strategy confirmed that the Q3/4 plan would be referred to as BCU's Sustainable Services Delivery Plan.</p>	

<p>SP20/41.6 It was agreed that the Assistant Director Health Strategy would liaise with the Committee Chair and available SPPHC members to discuss the plan further outside the meeting.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> supported the proposed approach, as set out in Appendix 1, in the development of BCU's plan into Q3 / Q4 raised concern in respect of capacity within the Intelligence Cell to support all the tasks outlined effectively noted the Q2 plan to support service delivery during the Covid19 pandemic 	SB/LM
<p>SP20/41.1 COVID-19 prevention and response plan</p> <p>SP20/41.1.1 The Assistant Director Health Strategy provided a verbal update. It was noted that WG had requested a local plan be provided in response to the Covid19 pandemic by 12.8.20. This Local Covid19 Prevention and Response Plan would set out how organisations in North Wales would work together to manage both prevention of the further spread of the Covid19 virus and their response in the event of further outbreaks. The plan had been developed in partnership between BCU and the six North Wales Local Authorities of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham. The Local Authorities had been central to the management of the response in North Wales and their role would be critical to effective future work to ensure promotion and protection of the health of the North Wales population.</p> <p>SP20/41.1.2 The Health Board and Local Authorities also recognised the contribution of the wider partners in North Wales – working through the North Wales Resilience Forum, the Regional Partnership Board and the Public Services Boards, the third sector and the people of North Wales themselves.</p> <p>SP20/41.1.3 It was important that the three tiers envisaged in the national strategic management of the Covid-19 pandemic – national, regional and local – linked to support a system-wide approach. Six principles had been identified as supporting this. The Assistant Director Health Strategy reported that an initial draft had been provided to Public Health Wales.</p> <p>SP20/41.1.4 The Executive Director of Public Health commended the work undertaken to turnaround the draft report within the 2 week period working with external partners, advising that the plan would be a live document that would be added to as circumstances required. The Assistant Director Health Strategy also advised that there was further work to be done in respect of surveillance, joint intelligence cells and clarity on national level of support. She reported on the timeframe for vaccine delivery plans and flagged various issues including incident/outbreak management and capacity to be worked through.</p> <p>SP20/41.1.5 The Committee was keen that the 'loop be closed' in respect of Third Sector inclusion and the Assistant Director Health Strategy agreed to link in with Independent Member Nicky Callow on University developments being moved forward to address the potential impacts of students commencing their studies shortly.</p>	SB/NC

<p>It was resolved that the Committee</p> <ul style="list-style-type: none"> noted the verbal report noted the final iteration would be provided to the Board in due course 	
<p>SP20/42 Regional Partnership Board update</p> <p>The Committee noted the draft minutes of the meeting held on 10.7.20 and raised concern regarding the endorsement of the North Wales Dementia Strategy, questioning the governance process involvement of partner organisations. The Committee queried whether strategies were considered prior, or post, presentation to the RPB. In respect of the dementia strategy members questioned whether BCU clinician input had been sought and were also particularly concerned with the disproportionate impacts that the response to Covid 19 had on the North Wales population affected by dementia. Following further discussion it was agreed that the Executive Director of Public Health and Assistant Director Health Strategy would advise when this would be reported to BCU's Board, seek further clarification on the general governance process of presenting North Wales strategies to the RPB / partnership organisations and also clarify the role of SPPHC within this process.</p> <p>It was resolved that the Committee note the update from the North Wales Regional Partnership Board</p>	TO/SB
<p>SP20/43 Public Service Board update : Conwy & Denbighshire</p> <p>The Committee received the annual report 2019/20 observing that it did not contain clarity on measures and outputs. The Assistant Director Health Strategy agreed to provide this feedback to the author. Independent Member Helen Wilkinson declared an interest given her role as CEO of Denbighshire Voluntary Services Council and remarked that the report reflected the current state of PSB maturity and also partnership working across North Wales.</p> <p>It was resolved that the Committee noted Conwy and Denbighshire Public Services Board Annual Report 2019/20 in respect of the priorities and work programme</p>	SB
<p>SP20/44 Transformation fund updates</p> <p>SP20/44.1 Community Services Transformation fund update</p> <p>SP20/44.1.1 The Executive Director of Primary and Community Services presented this item. He advised that the transformation programme had been impacted by the Covid19 response, however this had now regrouped and had held a very positive workshop that confirmed the programme to be on track and the different ways of working in response to Covid19 had helped some community transformative work such as:</p> <ul style="list-style-type: none"> IT infrastructure within partnerships and community 	

- Appetite to move quickly into integration through workforce governance
- Working to mature care capacity and address fragility within the care sector especially in relation to Covid 19

SP20/44.1.2 He also flagged that there was potential for funding to be affected as the majority had been made available through A Healthier Wales; it was uncertain whether this would be rolled forward, however there was work underway to ensure further work would be undertaken within the budget allocated.

SP20/44.1.3 The Committee raised concern with the potential financing uncertainty moving forward, including the risk due to funding cessation. The Executive Director of Primary and Community Services confirmed that work to address staffing costs through existing budgets was underway; however, whilst not pessimistic, he was unable to provide further clarity at the present time.

SP20/44.1.4 The Committee Chair made positive reference to the last two targets within the highlight report which focused upon Design Principles based upon local needs assessments in order to identify areas for development. She asked how BCU could embed these principles more widely across the Health Board. The Executive Director of Primary and Community Services advised that he believed a successful Clinical Services Strategy must incorporate that and provide the route in. A discussion ensued regarding this. The Executive Director of Primary and Community Services identified that, in his view, BCU often conflated the Clinical Services *strategy* with a Clinical services *plan*. He suggested that the 'strategy' should be about creating the organisational architecture and value-based principles that ensure that BCU's clinical services were appropriately balanced and prioritised; the 'plan' was the part where clinician leadership informs specific clinical service design, operating within the strategic values and boundaries. There was strong agreement with this from all the Committee members present, agreeing that the Health Board should seek to de-conflate the strategy from the operational planning, and ensure that the strategy architecture included the Design Principles identified by the Committee Chair.

It was resolved that the Committee noted the progress reported and plans for its recovery

<p>SP20/44.2 Mental Health Transformation Fund update</p> <p>SP20/44.2.1 The Director of Partnerships - Mental Health joined the meeting to present this item. She advised that there was a correlation between the transformation programme and work within Primary Care. The Director of Partnerships – Mental Health referred the Committee to the report provided.</p> <p>SP20/44.2.2 The Committee questioned financial implications within the report. The Director of Partnerships – Mental Health agreed to address the risk table to provide reference to likelihood, in line with BCU's standard risk management methodology.</p> <p>SP20/44.2.3 The Committee was pleased to note the case studies referenced in the report which provided an important reflection on BCU's patients' journeys.</p> <p>It was resolved that the Committee noted the report</p>	<p>LS</p> <p>LS</p>
<p>SP20/44.3 Learning Disabilities Transformation Fund update</p> <p>SP20/44.3.1 The Director of Partnerships - Mental Health presented this item. The report reflected that due to the response to Covid 19 the transformation team members - the local authorities and BCUHB staff - had been redeployed into key clinical areas to support. This had impacted on progress of some of the work streams. However, during this time 3 main areas continued to be progressed with the Learning Disability Senior leadership team's continued support that added value to the Covid19 responses. This included Programme and Get Checked out North Wales websites; Learning Disability Transformation Fund: small projects and New activity in response to Covid19 emergency measures.</p> <p>SP20/44.3.2 The Director of Partnerships - Mental Health advised that during the Covid19 response there had been a rise in health inequalities for people with learning disabilities along with an increase in complex needs which needed to be addressed. She drew attention to the Strategy's priority in moving forward patient independence and highlighted the positive actions that had taken place at the Bryn Y Neuadd site with staff putting their patients first during the Covid19 response.</p> <p>SP20/44.3.3 The Committee questioned what barriers to delivery existed. The Director of Partnerships – Mental Health referred members to Appendix 2 of the report and, following discussion, agreed that the Division would address the need for timescales to be provided. She also took onboard comments regarding lack of clarity within Appendix 1 actions and undertook to address these with the Programme Group.</p> <p>It was resolved that the Committee noted the report</p> <p><i>The Director of Mental Health Partnerships left the meeting</i></p>	<p>LS</p> <p>LS</p>

SP20/45 University Health Board status review update

SP20/45.1 The Executive Director of Therapies and Health Sciences joined the meeting to present the item. He advised that the University Health Board (UHB) Status triennial review was due to take place at the end of 2019. However, an update was provided at a recent all Wales Research & Development Directors meeting by the Welsh Government UHB review lead confirming that it had planned to extend the timeline in order to incorporate a review of the current criteria and to strengthen the process. It was reported that BCU had started to collate evidence whilst waiting for further guidance on re-commencement.

SP20/45.2 The Executive Director of Therapies and Health Sciences also reported that the paper proposed to hold workshops with key stakeholder and health board representation, possibly in September, with the following expected outputs: Developing new criteria; Strengthening the process; better alignment with the Integrated Medium Term Plan and an agreed format and process in place to demonstrate value and improvement.

SP20/45.3 The Committee raised deep concern that the Health Board could potentially lose its University status based on the recommendations provided. However, the Executive Director of Therapies and Health Sciences advised that a letter had been received on 12.8.20 from Ifan Evans, Director Technology, Digital & Transformation at the Welsh Government regarding 2020 Triennial Review of University Status stating that "As previously advised, the review process is not a re-assessment of University status, and it is not intended that organisations should 'renew' or potentially 'lose' their current designation. The review process will now be changed to an annual cycle, better aligned to the IMTP process."

SP20/45.4 The Committee emphasised the need to ensure data collection was provided in the areas of Research, Learning and Teaching, Innovation and Workforce Planning and also have a clear alignment with key individuals in partnership working. The Executive Director of Therapies and Health Sciences was encouraged to ensure discussion was held with Bangor University's College of Health Sciences.

SP20/45.5 It was agreed that a meeting be arranged between the Independent Member Nicky Cowell and the Executive Director of Therapies and Health Sciences to facilitate the enablement of a robust submission, ensuring that the work with the transformational School of Medicine was also incorporated.

It was resolved that the Committee noted the report

AT/NC

<p>SP20/46 Covid 19 Research and Innovation report</p> <p>SP20/46.1 The Executive Director of Therapies and Health Sciences advised that despite the clinical pressures during the pandemic, research, innovation and audit activity had continued at pace generating valuable evidence. Many examples of which were detailed within the report provided. Committed clinical teams had also supported research, innovation and audit across the health board. Research and innovation activity generated much positive media interest with researchers and innovators across BCUHB contributing to local and national television, radio and press interviews.</p> <p>SP20/46.2 The Committee acknowledged the positive contribution that had been made to date. However, the Committee encouraged the Health Board to become involved in large scale studies currently involving Bangor University on a worldwide basis to optimise integration into important research studies.</p> <p>SP20/46.3 Following discussion it was agreed that a meeting take place between the Independent Member Nicky Cowell and the Executive Director of Therapies and Health Sciences to ensure groups were drawn together with University personnel to move forward health care research.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> noted the report agreed a collaborative joint report would be provided to the Committee on 1.10.20 on progress achieved between 13.8.20 and 21.9.20 <p><i>The Executive Director of Therapies and Health Sciences left the meeting</i></p>	<p>AT /NC</p> <p>AT/NC</p>
<p>SP20/47 Public Health : Test, Trace and Protect (TTP) – SPPH update (Number 1)</p> <p>SP20/47.1 The Executive Director of Public Health presented this item. She provided a precis of the work undertaken to date, including a focus on the governance introduced, which included providing regular reports to the SPPH Committee to be included in the Cycle of Business. She emphasised that TTP activity would be key to the containment of Covid19 going forward. A Tracing presentation was tabled, in which 88% attainment was positively noted. The Executive Director of Public Health was pleased with the work undertaken since the service had become ‘live’ on 1.6.20</p> <p>SP20/47.2 In relation to further the format of reports going forward it was agreed that, along with TTP performance data, a case study would also be included. The Committee questioned how data was being shared regarding populations close to borders including via ferry entry. It was understood that there was liaison between Public Health Wales and Public Health England being followed through.</p> <p>SP20/47.3 In respect of regional testing and tracing, the complexities involved when seasonal ‘flu would also commence was discussed along with how linkages would be made with Health and Social Care and other areas such as schools and prisons.</p>	<p>TO</p>

<p>Capacity was questioned, including laboratory testing. The Executive Director of Public Health described work taking place. In addition, she advised that the Wrexham Maelor outbreak was being managed although there was more work to do.</p> <p>SP20/47.4 The Assistant Director Health Strategy reported that BCU was the lead agency in relation to testing along with contact tracing, whilst the Protection element was being dealt with on a collaborative basis. She stated there was a need for an oversight group to lead these and this approach was one which Local Authorities supported. Whilst she assured that impact assessments had taken place, she agreed to share with the Committee inequalities identified during the response to Covid19 for discussion on how these might be moved forward. The Executive Director of Public Health agreed to share the EQIA and wellbeing impact assessment undertaken in relation to TTP.</p> <p>SP20/47.5 The Committee Chair undertook to visit the TTP team on behalf of the Committee.</p> <p>It was resolved that the Committee noted the progress made in relation to developing a multiagency response programme for the North Wales TTP programme. agreed that TTP is a standing item on the SPPH agenda going forward given its key role in Covid19 containment. provided feedback on further information required in future TTP reports.</p>	<p>TO / DD</p>
<p>SP20/48 Welsh Language 2019/20 annual monitoring report</p> <p>SP20/48.1 The Welsh Language Standards Compliance Officer joined the meeting to present this item. This was the first report to address the statutory duty of Betsi Cadwaladr University Health Board to provide an annual account to the Welsh Language Commissioner on compliance with the Welsh Language Standards. An overview of general progress including key achievements, good practice and areas for development was provided.</p> <p>SP20/48.2 The report reflected work undertaken to progress the <i>Bilingual Skills Strategy</i>, implementation of <i>More than just words</i> and the 'Active Offer' principle. A Strategic Plan and associated Work Programme were noted to be in place to ensure comprehensive delivery of these requirements. Self-governance and monitoring continued to be key aspects of the work undertaken this year, which had led to tighter performance measures and accountability. The Welsh Language Standards Compliance Officer referred to the challenging and unprecedented times faced by the Health Board with the Covid19 pandemic. From March 2020 onwards, the Welsh Language Team had adapted to working from home whilst continuing to provide a full support service for staff, although it had not been possible to be proactive in developing further projects at this time. Every opportunity was taken to emphasise the importance of continuing to provide bilingual services. The translation team continued to provide a full service, and continued to be extremely busy translating daily briefings, press releases, patient letters and information leaflets as the Health Board adapted to the new norm. The Welsh language tutor offered Welsh lessons over Skype and email</p>	

for the Health Board's learners and also on the 'Dysgwyr Betsi' Facebook and Twitter pages.

SP20/48.3 In response to the Committee Chair, it was noted the report contained reference to the limited assurance Internal Audit report undertaken to establish whether there was a robust control environment in place within the Health Board to action the requirements of the Bilingual Skills Strategy and ensure compliance with the Welsh Language Measure (Wales) 2011. The review approach was to identify and evaluate controls in place and highlight potential weaknesses. There were three recommendations included being:

- Management should review current practice and put in place controls to ensure that essential post requirements are either met or that training is undertaken allow successful applicants to meet the requirements.
- Management should review current practice and put in place controls to ensure that the requirements of the Bilingual Skills Strategy are met.
- Consider whether current practice meets the requirements of the Bilingual Skills Strategy.

In light of this report, the Bilingual Skills Strategy had been updated and strengthened and was awaiting final approval. The Workforce team had taken the recommendations on board and tightened processes to ensure it fully meets the requirements of the Welsh Language Standards.

It was resolved that the Committee

approved the report for submission to the Board prior to publication and presentation to the Welsh Language Commissioner in accordance with the previously agreed timetable.

The Welsh Language Standards Compliance Officer left the meeting

SP20/49 Integrated Care Fund and Partnership Governance Section 33 agreements

SP20/49.1 The Assistant Director Health Strategy advised that a significant level of Integrated Care Fund Revenue and Capital Funding was received by BCU for the North Wales Region, for which the Regional Partnership Board (RPB) was accountable in terms of managing and reporting to stakeholder organisations and to Welsh Government. The Section 33 Agreements were formal agreements between the Health Board and Local Authorities for the pooling of budgets, integrated commissioning or service provision, or delegation of functions from one organisation to the other. Over recent months there had been an increased focus on both areas and the need to ensure the Committee was fulfilling its assurance role. This followed a WAO All Wales report on the management of the Integrated Care Fund (ICF) which noted that Health Boards were not monitoring the use of ICF effectively, and an internal audit report on Partnership Governance – section 33 Agreements, which was assessed as providing limited assurance.

SP20/49.2 Following the detailed paper brought to the Committee in March 2020 setting out the role and responsibilities of the Regional Partnership Board in managing

<p>partnership funding arrangements, it was agreed to ensure regular reporting to SPPH on partnership funding.</p> <p>SP20/49.3 In regard to the Committee's question regarding whether funding was utilised for maintenance of services or driving transformation, the Executive Director of Primary and Community services advised that this had been adhered to in respect of Transformation Funding. In response to the Committee Chair, he undertook to provide a report to draw together the benefits realisation provided by WG's £19m transformation funding.</p> <p>SP20/49.4 In respect of all future SPPHC report submissions, the Committee Chair requested that should an Audit report with limited assurance be referenced this needed to be clearly signposted and drawn to the Committee's attention within the report summary. In addition, detail of outcomes and how they would be addressed should be included.</p> <p>It was resolved that the Committee noted the report on Integrated Care Fund and and update on actions proposed to enhance governance in respect of section 33 agreements</p> <p><i>The Executive Director of Public Health left the meeting</i></p>	<p>CS</p> <p>MW</p>
<p>SP20/50 Policies and procedures for approval</p> <p>The Committee Chair stated that as the amendments were not highlighted within the documentation it was difficult for the Committee to assess the changes. Therefore, she advised that she would address them, on behalf of the Committee outside the meeting with the revisions marked up.</p> <p>SP20/50.1 WP8 Equality, Diversity and Human Rights Policy SP20/50.2 WP7 Procedure for Equality Impact Assessment</p> <p>It was resolved that the Committee agreed that the Chair would review approval of WP8 and WP7 on behalf of the Committee</p>	<p>LM</p>
<p>SP20/51 Draft Committee annual report 2019/20</p> <p>The Committee considered the draft annual report and requested that a definition of Health Economies/Localities be provided to ensure a more consistent approach to nomenclature and understanding within the organisation. The Assistant Director Health Strategy undertook to request that the Executive Director of Planning and Performance circulate this to members. Following discussion of the Mental Health Strategy and other individual strategies eg Learning Disabilities, Dementia and Carers, it was agreed that a list be circulated to members of all strategies being developed, and those due for annual review, in order to update the Cycle of Business.</p> <p>It was resolved that the Committee</p>	<p>SB/MW</p> <p>SB/MW</p>

<ul style="list-style-type: none"> • Approved the Committee annual report 2019/20 and assessed the Overall RAG status against Committee's annual objectives / plan to be GREEN • Approved the 2020/21 Cycle of Business subject to the inclusion of regular updates on TTP, Primary care, University status and partnership governance. In addition, the work being undertaken by the Executive Director of Planning and Performance to identify all strategies for development and annual reviews to be incorporated. • Approved the Terms of Reference subject to the following amendments for submission to the Audit Committee: <ul style="list-style-type: none"> • Additional paragraph : 3.1.2 receive regular assurance reports on health and care clusters and primary care development, recognising the central role played by primary care in the delivery of health and care. • Inclusion in attendance of : Finance Director – Strategy and Commissioning Executive Medical Director • Amend Chair of Stakeholder Reference Group as 'in attendance' • Agreed the amended documents be provided to the Audit Committee 	MW/DD
SP20/52 Issues of significance to inform the Chair's assurance report To be advised	
SP20/53 Date of next meeting 1.10.20 (Amended date)	

BCUHB STRATEGY PARTNERSHIPS & POPULATION HEALTH COMMITTEE

Summary Action Plan

Officer/s	Minute Reference and summary of action agreed	Original Timescale	Latest Update Position	Revised Timescale
5.3.20				
Rod Taylor	SP20/11.5 Environmental sustainability and decarbonisation Update BCU's environment and sustainability policy and circulate within quarter 1 2020/21 to members	August meeting (5.8.20)	9.6.20 Ensure also includes impact of remote working as increasingly introduced during C19 pandemic 24.9.20 Work in progress which has been delayed due to the C19 response. Timescale to be advised in due course	
Mark Wilkinson / Emma Binns	SP20/13.1 Civil contingency and business continuity progress <ul style="list-style-type: none"> • Provide Emma B with exemplar report template for future reports • Ensure inclusion of risks and additional assurance in future reports as highlighted • Provide update on Covid19 to next meeting 	1.6.20	18.5.20 – Due to response to the Covid 19 pandemic, the updates would be rescheduled to a future meeting date to be agreed 9.6.20 – Provide report to address the following Committee concerns: <ul style="list-style-type: none"> ▪ resourcing adequacy within emergency response team ▪ availability of effective policies at the beginning of the process ▪ audit report to provide assurance level ▪ addressing the quality of the previous report provided. Defer to a future meeting	TBA
Chris Stockport			13.8.20 The Committee expressed concern in deferring the business continuity update, given the feedback provided at the March meeting and the current extended major	

			incident response in effect. The Executive Director Primary and Community Services agreed to relay the Committee's concern in respect of testing, capacity and capability feedback to the Executive Director of Planning and Performance to address with the Committee Chair. 14.9.20 Agenda item at 1.10.20 meeting	30.8.20 Action to be closed
Mark Wilkinson	SP20/10 Estates Strategy Provide <ul style="list-style-type: none"> - further detail on: 'Project Paradise' - clarification on interpretation of 'integration' re Bryn Beryl and the number of patients involved - arrange to revise wording of point 4 programme next steps and re-issue the revised document 		Defer to August meeting 31.7.20 – Estates Strategy deferred to October meeting 14.9.20 Agenda setting meeting agreed to defer to April 2021	1.4. 21
13.8.20				
Sally Baxter	SP20/35.2 The Committee Chair reported a number of issues with inadequate completion of the report templates, which the Assistant Director Health Strategy agreed to address with the authors concerned	11.9.20	Completed - raised with report authors.	Action to be closed
John Cunliffe	Matters arising SP20/38.2.2 The Chair of the Digital and Information Governance Committee (DIGC) agreed to address the Committee's concern in respect of the operational difficulties arising from the delayed implementation of WCCIS (as outlined in the Engagement briefing note) via DIGC.	25.9.20	To be taken forward at DIGC, agenda item for meeting to be held on 25.9.20	Action to be closed

Chris Stockport	SP20/39 2019/20 annual plan reconciliation AP016 Digitally enabled Community Care-WCCIS. The Executive Director of Primary and Community services agreed to explore further the concerns raised by members. The Committee emphasised the delay in implementing an alternative solution at pace was a barrier to moving forward transformational change in this important area.	21.9.20	Update: A report has been compiled and will be submitted to the Digital Information Governance Committee on Friday 25 th September 2020, detailing key considerations and milestones.	Action to be closed
Sally Baxter	SP20/39 2019/20 annual plan reconciliation AP072 Medical Records. The Assistant Director Health Strategy agreed to provide greater detail on the implications of potential alternative plans for the Ablett unit, in relation to medical record storage.	21.9.20	Briefing note circulated to members 14.9.20	Action to be closed
Sally Baxter / Lyn Meadows	SP20/41 Q2 plan and development of Q3 2020/21 SP20/41.6 It was agreed that the Assistant Director Health Strategy would liaise with the Committee Chair and available SPPHC members to discuss the plan further outside the meeting.	21.8.20	Meeting scheduled to take place 18.9.20	Action to be closed
Sally Baxter / Nicky Callow	SP20/41.1 COVID-19 prevention and response plan SP20/41.1.5 The Committee was keen that the 'loop be closed' in respect of Third Sector inclusion and the Assistant Director Health Strategy agreed to link in with Independent Member Nicky Callow on	21.8.20	Completed – meeting held with University colleagues 19 08 20. Prevention & Response Plan being updated in line with feedback from University colleagues.	Action to be closed

	University developments being moved forward to address the potential impacts of students commencing their studies shortly.			
Teresa Owen / Sally Baxter	SP20/42 Regional Partnership Board update Following further discussion it was agreed that the Executive Director of Public Health and Assistant Director Health Strategy would advise when this would be reported to BCU's Board, seek further clarification on the general governance process of presenting North Wales strategies to the RPB / partnership organisations and also clarify the role of SPPHC within this process.	21.9.20	Dementia strategy is waiting for completion of two updates before submission for approval. SPPH Cycle of Business will be updated to include partnership strategies updates linking with the RPB.	Action to be closed
Sally Baxter	SP20/43 Public Service Board update : Conwy & Denbighshire The Committee received the annual report 2019/20 observing that it did not contain clarity on measures and outputs. The Assistant Director Health Strategy agreed to provide this feedback to the author.	30.8.20	Complete - feedback provided via Area Director	Action to be closed
Lesley Singleton	SP20/44.2 Mental Health Transformation Fund update SP20/44.2.2 The Director of Mental Health Partnerships agreed to address the risk table to provide reference to likelihood, in line with BCU's standard risk management methodology.	30.8.20	21.9.20 Addressed with relevant group and update completed	Action to be closed
Lesley Singleton	SP20/44.3 Learning Disabilities Transformation Fund update SP20/44.3.3 The Committee questioned what barriers to delivery existed. The Director of	30.8.20	21.9.20 Addressed with relevant group and update completed	Action to be closed

	Mental Health Partnerships referred members to Appendix 2 of the report and, following discussion, agreed that the Division would address the need for timescales to be provided. She also took onboard comments regarding lack of clarity within Appendix 1 actions and undertook to address these with the Programme Group.			
Adrian Thomas / Nicky Callow	SP20/45 University Health Board status review update SP20/45.4 It was agreed that a meeting be arranged between the Independent Member Nicky Cowell and the Executive Director of Therapies and Health Sciences to facilitate the enablement of a robust submission, ensuring that the work with the transformational School of Medicine was also incorporated.	21.8.20	AT advised meeting taken place on 7.9.20 with further meetings to follow	Action to be closed
Adrian Thomas / Nicky Callow	SP20/46 Covid 19 Research and Innovation report SP20/46.3 Following discussion it was agreed that a meeting take place between the Independent Member Nicky Cowell and the Executive Director of Therapies and Health Sciences to ensure groups were drawn together with University personnel to move forward health care research.	21.8.20	AT advised meeting taken place on 7.9.20 with further meetings to follow – to be reported in joint report below	Action to be closed
Adrian Thomas / Nicky Callow	SP20/46 Covid 19 Research and Innovation report Provide a collaborative joint report would be provided to the Committee on 1.10.20 on	21.9.20	Agenda item 1.10.20	Action to be closed

	progress achieved between 13.8.20 and 21.9.20			
Teresa Owen	SP20/47 Public Health : Test, Trace and Protect (TTP) – SPPH update (Number 1) SP20/47.2 In relation to further the format of reports going forward it was agreed that, along with TTP performance data, a case study would also be included	21.9.20	In progress. Will be included in the next TTP update	Action to be closed
Teresa Owen Diane Davies	SP20/47 Public Health : Test, Trace and Protect (TTP) – SPPH update (Number 1) <ul style="list-style-type: none"> • Provide TTP reports to each SPPH Committee meeting going forward • Update COB accordingly 	21.9.20 10.9.20	Papers being prepared by: <ul style="list-style-type: none"> • TTP team • COB updated 	Action to be closed
Chris Stockport	SP20/49 Integrated Care Fund and Partnership Governance Section 33 agreements SP20/49.3 Arrange to provide a report to draw together the benefits realisation provided by WG's £19m	21.9.20	14.9.20 Agenda setting meeting agreed to be provided to December meeting	30.11.20
Mark Wilkinson	SP20/49 Integrated Care Fund and Partnership Governance Section 33 agreements SP20/49.4 In respect of all future SPPHC report submissions, the Committee Chair requested that should an Audit report with limited assurance be referenced this needed to be clearly signposted and drawn to the Committee's attention within the report summary. In addition, detail of outcomes and how they would be addressed should be included.	21.9.20	Noted	Action to be closed

Lyn Meadows	SP20/50 Policies and procedures for approval Will address WP7 & 8 on behalf of the Committee outside the meeting on provision of marked up revisions	14.9.20	Completed	Action to be closed
Mark Wilkinson / Sally Baxter	SP20/51 Draft Committee annual report 2019/20 SB to liaise with MW to circulate to members a definition of Health Economies/Localities to ensure a more consistent approach to nomenclature and understanding within the organisation.	21.9.20	24.9.20 'Health economy' is an English NHS phrase describing providers and commissioners working together as separate organisations. Within a single health board / organisation, 'health community' is perhaps a more appropriate phrase. The more important and complex task is to gain agreement on what is 'once for north wales' and what is reserved to local health communities. This is a key question for the board and may wait on Jo Whitehead's (CEO wef January 2020) arrival; as it is closely connected to organisational structures. This action is already on another board action log.	Action to be closed
Mark Wilkinson / Sally Baxter	SP20/51 Draft Committee annual report 2019/20 Provide a list to members of all strategies being developed, and those due for annual review, in order to update the Cycle of Business.	21.9.20	Current partnership strategies: <ul style="list-style-type: none"> - Learning Disability strategy - Carers strategy Both of these have been approved (including through SPPH) and are being implemented. Annual updates to be included in cycle of business. [COB updated] Dementia strategy: not yet approved. Awaiting updates with input from third sector, and also refresh in light of Covid-19 pandemic response. Unable to confirm	Action to be closed

			<p>date as yet as we are waiting for confirmation of project management resource. An update will be provided when this is confirmed. [Added to rolling programme of Committee business]</p> <p>It will also be helpful to note that WG have asked for the Population Assessment (under the SSWB Act) to be refreshed by the end of October. This will be presented to RPB in November and onward for partner sign off following this. (Note: this assessment is RPB led and HB RPB members will be sighted on work undertaken for the refresh.) [Added to rolling programme of Committee business]</p>	
Mark Wilkinson / Diane Davies	SP20/51 Draft Committee annual report 2019/20 Submit updated draft annual report, ToR and CoB to Audit Committee	10.9.20	Submitted to Audit Committee	Action to be closed

23.9.20



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships & Population Health Committee 1.10.20					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Quarter Two Plan Monitoring Report					
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson Executive Director of Planning & Performance					
Awdur yr Adroddiad Report Author:	Dr Jill Newman, Director of Performance					
Craffu blaenorol: Prior Scrutiny:	This paper has been scrutinised and approved by the Executive Team and the Executive Director of Planning and Performance.					
Atodiadau Appendices:	None					
Argymhelliaid / Recommendation:						
The Strategy, Partnerships & Population Health Committee is asked to note the report.						
Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information R
Sefyllfa / Situation:						
This report provides a self-assessment by the executive leads of the progress being made in delivering the key actions contained in the 2020/21 Operational Plan for Quarter 2.						
Cefndir / Background:						
The operational plan has a number of key actions required to be delivered during Quarter 2 of 2020/21. The Executive lead reviews on a monthly basis progress against their areas for action and RAG-rates progress. Where an action is complete this is RAG rated purple, where on course to deliver Quarter end position the rating is green. Amber and red ratings are used for actions where there are risks to manage to secure delivery or where delivery is no longer likely to be achieved. For Red rated actions a short narrative is provided.						
Asesiad / Assessment & Analysis						

Strategy Implications

Delivery of the operational plan actions is key to implementation of the Boards strategy

Options considered

N/A

Financial Implications

Delivery of the operational plan within the budget set by the Health Board is part of ensuring resources are well-managed and care effectively provided within the allocated resources.

Risk Analysis

The RAG-rating reflects the risk to delivery of key actions

Legal and Compliance**Impact Assessment**

The operational plan has been Equality Impact Assessed.



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Betsi Cadwaladr
University Health Board

Cyfarwyddiaeth Cynllunio & Perfformiad
Planning & Performance Directorate

Quarter 2 2020/21 Plan Monitoring Report

August 2020

Overview and Purpose of this Report

- The Quarter 2 Plan of the Health Board has been agreed by the Board
- The Plan recognises that the disruptive nature of the pandemic has shortened planning horizons, resulting in plans being time limited to quarterly plans for 2020-21
- The Quarter 2 plan relates to the need to maintain essential non Covid-19 services to minimise risk of harm for life-saving or life-impacting treatments.
- This report is a self-assessment by the Executive Director responsible for each of the work streams of likelihood to deliver the actions set out in the plan by the 30th September 2020, with supporting narrative where the risk to delivery is rated as red, i.e. unlikely to be achieved. This report provides an update from each Executive Director for the end of July 2020 actual position. The entire report is reviewed and approved by the Executive Team.
- Work is underway in developing the plan for Q3 and Q4 which will also reflect the shift in phasing of response to the pandemic from mobilisation towards parallel running of the pandemic and re-activation of some business as usual activities where it is safe to do so. This will reflect transition to sustainable service delivery phase of the plan. In the plan for Q3 and Q4 plan actions incomplete at the end of Q2 2019/20 will be included with revised timescales to deliver, where these actions are still relevant for delivery.

RAG	Every month end	By end of Quarter	Actions depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: - Please provide some short bullet points explaining why and what is being done to get back on track
Amber	Some risks being managed	N/A	Where RAG is Amber: No additional Information required
Green	On track, no real concerns	Achieved	Where RAG is Green: No additional Information required
Purple	Achieved	N/A	Where RAG is Purple: No additional Information required

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Chapter 1: Improving Quality Outcomes

QP 01 Improving Quality Outcomes						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Scrutinising Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN1.1	Publish revised year 3 of Quality Improvement Strategy	Executive Director Nursing & Midwifery	30.09.2020	AP 040	QSE	G	G	G

Chapter 2: Test, Trace, and Protect

QP 02 Test, Trace, and Protect						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Scrutinising Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN2.1	Establish a timely testing programme for antibodies and antigens	Executive Director Of Public Health	30.09.2020	N/A	SPPH	G	G	G
AN2.2	Lead the development of a 12/24, 7/7 comprehensive tracing programme	Executive Director Of Public Health	30.09.2020	N/A	SPPH	G	G	G
AN2.3	Establish 'Protect' programme	Executive Director Of Public Health	30.09.2020	N/A	SPPH	G	G	G
AN2.4	Develop Test, Trace, and Protect	Executive Director Of Public Health	30.09.2020	N/A	SPPH	G	G	G

QP 03: Promoting Health & Well-being						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN3.1	Review of Healthy Weight Services for children	Executive Director of Primary & Community Care	31.07.2020	AP 002	SPPH	A	R	R

AN3.1: Review of Healthy Weight Services for Children

Business case and options appraisal complete. Funding for preferred option has been confirmed as recurrent via BAHW monies. Recruitment to posts can now commence Sept/Oct 2020.

QP 04: Achieve compliance with the Primary Care Operating Framework						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN4.1	Use the World Health Organisation framework for essential healthcare services as a schema to ensure we are delivering the breadth of essential services in primary care during COVID-19	Executive Director Primary & Community Care	31.07.2020	N/A	SPPH	G	A	G
AN4.2	Align with the national Strategic Programme to undertake a review of Betsi Cadwaladr commissioned Enhanced Services during Q2.	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	A	A	A
AN4.3	Development of Locality 2020/21 Plans	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	A	A	A
AN4.4	Identify actions for primary care for Q3 and Q4, with a focus on Winter planning	Executive Director Primary & Community Care	11.09.2020	N/A	SPPH	A	A	G

QP 05: Capture and embed proven technologies in primary care						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN5.1	Capture good practice /legacy actions from use of technology and different working practices during first phase of COVID-19, and share these across primary care	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	G	A	A
AN5.2	Build on the initial implementation of virtual attendances in General Medical Services.	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	G	G	G
AN5.3	Build on the initial implementation of the e-Consult web-based self-triage platform in General Medical Services.	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	G	G	G
AN5.4	Ensure patients know how to access primary care services and are confident about new ways of working (virtual or if appropriate, face-to-face).	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	G	G	G
AN5.5	Increase use of primary care technology within care home settings as requested by care homes	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	A	A	A

QP 06: Efficient and effective immunisation activities						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN6.1	Develop locality level flu immunisation delivery plans for 2021 Linked to Action 3.5 & 6.3	Executive Director Primary & Community Care	31.08.2020	N/A	SPPH	G	A	G
AN6.2	In partnership with Public Health and Welsh Government colleagues, prepare rolling plans for the delivery in Primary Care of Covid-19 vaccination programme that can be enacted as soon as a vaccine is available.	Executive Director Primary & Community Care	14.09.2020	N/A	SPPH	G	A	A
AN6.3	Review uptake of childhood immunisations and implement catch up programmes as required Linked to Action 3.5 & 6.1	Executive Director Primary & Community Care	30.09.2020	N/A	F&P	A	A	G

QP 07: Develop the Primary Care & Community Academy						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN7.1	Further develop the Advanced Paramedic Practitioner Pacesetter Project	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	G	A	G
AN7.2	Develop our version of Scottish <i>Project Joy</i> scheme for the recruitment of general practitioners & senior primary care clinicians	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	A	R	R
AN7.3	Develop business case for Education and Training Local Enhanced Services	Executive Director Primary & Community Care	30.09.2020	N/A	F&P	G	A	A
AN7.4	Progress support programme for General Practitioner practices in partnership with Royal College of General Practitioners	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	G	A	A
AN7.5	Further develop the Academy website and social media marketing and promotional material to capitalise upon positive recruitment interest that the initiative has brought.	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	G	A	G

QP 08: Implement General Medical Services Recovery Plan						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN8.1	Agree changes to local covid-19 assessment centres with each Locality that allow step up/ down as appropriate according to prevailing incidence.	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	G	G	G
AN8.2	Commission revised care homes Directed Enhanced Service contract.	Executive Director Primary & Community Care	31.07.2020	N/A	F&P	G	G	G
AN8.3	Support General Practitioner practices with its <i>readiness for recovery</i> including provision of dedicated protected education time session and a recovery plan <i>toolkit</i> alongside Welsh Government Operational Guide	Executive Director Primary & Community Care	31.07.2020	N/A	SPPH	G	G	G
AN8.4	Prescribing plan to reduce foot-fall and workload associated with repeat prescribing	Executive Director Primary & Community Care	31.08.2020	N/A	SPPH	A	A	A

QP 09: Implement Dental Services Recovery Plan						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN9.1	Implement Welsh Government Dental Recovery Plan	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	G	G	G
AN9.2	Continuation & strengthening of Urgent Designated Dental Centres provision for those requiring aerosol generating procedures	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	G	G	G
AN9.3	Implement the national 'buddy' system to inform contract reform	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	R	R	R

QP 10: Implement Community Pharmacy Recovery Plan						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN10.1	Implement Welsh Government Community Pharmacy Recovery Plan	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	G	G	G
AN10.2	Improve rapid access to palliative care drug	Executive Director Primary & Community Care	31.07.2020	N/A	SPPH	A	R	A

QP 011: Implement Community Optometry Recovery Plan						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN11.1	Implement Welsh Government Optometry Recovery Plan	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	G	G	G
AN11.2	Support the delivery of reinstated secondary care pathways e.g. Glaucoma, Wet Age-Related Macular Degeneration, Optometric Diagnostic and Treatment Centres	Executive Director Primary & Community Care	30.09.2020	N/A	F&P	A	R	A
AN11.3	Address backlog of activity arising due to Covid.	Executive Director Primary & Community Care	30.09.2020	N/A	F&P	G	G	G
AN11.4	Reinstate full access to urgent care pathway	Executive Director Primary & Community Care	30.09.2020	N/A	F&P	G	G	G

QP 12: Develop primary care out of hours services and NHS 111						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN12.1	Implement agreed management structure for Out of Hours	Executive Director Primary & Community Care	31.07.2020	N/A	SPPH	A	A	A
AN12.2	Prepare for implementation of new clinical system and implementation of 111	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	A	A	A

AN7.2: Develop our version of Scottish Project Joy scheme for the recruitment of general practitioners & senior primary care clinicians

It is proposed that this action is deferred until Q4 and into 2020/21, this will require additional funding to be secured for which the business case is currently being developed.

AN9.3: Implement the national 'buddy' system to inform contract reform

The Contract Reform programme is currently on hold during the amber phase of the COVID response. Where required practices are buddied with Contract Reform practices to provide support and guidance.

QP 13: Deliver safe Community Hospital services						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN13.1	Consolidation of Home First / Step Down pathways	Executive Director Primary & Community Care	31.07.2020	N/A	QSE	G	G	G
AN13.2	Consolidation of covid related protocols in Community Hospitals	Executive Director Primary & Community Care	31.07.2020	N/A	QSE	G	G	G
AN13.3	Maximising stroke rehabilitation services	Executive Director Primary & Community Care	30.09.2020	N/A	QSE	A	R	R
	<i>Linked to Action 28.5</i>							

AN13.3: Maximising stroke rehabilitation services

Progress will be made in September to utilise video consultations where appropriate to increase capacity and support for stroke rehabilitation services.

QP 14: Support Care Homes and reintroduce CHC						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN14.1	Capture good practice and legacy actions internally and share across partners.	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	G	A	G
AN14.2	Ensure BCU wide approach to care home support and escalation to ensure sustainability and business continuity (Care Home Directed Enhanced Service, Escalation Levels)	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	G	A	A
AN14.3	Care home testing	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	G	G	G
AN14.4	Community Health Care Framework	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	G	A	A
AN14.5	Complete the governance and reporting arrangements for the Care Home Group	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	G	A	G

QP 16: Transform Community Services

Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	RAG Rating		
						likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN16.1	Community Transformation Programme	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	G	A	A
AN16.2	Community Response Team working inclusive of third sector	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	A	A	A
AN16.3	Feasibility study for inclusion of Community Geriatrician within Community Response Team model of care	Executive Director Primary & Community Care	30.09.2020	N/A	F&P	A	R	A

QP 17: Develop Community Resilience

Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	RAG Rating		
						likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN17.1	<i>Complete baseline evidence collation for Right sizing Community Services</i>	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	A	A	A
AN17.2	Progress implementation of Phase 2 of the Digital Communities initiative	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH	R	R	A

QP 18: Mental Health / Learning Disabilities (Part 1 of 2)						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN18.5	Commence implementation of the Primary Care Programme at pace.	Executive Medical Director	01.09.2020	N/A	SPPH	G	A	A

QP 18: Mental Health / Learning Disabilities (Part 2)						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN18.6	Implementation of recommendations from the Psychological Therapies Review	Executive Medical Director	01.09.2020	N/A	SPPH	R	R	R
AN18.7	Re-establish the Rehabilitation Programme of work	Executive Medical Director	01.09.2020	N/A	SPPH	A	G	G
AN18.8	Begin roll out of Attend Anywhere virtual consultation platform across the division	Executive Medical Director	01.09.2020	N/A	F&P	G	G	G
AN18.9	Implementing division wider QI training plan	Executive Medical Director	01.09.2020	N/A	SPPH	G	G	G

AN18.6 - Implementation of recommendations from the Psychological Therapies Review

Progression of the Psychological Therapies has been paused for the moment pending the series of engagement sessions that have taken place with the Psychologists. Further meetings planned between the Executive Director for mental health during September 2020 and a substantive leadership structure is being implemented across psychological therapies

Chapter 7: Acute Care: Implementation of our Acute Operational Model across North Wales

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QP 19: Maximise Capacity within Each Site						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN19.1	Review current process for booking and allocation to ensure it is fit for purpose and consistently applied across North Wales.	Executive Director Nursing & Midwifery	30.09.2020	N/A	F&P	A	A	A
AN19.2	Delivery of OPD programme	Executive Director Nursing & Midwifery	30.07.2020	N/A	F&P	A	A	A
AN19.3	Utilisation of workforce dashboard to identify staffing resource	Executive Director of Workforce and OD	30.07.2020	N/A	F&P	N/A	R	A

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QP 20: Develop a single risk stratification approach across the pathway of care						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN20.1	Stage 1	Executive Director Nursing & Midwifery	30.09.2020	N/A	F&P	A	R	A
	Outpatient transformation project focused upon delivering virtual appointments wherever possible and only face to face where necessary							
AN20.2	Stage 4	Executive Director Nursing & Midwifery	30.07.2020	N/A	F&P	G	A	A
	Specialty specific risk stratification using P1-P4 categorisation as per essential services framework							
AN20.3	Create specialty multi-disciplinary teams to review cases and ensure clinical handover if surgical team listing patient is not able to operate	Executive Director Nursing & Midwifery	30.07.2020	N/A	QSE	G	A	G
AN20.4	Review current performance measures to ensure they reflect necessary quality metrics including reviewing and strengthening current reporting structure to ensure patient allocation can be monitored	Executive Director Nursing & Midwifery	31.08.2020	N/A	QSE	G	A	A

Chapter 7: Acute Care: Implementation of our Acute Operational Model across North Wales

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QP 21: Identification of highest priority services with risk based capacity shortfalls						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN21.1	Identify specialties where local resource does not meet needs for P1-P2 demand and implement pan BCU approach including identify specialties with significant variance in waiting times to implement pan BCU approach	Executive Director Nursing & Midwifery	31.07.2020	N/A	F&P	G	A	G

QP 22: Identification of areas for service review						RAG Rating		
Ref	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN22.1	Review and refresh priority business cases e.g. Ophthalmology, Orthopaedics, Urology & Stroke	Executive Director Nursing & Midwifery	31.08.2020	N/A	SPPH	G	A	A
AN22.2	Review of specialties identified where a pan BCU risk stratification approach may not on its own provide the necessary impact.					G	A	A

Chapter 7: Acute Care: Implementation of our Acute Operational Model across North Wales

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QP 23: Identify the required metrics to monitor performance						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN23.1	a. Quality Outcome Measures of clinical pathways identified	Executive Medical Director	30.09.2020	N/A	QSE	G	R	A
	b. Pan BCU service metrics developed					G	R	A
	c. Effectiveness of implementation plans monitored & reviewed					G	R	A

Chapter 7: Acute Care: Implementation of our Acute Operational Model across North Wales

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QP 24: Improve quality outcomes and patient experience						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN24.1	Identify clinical pathways requiring review or development	Executive Medical Director	30.07.2020	N/A	QSE	G	G	A
AN24.2	Coordinate with Clinical Advisory Group a programme and timetable for pathway development and review	Executive Medical Director	30.07.2020	N/A	QSE	G	G	G
AN24.3	Develop pathways in line with the digitally enabled clinical services strategy	Executive Medical Director	30.07.2021	N/A	QSE	G	G	G
AN24.3b	Establish the Eye Care Digital Programme Board to lead the implementation of the Digital Eye Care programme funded by Welsh Government	Executive Medical Director	30.07.2020	N/A	QSE	A	G	G
AN24.4	Ensure quality outcome measures are referenced and measurable	Executive Medical Director	30.07.2020	N/A	QSE	A	G	A
AN24.5	Ensure Patient Reported Outcome Measures and Patient Reported Experience Measures are included and measured in pathway development	Executive Medical Director	31.08.2020	N/A	QSE	A	G	A

Chapter 7: Acute Care: Implementation of our Acute Operational Model across North Wales

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QP 25: Provide care closer to home						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN25.1	Provide virtual appointments wherever possible	Executive Director Nursing & Midwifery	30.09.2020	N/A	F&P	G	A	A
AN25.2	Support outpatient transformation to identify community facilities where face to face consultations could be offered and deliver appointments and treatments as local as possible where there is equity of access	Executive Director Nursing & Midwifery	30.09.2020	N/A	F&P	G	R	A
AN25.3	Primary Care Optometric Diagnostic and Treatment Centres undertaking training with Consultants as part of skill development to provide shared care for Glaucoma patients	Executive Director Nursing & Midwifery				G	A	A

QP 26: Reduce health inequalities						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN26.1	Ensure that patients are prioritised using an agreed risk stratification tool and offered the soonest appointment based on their clinical needs	Executive Director Nursing & Midwifery	30.07.2020	N/A	QSE	G	A	A

QP 27: Planned Care						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN27.1	Develop preferred service model for acute urology services	Executive Director Nursing & Midwifery	30.09.2020	AP 021	F&P	R	R	A
AN27.6	Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists	Executive Director Nursing & Midwifery		AP 023	F&P	R	R	R
AN27.7	Systematic review and plans developed to address service sustainability for all planned care specialties (RTT).	Executive Director Nursing & Midwifery		AP 025	F&P	A	R	R
AN27.8	Implement year one plans for Endoscopy	Executive Director of Therapies & Health Sciences	30.07.2020	AP 025	F&P	G	G	G
AN27.9	Systematic review and plans developed to address diagnostic service sustainability	Executive Director of Therapies & Health Sciences	30.09.2020	AP 025	F&P	G	G	G

AN27.1 – Develop preferred service model for acute urology services

Urology services is part of option 5, and elements of the business case are being aligned to this service transformation

AN27.6 – Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists

Optometry practices have moved from red phase to amber and during August amber 2 phase. This means that the majority of practices have re-opened however are prioritising their activities to meet social distancing requirements. The national training for glaucoma higher certificate has been delayed until March 2020 and the EPR implementation, now approved by the Minister is also delayed. Both of these are required to develop the shared care model. However the urgent eye care pathway is in place, optometrists have also worked to clinically prioritise the cataract waiting list and we have an agreed pathway for diabetic retinopathy which will go-live from October 2020. Placements for the 6 appointed primary care optometrists are aiming to start in October to build clinical relationships and learning for glaucoma ahead of the formal training programme.

AN27.7 – Systematic review and plans developed to address service sustainability for all planned care specialties (RTT).

This work was paused due to the Covid-19 pandemic but is being re-instigated within the Q3/4 plans

QP 28: Unscheduled Care						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN28.1	Demand: Workforce shift to improve care closer to home (key priority for 2020/2021)	Executive Director Nursing & Midwifery	30.09.2020	AP 031	F&P	R	R	R
AN28.2	Flow: Emergency Medical Model (key priority for 2020/2021)	Executive Director Nursing & Midwifery	30.09.2020	AP 034	F&P	A	A	A
AN28.3	Flow: Management of Outliers (key priority for 2020/2021)	Executive Director Nursing & Midwifery	30.09.2020	AP 034	F&P	G	G	G
AN28.4	Discharge: Integrated health and social care (key priority for 2020/2021)	Executive Director Nursing & Midwifery	30.09.2020	AP 038	F&P	A	G	G
AN28.5	Stroke Services	Executive Director Primary & Community Care	30.09.2020	AP 039	F&P	A	R	R
	Linked to Action 13.03							

AN28.1 - Demand: Workforce shift to improve care closer to home (key priority for 2020/2021)

There have been some delays in progressing this at the pace intended due to COVID unfortunately, this is currently being reviewed in light of recent changes and learning as a result.

AN28.5 – Stroke Services (Linked to Action AN13.3)

Progress will be made in September to utilise video consultations where appropriate to increase capacity and support for stroke rehabilitation services.

QP029: Workforce & Organisational Development						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN29.1	Review the previous Workforce Improvement Group structure and establish a revised structure at Strategic, Tactical and Operational Levels	Executive Director, Workforce & Organisational Development	30.09.2020	N/A	SPPH	G	A	A
AN29.2	Ensure effective social partnership working as a key enabler for organisational development and transformation. Review the operation and management of social partnership	Executive Director, Workforce & Organisational Development	30.09.2020	N/A	SPPH	G	A	A
AN29.3	Provide 'one stop shop' workforce enabling services to support surge requirements; new developments and reconfiguration or workforce re-design linked to key priorities of the Health	Executive Director, Workforce & Organisational Development	30.09.2020	N/A	F&P	G	A	A



QP 30: Workforce Planning and Optimisation						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN30.1	Ensure a robust integrated workforce model is in place with Local Authority partners for specific projects, to support the development of a health and Social Care model across the wider health community	Executive Director, Workforce & Organisational Development	30.09.2020	N/A	SPPH	G	A	A
AN30.2	Ensure workforce optimisation plans are in place to support the delivery of safe care and mitigate the impact of COVID-19, the Test, Trace, Protect programme on staff and they support the Health Boards adjusted surge capacity plans for Q2.	Executive Director, Workforce & Organisational Development	30.09.2020	N/A	F&P	G	A	A
AN30.3	Ensure all key workforce indicators are in place and monitored robustly to support all surge and essential services delivery	Executive Director, Workforce & Organisational Development	30.09.2020	N/A	F&P	G	A	A
AN30.4	Ensure agile and new ways of working deployed in order to maintain safety for staff and patients because of COVID-19 are optimised and embedded.	Executive Director, Workforce & Organisational Development	30.09.2020	N/A	QSE	G	A	A
AN30.5	Deliver Workforce Optimisation / Efficiency Plan - reducing waste and avoidable variable /premium rate pay expenditure. Demonstrating value for money and responsible use of public funds	Executive Director, Workforce & Organisational Development	30.09.2020	N/A	F&P	A	A	R

QP 31: Occupational Health Safety and Equality						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN31.1	Implement Year 2 of the Health & Safety Improvement Plan is implemented to staff are proactively protected, supported and safe, including black, Asian, and minority ethnic, older people, co-morbidities and pregnant workers and that all environmental and social impacts are monitored and complied with	Executive Director, Workforce & Organisational Development	30.09.2020	N/A	QSE	G	A	A
AN30.2	Effective infrastructure in place to ensure wellbeing and psychological support is accessible to all staff	Executive Director, Workforce & Organisational Development	30.09.2020	N/A	QSE	G	A	A
AN30.3	Ensure ongoing effective management of training, equipment and supplies in line with emergency guidance	Executive Director, Workforce & Organisational Development	30.09.2020	N/A	QSE	A	R	A
AN30.4	Implement the Strategic Equality Plan revised year 1 actions to help ensure that equality is properly considered within the organisation and influences decision making at all levels across the organisation	Executive Director, Workforce & Organisational Development	30.09.2020	N/A	SPPH	A	A	A

**AN30.5 - Deliver Workforce Optimisation / Efficiency Plan - reducing waste and avoidable variable /premium rate pay expenditure.
Demonstrating value for money and responsible use of public funds**

Initial revised plan was submitted but Covid-19 related issues have consumed the capacity to move this action forward, most notably the Wrexham Outbreak that has been a major draw on Workforce resource over the period. Nevertheless, efficiency principles have been built-in to our work plans as part of preparation for quarters three and four.

QP 32: Digital Health / IM&T						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN32.2	Seek approval for funding for Welsh Emergency Department System	Executive Medical Director	30.09.2020	N/A	F&P	R	R	R
AN32.3	Development of the digital health record	Executive Medical Director	30.09.2020	N/A	DIGC	G	G	G
AN32.5	Implementation of Digital dictation project	Executive Medical Director	31.08.2020	N/A	DIGC	G	G	G
AN32.7	Scale up Implementation of Office 365	Executive Medical Director	31.12.2020	N/A	DIGC	G	R	A
AN32.8	Implement COVID-19 hardware response	Executive Medical Director	31.01.2021	N/A	DIGC	A	R	R
AN32.11	Delivery of digital infrastructure rolling programme	Executive Medical Director		AP 058	DIGC	G	G	G
AN32.12	Provision of infrastructure and access to support care closer to home	Executive Medical Director	Further review with Area teams/ dependent on Office 365	AP 059	DIGC	G	G	G

AN32.2: Seek approval for funding for Welsh Emergency Department System

Draft business case awaiting review by the HBRT – source of funding yet to be identified and recent national data centre issues has caused uncertainty for timescale and costs.

AN32.8: Implement COVID-19 hardware response

Confirmation of WG funding in place but yet to receive funding. In addition Covid-19 related hardware demand continued continues to increase. Detailed proposals will be presented to the next meeting of the DIGC

QP 33: Estates & Capital						RAG Rating		
Action Number	Action	Lead	Target Date	2019/20 AP Ref.	Board Committee	likelihood of delivery by 30.9.20	End of July 2020	End of August 2020
AN33.1	Well-being hubs	Executive Director of Planning and Performance	30.09.2020	AP 064	SPPH	G	G	A
AN33.8	Complete reviews to initiate the following programmes:	Executive Director of Planning and Performance	30.09.2020	N/A	SPPH	G	G	G
	- Health economy programme business case					G	G	G
	- Relocation of services from Abergele					G	G	G
	- Rationalisation of Bryn y Neuadd					G	G	G

Further Information

Further information is available from the office of the Director of Performance which includes:

- tolerances for red, amber and green

Further information on our performance can be found online at:

- Our website www.pbc.cymru.nhs.uk
www.bcu.wales.nhs.uk
- Stats Wales www.statswales.wales.gov.uk

We also post regular updates on what we are doing to improve healthcare services for patients on social media:

follow @bcuhb
<http://www.facebook.com/bcuhealthboard>



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 1.10.20					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	BCU Draft Winter Resilience Plan 2020/21					
Cyfarwyddwr Cyfrifol: Responsible Director:	Gavin MacDonald, Interim Chief Operating Officer					
Awdur yr Adroddiad Report Author:	Claire Brennan, Head of Office, Executive Director of Nursing Meinir Williams, Managing Director, Ysbyty Gwynedd Rab McEwan, Managing Director, Ysbyty Glan Clwyd Glesni Driver, PMO Programme Manager					
Craffu blaenorol: Prior Scrutiny:	BCUHB Executive Team					
Atodiadau Appendices:	A number of supporting documents are referenced in the Plan and will be available as appendices					
Argymhelliad / Recommendation:						
The Committee is asked to note the work being done to strengthen delivery over winter 2020-21, alongside the Covid-19 pandemic response, which includes bed capacity modelling, and potential schemes developed by the health communities, in partnership with Local Authorities in order to support delivery over winter.						
Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion	✓	Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information
Sefyllfa / Situation:						
The Winter Resilience Plan 2020-21 has been developed in line with the Health Board's Q3-Q4 plans, and reflects on learning from winter 2018-19 as well as from the first wave of the Covid-19 pandemic response. The Plan describes operational, practical and strategic co-ordination to manage increased demand and seasonal pressures across the Health Board's resources. The Plan is also informed by the six goals of urgent and emergency care and the Welsh Government Winter Protection Plan.						
Cefndir / Background:						
Winter typically results in an increase in demand from seasonally affected conditions, an increased risk relating to infection prevention and control outbreaks, and the potential risk of influenza. However, this winter, there are the added challenges and impact of Covid-19. The purpose of the Winter Resilience Plan is to provide assurance to the Health Board of the overall effectiveness of winter planning, alongside the additional challenges of Covid-19 and the whole system's ability to meet forecasted activity during the winter period whilst maintaining patient safety at all times. The Plan is supported by local health community plans for winter, which include details of local operational and escalation plans and schemes to support demand developed in collaboration with Local Authority partners.						

Asesiad / Assessment & Analysis

Strategy Implications

The Winter Resilience Plan is aligned to the Health Board's Q3-Q4 plans.

Options considered

N/A

Financial Implications

This plan has been developed, with a number of schemes requiring separate funding. Given the quantum of the estimated costs and how dependent this is on workforce recruitment, a review of all schemes across health and social care is required to prioritise the schemes and to determine what is deliverable and within what timeframe.

Risk Analysis

The risks associated with the delivery of the Winter Resilience Plan are set out within the Plan, and a Winter Resilience Plan Risk Register is being developed, which includes risk scoring and mitigations.

Legal and Compliance

No legal implications are reported. Standard reporting on key metrics from unscheduled care and planned care will continue through the established governance and reporting routes, and an evaluation of winter will be undertaken in Spring 2021.

Impact Assessment

Impact assessments will be undertaken to identify any impact on clinical quality, equality and data protection.

Betsi Cadwaladr University Health Board Winter Resilience Plan 2020-21

Draft v0.04

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1. Executive Summary

Winter typically results in an increase in demand from seasonally affected conditions, an increased risk relating to infection prevention and control outbreaks, and the potential risk of influenza. However, this winter, there are the added challenges and impact of Covid-19. The Betsi Cadwaladr University Health Board (BCUHB) Winter Plan (the Plan) is supported by local health community plans for winter, which include details of local operational and escalation plans. This Winter Plan is developed in line with the Health Board's Q3–Q4 plans, and is informed by the six goals for urgent and emergency care¹ and the Welsh Government Winter Protection Plan 2021-21² that focuses on prevention against four main areas of harm.

Research shows that keeping patients in hospital for longer than necessary can be detrimental to health outcomes and keeping patients in an Emergency Department (ED) for longer than the maximum 4 hour wait, will have a significant negative impact on their outcomes. In order to ensure patients move from ED to the appropriate service or ward, flow must be maintained throughout the hospital and into the community/home setting.

The actions for winter 2020-21 focus on preventing harm by ensuring patients only stay in hospital for the appropriate amount of time in order to manage their acute phase of care and the facilitation of fast, safe discharges to the most appropriate environment for their on-going needs.

The purpose of the Winter Resilience Plan is to provide assurance to the Health Board of the overall effectiveness of winter planning, alongside the additional challenges of Covid-19 and the whole system ability to meet forecasted activity during the winter period whilst maintaining patient safety at all times.

¹ Transforming Urgent and Emergency Care EASC 8 Sept 2020

² Winter Protection Plan 2020-21, Welsh Government 15 Sept 2020

2. Introduction

Winter pressure is a well-recognised national issue for the NHS and presents significant challenge for the health and social care system with a typical increase in presentations to EDs and admissions to hospital, which subsequently affects system capacity and flow. This requires a whole system response to effectively support admission avoidance where the needs of the patient can be met in the community. There is a need for effective and optimal management of length of stay in hospital and timely discharge to an appropriate place, ideally the patient's usual place of residence. Any 'surges' in demand can manifest as overcrowding in ED and assessment units. This renders the 95% 4-hour ED standard difficult to achieve and impacts on quality and experience for patients and staff.

When flow across the hospital slows, ED becomes overcrowded and breaches occur. Patients can end up in the wrong beds and being cared for by the wrong clinical team resulting in longer lengths of stay, escalation beds opened and ambulance delays. This in turn slows the system outside the hospital. These are symptoms of a health and social care system under pressure. Overcrowding is unsafe and affects both quality of care and patient experience. Therefore, ED overcrowding is a gauge of whole-system capacity and resilience and as such should be avoided through whole-system planning and actions.

This Winter Resilience Plan describes the arrangements for operational, practical and strategic co-ordination to manage increased demand across the Health Board's resources. The Plan builds upon lessons learnt from 2019-20 as well as learning from Covid-19 pandemic, which will inform the system changes to ensure resilience across the health and social care system over the winter months. This includes new ways of working internally and with partners to avoid admissions where possible and reduce the number of prolonged admissions.

The Plan is underpinned by the six goals of urgent and emergency care principles;

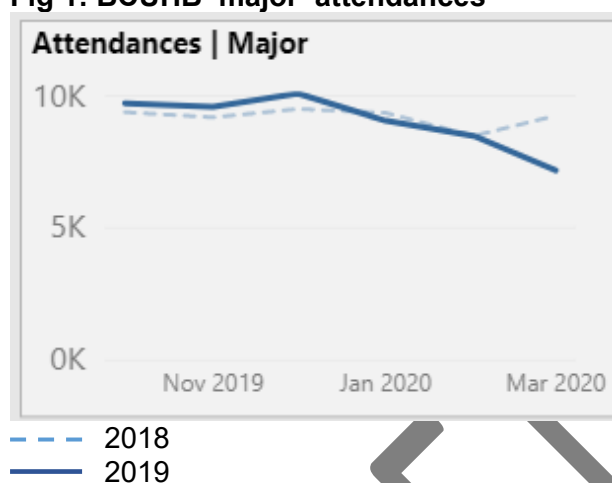
- i) Co-ordination, planning and support for high risk groups
- ii) Signposting, information and assistance for all
- iii) Preventing admission of high risk groups
- iv) Rapid response in crisis
- v) Great hospital care
- vi) Home First when ready

3. Lessons Learned from Winter 2019-20, COVID-19 & Operational Control Centres

3.1 Learning from Winter 2019-20

Throughout December 2019 EDs across the UK experienced unprecedented increased demand and an increase in the number of patients presenting to ED triaged as 'majors'. BCUHB exceeded 10,000 patients categorised as 'major' for the first time as shown in fig 1 below, which was an increase of 600 patients categorised as major, compared to the previous year. December 2019 also saw an increase in over 400 attendances compared to December 2018. This increased demand of higher acuity patients was a key driver in the deterioration in performance of the tier 1 targets.

Fig 1: BCUHB 'major' attendances



The increased demand and extreme challenges for BCUHB resulted in a combined performance in December 2019 of 66.32% against an internal trajectory of 72%. Performance improved slightly in January 2020 to 68.7% before returning to 66.4% in February 2020. Internal trajectories for the Tier 1 targets were re-forecasted in November to realign them to actual performance, with a shorter stretch.

An increase in flu cases in 2019, with 276 confirmed cases in December, was a key driver for the increased number of patients spending longer than 12 hours in ED due to increased need for cubicles. This was alongside a significant increase in other types of respiratory illnesses in both adults and children.

Staff sickness and high levels of non-filled bank and agency shifts throughout December 2019 and particularly over the Christmas and New Year period was also significant, leading to the closure of a number of community beds.

The BCUHB Winter Resilience Plan for 2019-20 focused on the delivery of schemes within seven key themes as set out below. To support delivery of the Winter Resilience Plan, Welsh Government (WG) allocated £5.740m winter funding in two separate allocations, for the Health Board (£2.126m) and the NW Regional Partnership Board (£3.614m). A single Winter Resilience Plan was submitted to WG across the North Wales region.

The Winter Resilience Plan was developed with a total of 75 schemes under seven themes:

i) Optimising cross organisational and sector working	12 schemes
ii) Urgent primary care/out of hours' resilience	30 schemes
iii) Preventing unnecessary conveyance and admission to hospital	14 schemes
iv) Discharge to assess/recover	8 schemes
v) Community step down capacity	4 schemes
vi) An enhanced focus on the respiratory pathway	4 schemes
vii) An enhanced focus on the frailty pathway	3 schemes

Some schemes cross cut two themes and most schemes from the BCUHB allocation were implemented across two or three areas. Key highlights of schemes were noted re as follows;

- 'Tuag Adref' / Homeward Bound project focused on 'pulling' patients out of the acute hospital to reduce bed days and avoid admissions
- Wrexham Home First model saw the opening of an additional 8 community beds to support discharges from the acute hospitals at Wrexham and Chester.
- Community in-reach project implemented working with Community Resource Teams to support discharges.
- Enhancements to the community pharmacy roles for non-medical and independent prescribing supported an increase in the number of patients seen.
- Additional pharmacist roles appointed which supported transcribing discharge prescriptions within ED and across wards for medically fit patients. As well as an enhanced COPD home visiting service which supporting the review of COPD patients experiencing exacerbations in the community.
- Additional clinician posts in EDs supported safe and timely assessment and treatment of patients to support urgent care demand.

Details of learning from winter 2019-20 and schemes developed for each area are set out within each local health community plans for winter 2020-21.

Unscheduled Care performance targets and improvement programmes were put on hold both nationally and locally in line with the expectations set out by the Health Minister in a letter on 13th March, to prepare for and manage the Covid-19 response. Throughout March the EDs focused their efforts on developing and implementing plans in response to the predicted Covid-19 surge.

3.2 Performance 2018-19 / 2019-20

Following a review of key performance data for 2019-20 compared to 2018-19, the following is highlighted;

The 4 hour performance for winter months from October 2019 to January 2020 was broadly comparable to the same period the previous year. The February 2020 position worsened compared to 2019, before the impact of Covid-19 in March 2020 which saw a continued improvement in this performance target for several months during lockdown, which was largely attributable to the significant decrease in the number of ED attendances. The number of 12 hour delays was higher in November and December 2019 than the same months the previous year and whilst this improved, the number of delays remained higher than 2018 until the pandemic in March 2020. Delays over 24 hours were also worse in December 2019, January and February 2020 in comparison to 2018-19 before significantly improving from March 2020.

The number of ambulance conveyances was lower during the winter months of 2019-20 compared to 2018-19 with a significant drop in April 2020 during lockdown. The number of ambulance handover delays >60 minutes was significantly worse for the 3 months between November 2019 to January 2020 than the same period the previous year. There was less

variation between the number of delays for 15-60 minute handover delays in comparison to the previous year which remained more consistent in between November 2019 and February 2020. The <15 minute ambulance handover delays performance was worse during November 2019 to March 2020 than the same period in 2018-19.

December 2019 saw an additional 415 attendances compared to the previous year and as mentioned previously the number of admissions triaged as majors peaked at 10,090, an additional 586 attendances compared to December 2018.

The number of discharges was broadly similar in comparison for the months of November and December 2019 but fell in January 2020, remaining less than the previous year for subsequent months.

The number of patients with a length of stay >21 days remained higher for the months of December 2019 through to March 2020 compared to the previous year.

3.3 Covid-19 learning

The Health Board has undertaken a review of lessons learnt across a range of services and processes following the first wave of Covid-19. This includes but is not limited to; the numbers of tests done, number of patients treated and discharged, number of additional beds opened, increased oxygen capacity and support from volunteers. The following five high level themes were identified from the review;

- i) clinical processes;
- ii) environment and equipment;
- iii) information management & technology;
- iv) workforce;
- v) communication

Review of impact across these areas will help understand and share learning to inform Q3-Q4 plans and help shape and embed new ways of working to develop future innovative ways of working that improve and sustain delivery of services particularly over the coming winter months.

The response to Covid-19 pandemic saw the commissioning of three temporary field “rainbow / enfys” hospitals across North Wales in Bangor, Llandudno and Deeside, creating additional bed capacity including piped oxygen at the Deeside and Llandudno sites. This was achieved as a result of significant planning and co-ordination from staff deployed from a number of areas. The primary purpose of the field hospitals is for additional surge capacity, however, alternative options are currently being considered for the optimum utilisation of the field hospitals over the forthcoming winter months should this surge capacity not be required as was the case during the first wave.

In addition, the following was also achieved in response to Covid-19;

- An additional 724 acute beds were created and 371 community beds
- Health Emergency Control Centre (HECC) was established on 10th March 2020 until 10th July 2020 supported by 55 staff overall
- Oxygen capacity was increased on acute sites from 7,860l/min to 11,000l/min
- 1,800 volunteers offering support
- An additional 708 users were trained on WPAS and WCP patient administration systems

A consistent and emerging theme from the review of Covid-19 was the overwhelming response from staff across all disciplines and sectors, many of whom went the ‘extra mile’ in ensuring services were sustained as well as adapting to new ways of working within pressurised environments to support patients and other staff despite the potential risks.

The following areas of development were highlighted following the response to Covid-19;

- Health economy working with colleagues in Local Authorities has been positive with local control centres developed in partnership and input into care homes, which will continue.
- Improved communications between staff delivering services outside hospital and strengthened working relationships across traditional boundaries, with an increased level of knowledge amongst cluster staff of available services including third sector provision.
- Improved partnership working has supported the use of venues for primary and community services.
- Development of a community pharmacy escalation tool as an effective resource for staff to support local community pharmacies / dispensing practices requiring urgent support.
- Delivery of virtual / telephone appointments and consultations implemented across a range of services including within primary care, CAMHS, outpatient appointments
- Pharmacy on call system established
- Drug 'click and collect' service implemented
- Clinical pathways: evidenced based and supporting clinicians with decision making
- Clinical effectiveness: Monitoring impact through pre-defined quality metrics
- Clinically led: engaging with clinicians to drive improvement and embed good practice
- Staff empowerment: Staff health and well-being centres, daily updates, visibility of leaders, workforce re-deployment strategies. The presence of clinical psychologists to provide staff drop-in sessions to support staff welfare has had positive feedback.
- Digital technology developments to supporting more staff to work remotely / flexibly and increased access to a range of devices to support clinical and admin staff, improve access to systems and intelligence including real time data.

3.4 Critical Care learning from Covid-19

The Critical Care response to the demands of COVID-19 involved significant cross-site planning and delivery of clinical care, in collaboration with Respiratory Medicine, and supported by the Welsh Critical Care and Trauma Network (WCCTN). A formal debrief process, collating lessons learned, has been undertaken by the WCCTN Clinical Lead for North Wales³. The review highlights that the first wave did not hit all hospitals equally across Wales, with some being hit early and hard, surging close to surge limits, whilst others hit much later in the wave with a slower, longer wave with others barely hit at all. It also acknowledges that in advance of a second wave, combined with seasonal flu, it is important to prepare for all scenarios. The document stated that whilst there were things that could have been done better, it acknowledged the significant overall response of staff to this crisis including non-ITU staff.

In comparison with South and Southeast Wales, Critical Care services in North Wales appear to have been relatively fortunate with regard to demands associated with the spring wave of Covid-19. Some essential services activity requiring post-intervention Critical Care support has continued, and there have been no cancellations of planned surgery across BCUHB because of lack of Critical Care capacity since April 2020.

As a higher risk acute inpatient area, expansion of critical care footprint was required to separate Covid-19 and non-Covid-19 patients and to meet an overall increase in anticipated demand. This involved opening additional beds in existing critical care wards and / or converting alternative areas on each site i.e. theatre recovery, where appropriate. During the first wave, use of inter-hospital transfer enabled site decompression and maximal site Critical Care occupancy was 15 patients (Covid-19 and non-Covid-19).

³ Lessons learned from the first wave of Covid-19 pandemic, NWCTC; August 2020

Local BCUHB review of critical care learning was divided into the following categories; *Staff*; *Stuff*; *Space*; *System* and *Skills*, which highlighted many positives alongside areas for improvement. The summary key highlights include;

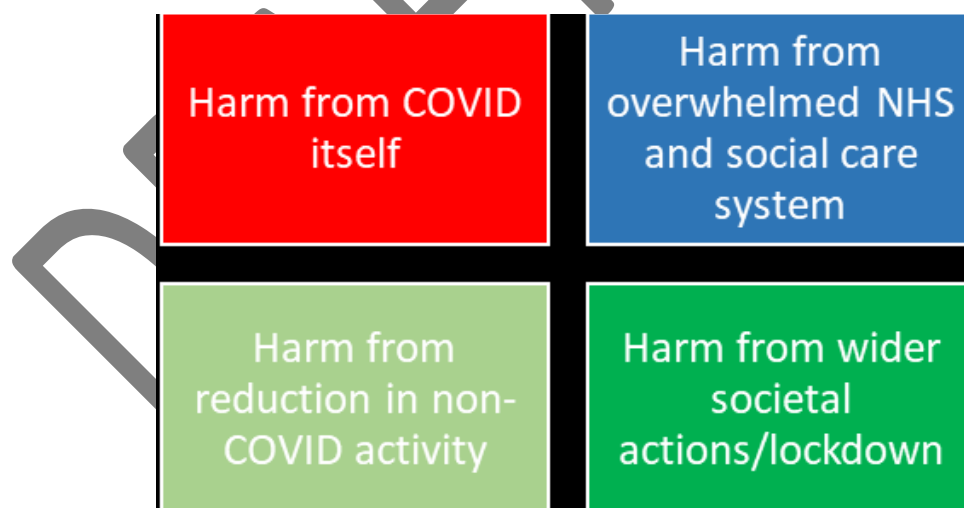
- Effective team management and appreciation for physiotherapy proning teams and their skill sets.
- Staff deployed from other areas were less well understood and inefficiently utilised and supported within critical care.
- Communication between dispersed cohort areas was further hindered by barriers imposed by Personal Protective Equipment (PPE), which caused difficulties in building a cohesive team during shifts.
- PPE was always available but some models were temporarily out of stock and it was felt that fit-testing should have been more readily available along with the availability of hoods which would have provided a second-choice of face protection for staff at all times.
- Concern about PPE provision was detrimental to staff confidence, particularly when out of date stock and the threat of PPE re-use was raised.
- There was a view of a lack of leadership from senior management and the role of the HECC was not felt to be visible to clinical staff.

3.5 Learning from Operational Control Centres

Local debrief sessions have taken place within each health community to review the local operational control centres established during the initial phases of the response to Covid-19, utilising feedback from those directly involved in either the setting up or operational management of the Control Centre, through to the Senior Responsible Officers who were responding to operational matters occurring.

4. Outcome Measures

In line with WG the Winter Protection plan the Health Board plans will be developed with the intention to prevent harm from;



The following outcome measures have been identified;

- No patient will wait in an ambulance more than 3 hours
- No patient will wait in an Emergency Department more than 48 hours
- No patient will develop a Health Care Acquired Infection (HCAI) as a result of poor flow
- No patient will stay in an acute hospital bed when they are medically ready for discharge

5. Demand & Capacity Requirements

The Health Board developed capacity and demand projections to account for winter pressures and Covid-19 related demand over the next six months. Capacity and demand are expressed in terms of General and Acute overnight hospital beds for ease of comparison.

5.1 Bed demand

Demand for beds across North Wales was derived from National level analysis of Covid-19 related demand, broken down to North Wales and acute site level (*The Reasonable Worst Case (RWC) for Winter 2020/2021, the Welsh Government TAC Modelling Subcell, 27th August 2020*)⁴. The analysis provided by Welsh Government is expressed in three scenarios; a low Covid-19 scenario, where virtually no Covid-19 positive patients need hospital admission; a medium Covid-19 scenario where infection control measures mitigate the spread of the virus, and a high Covid-19 scenario (unmitigated worst case scenario). Planning has been made on the basis of the medium Covid-19 scenario, with contingencies in place should the 'high' Covid-19 scenario materialise in any part of North Wales.

In addition, our bed demand model anticipates we will experience emergency demand in line with the average over the last six years. We have included essential surgical activity in the model, plus additional high priority surgical activity that would need to be done in the event of a prolonged period of Covid-19 related 'medium' demand.

5.2 Bed capacity

Bed capacity is defined as funded general and acute overnight beds at the end of August 2020 (i.e. acute hospital beds excluding day case beds), to align with the bed demand model. In addition to funded beds there are a number of unfunded beds that will be brought on stream as escalation or surge capacity. Escalation beds are beds that are occasionally opened in acute hospitals to accommodate temporary increases in demand, and surge beds are beds created for unusual or rare demand events like the Covid-19 pandemic. In addition to the acute hospital general and acute overnight beds shown in Figure 1 below, there are 72 unfunded surge beds at YGC that are exclusively for Covid-19 related CPAP that could be deployed if required. This capacity is not included in the analysis below.

Capacity is modelled at 92% midnight occupancy, to allow for essential anticipated operating flexibility in bed use.

5.3 Analysis

There are 1,039 funded general and acute overnight beds in BCUs acute hospitals. Under the medium Covid-19 related demand scenario, 100% of BCU general and acute beds would be occupied from September through to the end of December. An alternative way to express this is to say there is a net bed deficit of approximately 90 beds to achieve 92% occupancy across BCU.

From late December 2020 when Covid-19 demand begins to increase sharply, there are plans in place to open up to 282 additional unfunded beds in response. In total, these additional beds would be theoretically sufficient to accommodate the average peak of demand projected to arise in March 2021. However this is a theoretical average scenario, and would require patients to present or be allocated accordingly. The reality is likely to be significant variation in demand around the average (both above and below the average).

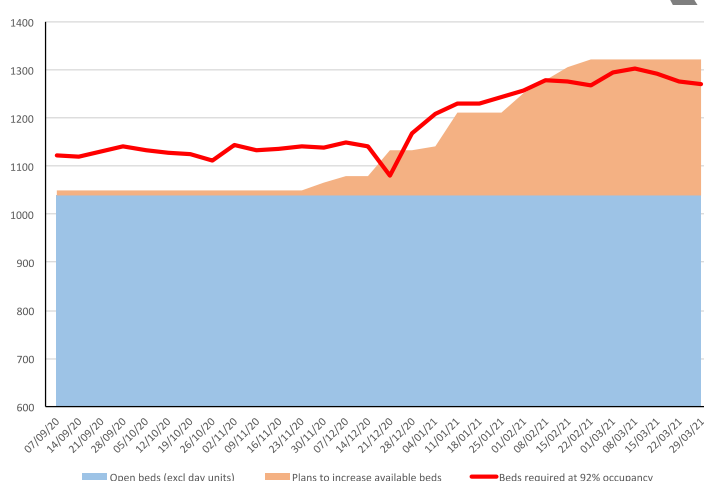
⁴ The Reasonable Worst Case (RWC) for Winter 2020/2021

There is a notable difference in the size of the capacity and demand gap between the three acute sites. Ysbyty Gwynedd is predicted to have the lowest levels of Covid-19 related demand, and has the greatest amount of unfunded bed capacity available. Wrexham Maelor has a relatively high profile of predicted demand, but also would have sufficient surge capacity to cope with that demand. The greatest deficit in beds would appear to be at Ysbyty Glan Clwyd where the gap between capacity and demand is significant and grows over the Winter months.

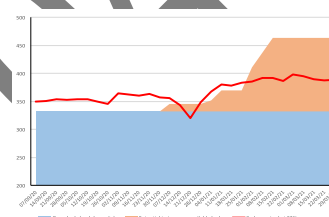
Operationally, 100% occupancy is not be feasible or sustainable at a BCUHB level, because we would need to control and limit patient movement for infection prevention control reasons, and some empty beds are inevitable due to carve out for different admission pathways (red, green, specialty specific, elective and emergency pathways). Significant planning and coordination will be required at BCUHB level to maximise bed utilisation, as we know from the first Covid-19 wave, spikes and surges in hospital related demand impact across Wales at different times.

General and acute bed capacity, & predicted emergency and covid related bed demand

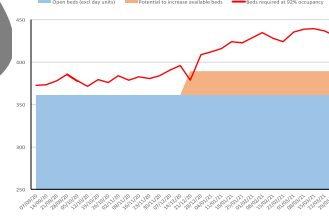
BCU total



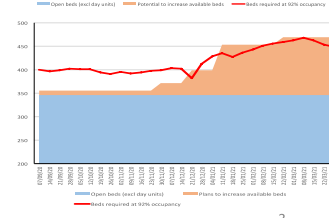
YG



YGC



WMH



5.4 Essential Services (Acute Hospitals only)

Prior to the Covid-19 outbreak, there was significant inequity of access for patients across BCUHB, and performance monitored at site level. However, this did not intuitively promote collaboration, and to some degree, the health community focus provided a distraction from pan-BCU working. Each site encountered variations in Covid-19 activity with varying capabilities to provide planned care capacity, influenced by workforce limitations (vacancies, redeployment and sickness), critical care capacity as well as the required infection prevention measures.

Each site has invested in their health community to build relationships and develop pathways to support patient experience. This relationship building will continue to encourage future pathways focusing on 'care closer to home', delivering care in the local community wherever possible, and ensuring that hospitals deliver services that should only be delivered in an acute setting. This will be balanced with equity of access for all people living within the jurisdiction of the Health Board.

The Planned Care Transformation Group requested an option appraisal to give direction on what approach should be followed to allow the continuing delivery of essential and planned

elective care in the short and medium term, whilst continuing to operate within a Covid-19 and post-Covid-19 environment, ensuring that additional measures are required to safeguard staff and patients.

Guidance has been provided by national, international and professional bodies to support clinical decision-making and delivery of all components of healthcare, and this includes specific reference to Planned Care. Combining all these factors resulted in a new approach to delivering Planned Care that would:

- Protect planned capacity, virtual working and non-face to face delivery, including more community based activity
- Be able to maximise throughput given the imposed limitations of the Covid-19 restrictions
- Be able to factor in patient restrictions such as pre-operative isolation and rapid testing
- Be able to reduce the risk for both patients and staff from further Covid-19 infections by reducing potential cross infection
- Deal with phase two and three of the planned care recovery
- Be able to respond to further surges of non-Covid-19 emergency and elective activity
- Be able to work alongside unscheduled care.

From the options appraisal, Option 5 included a hybrid of three other options as follows:

- Each site uses its available capacity providing essential services locally where appropriate
- A risk management approach is applied to patients waiting for access to stage 1 or stage 4 to ensure that the highest priority patients are offered appointments at the soonest opportunity
- A review of services considered the highest priority, either due to risk of potential harm to patients waiting or insufficient resource to meet its needs.

Option 5 supports the Health Board's strategic intent and provides a platform to capitalise on the current progress made in the development and delivery of consistent clinical pathways. A system and process based on quality outcome measures and patient experience enables the Health Board to demonstrate improvements aligned to the strategic intent. This work also supports the pre-Covid-19 plans relating to the digitally enabled clinical strategy.

The successful delivery of Option 5 relies upon robust operational plans and a willingness to explore different ways of working, and this has already been demonstrated through the Clinical Advisory Group and the secondary care senior management team. This is being supported through changes to performance monitoring and the governance structure.

5.5 Elective Care

Elective care continues to be delivered in association with essential services. During Q3/Q4, the focus will continue on delivering the P2/P3 risk stratification. Plans are being drawn together on reviewing all P4 (routine) waiting lists to understand how they can be supported in a non-surgical pathway. A different approach to delivering ambulatory surgery is also being reviewed in Q3/Q4 to support delivery mid-term.

The re-start of services continues and the risks associated to this are being mitigated as they arise. The interdependencies of unscheduled care and planned care are essential this winter due to the consequences of the Covid-19 pandemic.

6. Field Hospitals (Ysbytai Enfys)

Surge capacity remains the top priority for field hospitals and the local surge plans do not currently take account of any of the temporary hospital capacity. Demand and capacity modelling suggests that surge plans within our hospitals would broadly be able to respond to demand in both low and medium Covid-19 scenarios. It is only the high Covid-19 scenario where there would be significant impact likely to require large-scale capacity within the temporary hospitals. The potential impact is greater on both Ysbyty Wrexham Maelor and Ysbyty Glan Clwyd / Abergele.

There is an ongoing requirement to confirm the need to continue to hold the three temporary hospitals in a state of readiness as the pandemic progresses, so that they are held in readiness but not needed. Other opportunities to use the facilities for the coming winter months continue to be explored.

Updated models are available although the formal planning expectation remains unchanged. To date the initial analysis of these new models would support a decision that the full capacity of all three temporary hospitals would not be required.

7. Critical Care

The Health Board is committed to prioritising patients with Covid-19 and those receiving essential services, which is a key principle in line with national and Health Board recommendations, whilst ensuring the separate flow of patients on elective and non-elective pathways for those patients directly affected by Covid-19 and those unaffected.

BCUHB Critical Care services face further surge in COVID-19 demands with a number of vulnerabilities. Although BCUHB has among the highest number of annual critical care episodes in Wales (around 2100 per year under ordinary circumstances), it has among the lowest number of critical care beds per unit population (Table 1; 5.4 per 100,000) in Wales (vs 5.9 per 100,000), the UK (vs. 6.6 per 100,000), and Europe (vs. 11.5 per 100,000). The current critical care capacity per site is set out in Table 1 below⁵;

Table 1. Critical Care capacity

Commissioned beds	Level 3	Level 2	Total	Additional Surge capacity	Total capacity Level 3
Ysbyty Gwynedd	6	5	11	9	20
Ysbyty Glan Clwyd	8*	5	13	9	22
Ysbyty Maelor Wrexham	5	7	12	8	20
Total	19*	17	36*	26	62

* 8th bed newly funded following WG Task and Finish Group Report, July 2019.

Without increasing core critical care nursing numbers, the maximum number of ventilated patients that could be cared for according to FICM guidelines for critical care in BCUHB is 62 (20 at Ysbyty Gwynedd, 22 at Ysbyty Glan Clwyd, 20 at Ysbyty Wrexham Maelor).

It is notable that during peak surge at the Royal Gwent early in April, ratios of critical care nurse to patient ratios (with considerable numbers of support staff) extended to 1:3 for brief periods, which could not have been sustained for a significant period.

⁵ Critical Care Response to first wave and preparation for second wave of Covid-19

FICM Bridging Guidance for Workforce

Critical Care bed capacity	Critical Care nurse: patient ratio	Support staff**	Critical Care consultant: patient ratio***	Trainee/ACCP: patient ratio****	Pharmacist: patient ratio
Approaching baseline L3 capacity	1:1	normal HCA establishment	1:10	1:15 'senior' 1:15 'junior'	1:10*
2x baseline L3 capacity	1:2	1 non-critical care nurse AND 1 HCA	1:20*	1:15 'senior' 1:15 'junior'	1:20*

The BCUHB Critical Care and Critical Illness Delivery Group and Service Improvement Group have highlighted a number of planning principles for 2020-21 and identified the following requirements:

- A system-wide approach to Critical Care flow and occupancy: consistency in Critical Care admission criteria and pathways, and a zero tolerance approach to delayed transfer of care
- Workforce to meet heightened overall demand associated with care of patients directly affected by Covid-19 and those not, to address the supervision requirements of those working within segregated areas, and to preserve the critical care skills of supporting staff who may be required through further activation of surge plans. WG advise workforce increase in the short- to medium- term to increase Critical Care capacity by 50%.
- Specific staffing needs relating to rehabilitation and recovery of those affected by Covid-19, taking into account starting position for allied health professional staffing
- Preservation of staff well-being (with reference to PPE/ IPC, and risk of burn-out. associated with protracted and/or significant increase in demand).

7.1 Critical Care Workforce

Taking into account the;

- The increased overall demand for Critical Care services as a result of ongoing Covid-19 related activity;
- The potential for autumn and winter surge
- The re-establishment of essential services requiring Critical Care support
- a potential rise in non-elective demand due to deferred presentation,
- The loss of clinical staff through sickness and shielding and
- Challenges associated with Covid-19 and non- Covid-19 segregation;

The following recommendations have been identified;

- Offer rotational elements of job plans to clinical staff who have fulfilled an “escalation” role
- Create fixed-term contracts to enable nominal secondments to critical care
- Provide an educational programme for such “reserve” staff (and enable release to attend)
- Address additional Critical Care elements identified in the Health Board Economy Plans 2020-21, in particular expansion of core critical care nurse staffing numbers (recognising the need for additional senior supervision and to accommodate for staff absence), provision of clinical psychology posts on all three sites, allied health professional needs in relation to rehabilitation, the development of advanced critical care practitioners, and dedicated management support for Critical Care at a pan-BCUHB level

7.2 Equipment

The Health Board has increased supplies of essential Critical Care equipment, including for ventilation and haemofiltration, to ensure there are sufficient supplies to meet the anticipated increased demand of (Level 3) critical care patients in line with modelling. This has resulted in an increase in critical care ventilators from 38 to 120 as well as additional supplies of other ventilation devices that include NIV, CPAP capability. Receipt of full orders has been subject to delays across the national supply chain and the full orders of critical care ventilators will be received by October 2020.

An additional 9 haemofiltration machines have also been ordered, as well as additional water filtration points installed to a number of critical care beds and acute bedded areas to support access to haemo-dialysis within and outside of critical care areas to provide greater system resilience and meet the anticipated demand for critical care patients requiring renal replacement therapy. Stock holding of renal replacement fluids is currently being reviewed at a national level to consider access to additional centralised stock in the event of a second wave. The BCUHB critical care pharmacy group are also conducting a local review of stock holding of these products for contingency purposes.

7.3 Pharmacy

A BCUHB wide critical care pharmacy group was established at the start of the first wave, involving ITU pharmacists, pharmacy procurement and aseptic technical services, which will manage critical care medicines. Continued local and national surveillance of these critical care medicines exists that will enable an agile response to surges in demand. In the event of a national shortage, a mutual aid agreement exists between all health boards across Wales to mobilise critical care medicines to the place of highest need.

BCUHB Pharmacy Technical Services has access to bulk intermediate products of critical care medicines to allow rapid upscale of the production of 'ready to use' presentations (using a newly validated syringe filler) to support potential increased demand. In addition, the Temporary Medicine Unit in South Wales will be accessible for a national provision of aseptically prepared products.

8. Respiratory Medicine

The winter months typically see an increased demand for respiratory admissions which will be further impacted by a potential second Covid-19 surge during 2020-21. Following the first Covid-19 surge it has been identified that not all Covid-19 patients require respiratory input and cohort wards will be managed as general medical wards with speciality input as needed.

Each acute site is developing respiratory plans that include proposals to manage respiratory ventilation wards and the specialist respiratory bed base, including plans for red and green beds for respiratory patients to allow expert care for all Covid-19 patients. Medical and nursing workforce plans are being developed to include respiratory physicians to provide 24/7 support for respiratory patients and increased specialist nurse input into the service to support both attendance and admission avoidance for asthma, NIV and lung cancer patients.

Plans are being finalised across the sites for out of hours cover for ventilation wards as part of the COVID surge plan.

9. Site Escalation Processes

In preparation for winter, unscheduled care site escalation processes, comprising Escalation Levels 1 – 4 (see fig 1), have been developed and will be embedded to clarify the processes at different levels of escalation. The standardisation of escalation levels aims to improve patient flow through the hospital, by reducing delays into ED; delays within ED; and delays in discharges. These standardised processes will be embedded and provide up to date, whole system situation reports (SITREPs) for each site to feed into a rhythm of meetings throughout the day/week, to assist planning regarding predictions of pressures including during out of hours. This will also increase clinical safety and reduce level of risk through shared processes and improve unscheduled care performance.

This purpose of the escalation processes is to ensure;

1. The acute sites across North Wales have a standardised approach to escalating unscheduled care pressures 24/7 (through Level 1 to 4)
2. Key individuals within the multi-disciplinary team each have clear actions according to the site position throughout the day and that individual roles and responsibilities are documented and shared widely to minimise duplication e.g. signed off action cards (examples of action cards are included within appendices)
3. Clarity for clinical site management teams for which team members to involve depending on situation report.
4. Ensure standardisation of a fit-for-purpose safety huddle / mini safety huddle agenda throughout the day with relevant, up to date and accurate information to inform decision making. Agree wider health economy input into rhythm of the day e.g. area team
5. SAFER principles reviewed and monitored as part of the rhythm of the day e.g. board rounds, ward rounds, early discharge
6. Consistent situation reporting across North Wales aggregated to a North Wales position

Fig 1. Unscheduled Care Escalation Levels

<p>Triggers – Escalation Plan Level 1</p> <p>Steady State</p> <p>HEALTHBOARD – 4 CORE TRIGGERS APPLICABLE:</p> <ul style="list-style-type: none"> • Emergency admissions are within predicted levels match available capacity • Emergency Access performance 95% being maintained • Available resuscitation and trolley capacity in A&E • Ambulance patients – transfers of care within 15 minutes • Beds available in assessment units • Predicted and known capacity to accommodate emergency and elective admissions (including community beds) • Available CCU & ITU capacity • No additional beds opened • Elective lists proceeding as scheduled • No assistance being provided to other sites/health boards • No known external factors to impact upon capacity • Consider 24 and 48 hour weather forecasts (hot and cold) 	<p>Triggers – Escalation Plan Level 3</p> <p>Amber High: Severe Pressure</p> <p>HEALTHBOARD – 4 CORE TRIGGERS APPLICABLE:</p> <ul style="list-style-type: none"> • Emergency admissions are exceeding predicted levels and available capacity • >8 hours breaches have occurred • Unable to provide resuscitation facility • Ambulance patients – transfers of care > 30 minutes but less than 60 minutes • Patients waiting more than 2 hour for first contact with assessing clinician (majors minors) • Limited ability to create CCU and ITU capacity (refer to Critical Care Escalation protocol) • Discharges and transfers less than predicted and will impact significantly on capacity • All available staffed adult staffed capacity in use, including ring fenced beds • Planned commissioned additional activity in use • Routine electives cancelled • Divert within the Health Board in place
<p>Triggers – Escalation Plan Level 2</p> <p>Amber Low: Moderate Pressure</p> <p>HEALTHBOARD – 4 CORE TRIGGERS APPLICABLE:</p> <ul style="list-style-type: none"> • Emergency admissions are likely to exceed predicted levels and available capacity • >4 hours breaches have occurred (excluding clinical exception) • Ability to provide resuscitation capacity • Ambulance patients – transfers of care > 15 minutes but less than 30 minutes • Patients waiting more than 1 hour for first contact with assessing clinician (majors minors) • No acute beds available within the next 30 minutes • CCU & ITU delayed transfers of care identified • Patients being admitted or transferred to an outlying specialty • Unplanned bed closures i.e. infection outbreak • Routine electives under review • Midday status remains at Yellow 	<p>Triggers – Escalation Plan Level 4</p> <p>Red: Extreme Pressure</p> <p>HEALTHBOARD – 4 CORE TRIGGERS APPLICABLE:</p> <ul style="list-style-type: none"> • Emergency admissions have significantly exceeded predicted levels and available capacity • >12 hours breaches have occurred • A&E capacity unable to meet further demand • Ambulance patients – transfers of care > 60 minutes • Patients waiting more than 4 hour for first contact with assessing clinician (majors minors) • No transfers or discharges taking place • No CCU or ITU capacity available • All planned admissions have been cancelled • Unplanned uncommissioned additional capacity in use • No divert to neighbouring Health Boards in place

9.1 Ambulance Handover

During times of increased pressure within the emergency care system, there is a potential for delays in the transfer of care from one provider to another. This can result in significant delays in the overall system that can adversely impact on patient experience and operational performance.

In addition to the site escalation levels, ambulance handover operating procedures⁶ have also been prepared to provide guidance for all members of staff on the management of Ambulance Handovers between BCUHB and WAST. This guidance sets out clear lines of responsibilities and standards, to identify the escalation process to ensure service delivery and ensure accurate and safe handover of patients from the ambulance staff to BCUHB staff with the following aims;

- To ensure patients are received by the organisation in a timely manner with accurate recording of trolley clear times.
- To improve the patient experience
- To reduce the risk of poor care and clinical safety issues for the patient; and
- To support the Ambulance Trust in providing a more efficient and effective response to calls within the community
- To reduce the performance risks to providers involved in the urgent care pathway

10. Pathology

BCUHB has a total of 130 adult fridge spaces across each of the 3 acute sites, a total of 7 freezer spaces are available at Ysbyty Gwynedd and Ysbyty Glan Clwyd, as well as a cold room at Ysbyty Wrexham Maelor to accommodate up to six patients or bariatric bed. There are two foetal fridge banks at Ysbyty Gwynedd. Mortuary contingency comprises 1 x 12-bed Nutwell unit (mobile), 1 x 12 bed container unit at Ysbyty Glan Clwyd ready for use, 1 x 12 bed small body container unit at Ysbyty Glan Clwyd, which is not yet modified nor approved for ergonomic working but could be used if needed with additional safety risk assessments. A business case is being prepared for additional permanent fridge and freezer storage. To simplify work flow in the fridge rooms, the mortuary spaces have been divided into normal and high risk but all spaces can be used as needed.

Mortuary forecast and resilience plans are updated daily and current capacity reported on a daily basis. The report covers each of the three main mortuary sites across BCUHB and lists the total capacity and daily vacancy at each site, including the temporary body storage facilities that are available. There is also the facility to transfer deceased across sites in BCUHB and utilise the body stores that are less busy, such as 12 spaces in Llandudno General Hospital if necessary. Mortuary facilities are also backed up by the Local Resilience Forum, which has been active in supporting the pandemic and maintains a record of all refrigerated body storage capacity across North Wales including hospitals and undertakers. In the event of a spike, a multi-agency response would be implemented between North Wales Police, undertakers, HM Coroner's office and BCUHB.

During winter 2019-20 mortuary capacity was reached on at least three occasions. This was responded to by requesting assistance from local undertakers who removed half a dozen deceased on each occasion to release capacity until the following day. Since then additional storage has been provided from the Cabinet Office, which will be available over the coming winter.

⁶ Ambulance Handover Standard Operating Procedures, May 2019

Workforce plans for Pathology are described in business continuity plans^{7,8}, and includes cross training to support other disciplines if required. North Wales Managed Clinical Services (NWMCS) were able to support essential services earlier in the year, by retraining staff from other departments within NWMCS to provide additional resource depending on the demands of the service. Examples of this include; point of care testing (POCT) training and roll out of new equipment, phlebotomy, bereavement services and planning for excess deaths. There are contingency plans in place that describe actions to be taken if optimum staffing levels cannot be maintained. BCUHB Pathology will prioritise essential services as described in these plans.

11. Test, Trace, Protect

The Health Board, working with partners, is responsible for leading the delivery of the Test, Trace, Protect (TTP) service across North Wales, which is a significant new service in response to managing Covid-19 and is expected to be a requirement for a minimum of 18 months. Since go-live, the TTP service has conducted more than 20,000 antigen tests, more than 7,000 antibody tests and traced more than 1,800 index cases and 2,000 contacts. The service has responded to mass testing in care homes on a weekly basis, two outbreaks, targeted community testing and dealt with a higher than Wales average of positive index cases. Going into autumn and an anticipated surge, the services that have been rapidly established with predominantly redeployed resources need to be established on a more stable footing.

The *WG Test Trace and Protect Strategy*⁹ was first published on 13th May 2020 and updated on 4th June 2020. The *Test, Trace, Protect Strategy* is to enhance health surveillance in the community, undertake effective and extensive contact tracing, and support people to self-isolate where required to do so. This will mean asking people to report symptoms, testing anyone in the community who is showing symptoms of Covid-19, and tracing those they have come into close contact with. The Protect component of the strategy seeks to support the population, particularly the vulnerable when asked to isolate. Protect is a multiagency approach drawing on Health Board, Local Authority and third Sector partners to deliver the programme. Test, Trace, Protect is fundamental to helping us find a way to live with the disease until a vaccine or treatment is available.

Ahead of autumn there are clear priorities:

- **Protecting against the transmission of the virus by supporting contact tracing** – to prevent and protect spread of the disease amongst the population and to track the spread of coronavirus, understanding transmission dynamics and to ensure that testing can support targeted action through local outbreaks in communities or within businesses.
- **Delivering NHS Services** – to prevent, protect and deliver vital services and to support the safety of staff and patients.
- **Protecting vulnerable groups, closed settings and critical workers** – to safeguard and control infection in groups where there are greater risks.
- **Developing future delivery** – to utilise surveillance and new technologies to improve our understanding of the virus through the use of intelligence and to innovate new ways to test across the population.

WG want to build a resilient, flexible and sustainable delivery model, which will be responsive to current and future needs. Contact tracing combined with the other testing purposes could potentially require demand of as many as 20,000 tests a day across Wales.

⁷ Pathology Directorate: Cellular Pathology and Mortuary and Bereavement Services contingency plan

⁸ Pathology Directorate: Blood Sciences & Transfusion contingency plan

⁹ Test, Trace, Protect Strategy; WG; June 2020

From this total, the contact tracing demand is estimated at 4,500 - 11,000 per day. Indicatively, North Wales accounts for 25% of this forecast.

Future capacity and testing strategy will be dependent on laboratory including staff, machines and reagent capacity, the spread of the disease (sensitivity and specificity vary with prevalence rates), this will encompass new incident cases and transmission rates in community (R), the prevalence of symptoms and the emerging evidence on how testing can best be deployed to prevent infection.

The Testing Plan builds upon the latest evidence and it is recognised that data and evidence is still evolving, where questions remain about the virus and our immune response. The testing plan will be iterative and continue to evolve as evidence emerges. The approach to testing is evolving rapidly, both for viral detection and for testing the protective immune responses to it.

Testing for SARS-CoV-2 has a number of purposes that it can be used for:

- Identifying Covid-19 cases to support contact tracing and thereby the spread of disease;
- diagnosing Covid-19 to help with treatment and care;
- population health surveillance, so that we can understand the spread of the disease; and
- business continuity, enabling people to return to work or education safely.

There are currently two different forms of testing in Wales.

- The RT-PCR (virus detection) test, which detects the presence of viral RNA.
- The antibody test, which detects the antibody response to the SARS-CoV-2 virus, and is used primarily to determine whether a person has been previously infected and uses a range of sero-surveillance studies to better inform our understanding of the virus which will help to build an evidence base for us to develop a testing programme.

The current testing strategy initially focused on people in hospitals, care homes, and symptomatic critical workers. There is now a testing infrastructure that supports mass testing of symptomatic people across the population in support of the Test, Trace, Protect strategy. The population is asked to report symptoms and anyone in the community who is showing symptoms of Covid-19 will be tested. Contacts of positive cases are being traced when they have come into close contact, to control the spread of the disease. Testing is rapidly deployed to help manage outbreaks and clusters.

At present the north Wales region has access to:

- Mass Testing Centres (MTCs) – two; Llandudno and Deeside run by UK.GOV.
- Community Testing Units (CTUs) – four across the region; Ysbyty Alltwen, Ysbyty Gwynedd, Ysbyty Glan Clywd and Ysbyty Wrexham Maelor staffed and run by BCUHB.
- Mobile Testing Units (MTUs) – previously two units run by the military and now transitioned to a private provider, Mittie. These units will also support large scale testing during outbreaks in support of the CTU staff.
- Home Testing Kits (HTKs) – including access to a dedicated portal for care homes.
- Local Testing Units (LTUs) – two to be established in North Wales, each offering up to 250 tests per day. The location of these two units will be Bangor and Rhyl run by UK.GOV

Work is underway with partners to establish how we continue to work together to protect vulnerable people and communities:

- Supporting shielded individuals
- Signposting to and facilitating foodbanks
- Through good engagement and communications with individuals and families.

BCUHB is currently working with partners across north Wales to define and finalise the local Covid-19 Response & Prevention Plans. This aligns with the overall TTP service delivery.

12. Mental Health

In acknowledgement of the additional pressures facing healthcare services during winter and Covid-19 pandemic, the Mental Health Division in collaboration with Primary Care and Community Services have developed robust planning arrangements to allow services to meet increasing demand at the 'front door', shifting focus downstream on prevention and early intervention, building reliance at a community level. The Mental Health Winter Resilience Plan also seeks to address what are predominantly long-standing issues in our Mental Health Primary Care offer and ensure that services are psychosocially minded and that our staff feel supported, valued and empowered. Due to Covid-19 and the expected surge in demand for Mental Health support, this proposal would provide the opportunity to expedite the additional resource and intervention required.

GP services remain a highly visible part of the health system, which experiences significantly increased demand and pressure during the winter period. The Mental Health Division in partnership with the Primary Care and Community workstream seeks to develop a number of support mechanisms including investing in the roll out of the Mental Health practitioner model and community connector role to Clusters in order to improve Primary care resilience.

Implementation of the Mental Health model and connector role will provide Clusters with a more efficient way of managing the anticipated increased demand and release capacity. The Mental Health Service does not see seasonal fluctuations in demand to the same extent as other services although demand varies for other reasons, therefore roll out of the model will continue throughout the winter months with the focus on reducing number of people with mental health problem reaching crisis.

In order to connect to people differently and to increase availability of support services, it is proposed to increase the use of digitally enabled solutions in order to support a wider cohort of participants in a much more complex landscape but also to support people differently through the use of on-line CBT courses, 1:1 virtual counselling, webinars and group work. It is proposed to support the use of 'Attend Anywhere' with our Third Sector Partnerships in order to increase 'connectivity' across organisational silos that still exist.

The focus of the Mental Health Winter Resilience Plan is focused on prevention, early intervention with targeted sustainable solutions to improve resilience at the 'front door'.

The Mental Health Winter Resilience Plan also focuses on supporting organisations that often meet the needs of the most marginalised people better than mainstream mental health services. However the Division also proposes to offer targeted preventative support for the 'less obvious' cohorts of the population during the Covid-19 pandemic. The Centre of Mental Health suggest there is an inherent risk of developing post-traumatic stress disorder (PTSD) after experiencing intensive care treatment for Covid-19 and therefore our plan will offer targeted; tailored mental health support to the families of people treated in ICU. Work is already underway to identify potential numbers affected.

The Q3-Q4 plans provide more detail of the short, medium and long-term critical milestones.

13. Potential schemes for supporting delivery over winter

The following table provides details of the schemes that have been identified by each local health community to support increased demand over winter and are aligned to the 6 goals for urgent and emergency care.

Green = funded / Red = cost pressure

	Goals	Outcome	Proposed Key Deliverables 2020-21	Scheme	Quantify Impact
1.	Co-ordination, planning and support for high risk groups	Planning and support to help high risk or vulnerable people and their carers to remain independent at home, preventing the need for urgent care	<p>Each cluster should enhance planning and protection for patients who are clinically extremely vulnerable (shielded) from Covid-19, identified through risk stratification / electronic frailty index / Patient Care Record / clusters</p> <p>Care home residents and patients with three or more chronic conditions will be prioritised in Q2. Each cluster should achieve 100% compliance with national enhanced service for care home residents</p> <p>Each cluster should achieve the influenza vaccination uptake target (60%) for at risk populations</p> <p>Support for children and young people with both chronic long term conditions, mental health challenges or acute illness by defined Paediatric pathway through hospital care; increased capacity within</p>	<p>Practices and clusters are prioritising reviews of registered patients with chronic conditions.</p> <p>MDT approach adopted for the most complex cases</p> <p>Practice/cluster virtual ward rounds of Care Homes. Full sign up to the Care Home DES</p> <p>SICAT/WAST telephone support for care home patients presenting with a change to their 'normal state'</p> <p>Mass vaccination events planned. Support from community pharmacy schemes</p> <p>Central schemes with increased children and young people workforce capacity</p>	<p>Reduce risk of acute exacerbations of chronic conditions e.g. COPD; Diabetes; CHD</p> <p>Holistic management offering increased patient confidence point of contact in crisis</p> <p>Proactive management of frailty and chronic conditions will avoid unnecessary clinical escalation with risk of hospital admission</p> <p>Reduced numbers of influenza cases = reduced demand on Primary and Acute care services during the winter period</p> <p>Avoid unnecessary admissions of children and young people with lifelong conditions hence reducing the risk of exposure to HAI; improve patient experience with clear pathway through</p>

	Goals	Outcome	Proposed Key Deliverables 2020-21	Scheme	Quantify Impact
			CAMHS liaison team, and increased outreach approach for children with long term conditions		acute care through to safe discharge.
2.	Signposting, information and assistance for all	Information, advice or assistance to signpost people who want – or need - urgent support or treatment to the right place, first time.	<p>To support care in the right place and enable social distancing in ED, a 'phone first before attending ED' or 'phone and walk' concept targeted at patients who could be safely assessed elsewhere or through a planned approach will be developed and tested</p> <p>Out of hours urgent care pathways will be adapted for local use, and will be available to 111/Out of Hours primary care for urgent respiratory, dental and mental health crisis services pathways.</p> <p>Health Boards should deliver the 'Choose Pharmacy' system and common ailments service locally to</p>	<p>Service development plan for implementation of BCU 24/7 – (based on the CAV24/7 model) for presentation to Execs an onward to Board with target date of implementation by January 2021</p> <p>ICAN service to sustain through Winter with increased access where possible</p> <p>Acute care respiratory teams rota to be adjusted to allow access to senior decision maker up to 24/7 wherever possible</p> <p>Wholesale rollout of Consultant Connect</p> <p>Scope demand for development of urgent care treatment centre services in East</p> <p>Plans described within the Q3/4 action plan for increased use of Choose Pharmacy in</p>	<p>Improved patient experience and outcomes through access to the right service at the right time, first time/every time.</p> <p>Reduced ED attendances</p> <p>Delivery of live, comprehensive Directory of Services (DoS)</p> <p>Mental distress support to individuals in crisis – avoid acute exacerbation and/or progression into Mental illness crisis</p> <p>Better, safer outcomes and management of patient presenting with respiratory disease (with risk of associated Covid-19)</p> <p>Reduced demand on PC</p> <p>Improved patient experience through access to the right person with skills and knowledge best suited to their needs.</p>

	Goals	Outcome	Proposed Key Deliverables 2020-21	Scheme	Quantify Impact
			enable patients to access an appropriate service for their minor ailments in a timely manner, and to receive NHS treatment from the community pharmacy, preventing the need for presentation at hospital	East and West (full rollout already in place in Centre).	
3.	Preventing admission of high risk groups	Community alternatives to attendance at an Emergency Department and/or admission to acute hospital for people who need urgent care but would benefit from staying at, or as close as possible, to home.	<p>Consultant connect should be fully embedded in all health board areas to support the reduction of ambulance conveyance from care homes to hospital through the provision of specialist clinical advice and guidance</p> <p>Establishing frailty model within the 3 health communities which delivers rapid acute assessment, and speedy return to care closer to home for the most frail members of our communities</p> <p>Additional capacity for home ventilation with the support of a cardiac physiologist</p>	<p>Wholesale rollout of Consultant Connect, linked with WAST/SICAT and access extended to Care Homes and Community Hospitals</p> <p>Establish frailty services within the 3 health communities</p> <p>Enhance the care of patients requiring long term home ventilation. Reducing the risk of deterioration and requiring an acute hospital admission.</p>	<p>Avoid ED overcrowding leading to cross infection, patient harm and increased staff sickness</p> <p>Provide support with clinical decision making and care planning for patients suitable to manage outside of an acute setting</p> <p>Improved patient long term outcomes, Reduced risk of HAI Improved patient and family experience</p>
4.	Rapid response in Crisis	The fastest and best response at times of crisis for people who are in imminent danger of loss of life; are seriously ill or injured; or in mental health crisis.	10. Direct access pathways for respiratory, palliative care, stroke, STEMI and #NOF will be established and consistently delivered to support improved outcomes, and reduce unnecessary crowding and ambulance patient handover delays	<p>Paediatric direct access pathways to be implemented at all 3 acute sites</p> <p>Stroke improvement plan to be implemented at Ysbyty Gwynedd</p>	<p>Improve patient experience and outcomes</p> <p>Reduce crowding in EDs</p> <p>Improved IPC management</p>

	Goals	Outcome	Proposed Key Deliverables 2020-21	Scheme	Quantify Impact
				Respiratory pathway - cross reference to scheme W&C 2.2 above Continue to deliver the STEMI pathway as part of essential urgent care services	
5.	Great Hospital Care	Optimal hospital based care for people who need short term, or ongoing, assessment/treatment for as long as it adds benefit	Given the requirement to conserve acute bed capacity during the pandemic, same day emergency care' (or Ambulatory Emergency Care) without need for an overnight stay will be rolled out across all acute hospitals with approx. 30% of medical take to be treated via AEC / SDEC, increasing the proportion of people typically Discharged on day of their attendance to around 90% where possible. Timely rehabilitation/ reablement interventions must be consistently available to support rapid, sustainable discharge	A sustainable flow model which includes direct access pathways which will ensure each site's ability to maintain a separate red/green patient flow SDEC pathway to be standardised across the three acute sites. This will include ambulatory care pathways. Comprehensive and deliverable surge plans for each health community, designed to meet the projected demand profiles as of 19/09/2020	Reduced demand on acute and community bed base Improved patient experience and outcomes Deliver principles of care closer to home Engaged workforce with new ways of working Maintain separation of Covid/Non-Covid demand
6.	Home First when Ready	A home from hospital when ready approach, with proactive support to reduce chance of readmission	HBs and LAs, working with the third sector and independent providers, should adopt a 'home first' approach to enable more people, who have attended an Emergency Department or have been admitted to hospital, to be assessed and recover in their own homes to avoid unnecessary long stays in hospital beds. This will be achieved through delivery of four 'discharge to recover and assess'	Delivery of 'Discharge to Recover and Assess' pathways in Centre. Extend the Home First reablement teams in East and West This includes access to step up/down beds and home therapies services. Establish Nurse/Therapy led ward at Llandudno Community Hospital (Tudno)	Reduced lead in time to discharge out of acute and community hospitals Reduce risk of bed blocking Improved patient experience Delivery of Home first principles and Care closer to home

	Goals	Outcome	Proposed Key Deliverables 2020-21	Scheme	Quantify Impact
			<p>active therapeutic pathways, embedded locally.</p> <p>HBs and LAs working with the third sector will increase the focus on the provision of rehabilitation, reablement and recovery, and ensure there is sufficient capacity to support the increasing number of people who will need support during the pandemic, with long term conditions, and frailty, who require support to prevent:</p> <ul style="list-style-type: none"> - permanent disability; - greater reliance on care and support; - avoidable readmissions to hospital; - delayed discharge from hospital 		

14. Workforce Planning

As part of winter planning, workforce plans have been aligned to the clinical pathways for repurposing of capacity and capability to meet current and future changes in demand. This allows the Health Board to be able to mobilise to resource any additional capacity commissioned within the Health Board and supporting partners in health and social care to manage risks associated with outbreaks or clusters impacting upon staffing.

Significant work has been undertaken to develop workforce modelling to support assessment of priorities for deployment of staff in the event that additional winter capacity is required, or resources are impacted by infection/unavailability over the winter period. In addition, a workforce information dashboard has been developed to support a transparent mechanism for clinical teams to assess need and utilise resources in a safe way. Any decision to mobilise additional capacity would be balanced against the resources available in both the existing core workforce and additional flexible workforce. Work is continuing to develop and build upon the significant improvements made during Q1 & Q2 in the level of flexible workforce availability.

15. Infection Prevention & Control

BCUHB adheres to all national policies/guidance and updates in relation to Infection Prevention and Control (IPC) and public health requirements. To remove wherever possible the risk of nosocomial transmission between staff, patients and visitors, Public Health Wales (PHW) and BCUHB infection prevention and control measures are also implemented. This includes:

- Hand Decontamination and bare below the elbows
- The correct use of PPE, level 1 and level 2, including donning and doffing and any necessary Fit Testing to FFP3 masks. There are also alternatives to respiratory protection including positive pressure hoods.
- Adherence to stringent decontamination and cleaning schedules which includes detergents, disinfectants, UV and HPV.
- Isolation and cohorting of potential and confirmed infectious patients, with strict bay/ward closures managed via the IPC team (IPCT). This includes care of those patients requiring aerosol generating procedures (AGPs)
- Minimising patient and staff movement is managed via Area, Site management teams, and IPCT, and this includes cohorting of staff to cohorted patients.
- There are regular reviews and agreements in place to manage single room facilities, negative pressure facilities, current and future bed spacing, air management systems, and where feasible to do so, screens and closed circuit ventilation systems are used.
- Promotion of PHW guidance is ongoing with regard to social distancing, hand washing and facial covering/mask via sanitation stations and subtle encouragement for the public.
- Designated clinical areas and pathways are established for suspected and positive patients to enable segregation for patients and staff.
- All admissions, discharges to care homes, community hospitals, tertiary centres and/or receiving provider care packages are screened for any circulating and suspected infections.
- Symptomatic staff testing is available with track and trace. Any clusters of infection in any inpatient area, also includes screening of staff where necessary to manage nosocomial infections like Covid-19.
- In line with BCUHB workforce guidance, risk assessments have been completed for at risk Black, Asian, Minority Ethnic (BAME) staff and those shielding to support safe return to work.
- Staff antibody testing is being implemented for Covid-19.

- PPE stock control measures continue, monitored by the PPE hub. Level 1 PPE stock available for ward/departments via internal top up and site/area based hub supplies level 2 PPE.
- Fit testers are undertaking accredited training to comply with HSE guidance. Full compliance anticipated October 2020.
- All ward environments have been risk assessed and environmental changes undertaken to support segregation, including doors installed in bays and along corridors. Sanitation stations available with the egress of all areas.
- Building on existing reporting systems a standardised approach to reporting Covid cases and investigation of hospital acquired Covid 19 infections has been agreed. Timely Make it Safe reviews are undertaken to determine early learning and alert of any significant mitigation required.
- Hospital Management Team have mandated that staff movement is monitored and a decision to move a patient for non-clinical reasons is deemed a significant event and reported via the incident reporting system and tracked by the hospital management team.
- Increased enhanced cleaning is undertaken on areas with increased footfall and infection rates.
- Waste and PPE stations are available for visitors
- Standard IPC measures are promoted continuously with safety walkabout undertaken by the IPCT and senior leadership team from the site to seek assurance regarding compliance.
- There is a daily review within the site safety huddle of infection prevention cases and concerns.

16. Staff Influenza and Covid 19 Vaccination Planning

A Seasonal Influenza Plan¹⁰, developed by the BCUHB Flu group has been agreed at the BCUHB Quality and Safety Group for implementation across the North Wales region based on information known to the time of publication. Due to the unusual nature of the forthcoming flu campaign, which will be affected by Covid-19 restrictions in terms of social distancing and the use of PPE, this year's campaign will take longer to deliver and adjustments may be required if a second wave of Covid-19 manifests itself. Further Flu Welsh Health Circulars are anticipated setting out the detail of how GP practices and community pharmacies will be able to access the additional stock procured by WG to vaccinate the extended groups 50-65 years of age commencing in late November.

The Flu Group is cognisant of the impending Covid-19 vaccination campaign plans. Flu and Covid-19 vaccination plans are entwined and interdependent on each other in terms of resources and provision.

In addition to the usual activities required to implement the Flu campaign, in 2020-21 the BCUHB Flu Plan specifically targets certain areas of work to maximise uptake by adopting a collaborative approach pan North Wales for example:

- **Care Home Staff Scheme** will see a community pharmacy buddy up with a care home to ensure easy access to the vaccine for staff working in an adult care home setting. This combined approach which includes an accreditation scheme for care homes to participate in, will encourage strong leadership to persuade staff to come forward for vaccination. Local authorities, contract officers and Continuing Health Care colleagues are all collaborating on this project to ensure a coordinated approach to ensure greater resilience in this sector. This work is considered to be exemplar in Wales.

¹⁰ BCUHB Seasonal Influenza Plan, August 2020

- **Carers:** Work is ongoing to support Carers to make themselves known to the GP practice and to raise awareness of their eligibility for the vaccine.
- **People with a Learning Disability (PWLD)** have all become eligible this year. Collaboration with multiagency colleagues supporting this vulnerable group has generated new innovative ideas to help this PWLD to access the vaccine in greater numbers than we have seen before.
- **Primary School Campaign:** School Nurse managers have ensured a robust scheme is in place to deliver the flu vaccine to all Primary School pupils in around 400 premises.
- **Communications and engagement colleagues** are working with more stakeholders this year to deliver a more tailored approach to target and support local groups with more information to raise awareness of the eligibility for the flu vaccine.
- **Those people who are morbidly obese** are receiving telephone contact from dietetic colleagues and also staff working on the National Exercise Referral Scheme to raise awareness of their eligibility.
- **Flu vaccine contingency stock:** For the first time, BCUHB obtained a significant contingency stock of flu vaccines due to concerns raised some months ago that there would be an increased demand for vaccination due to Covid-19 activity. The intention is to support the staff campaign, the Health Board managed GP practices and any other vaccine shortfall identified in the community.
- **Training to administer the flu vaccine** has become easier due to online module and a simplified competency assessment document developed to accommodate the absence of face to face training due to Covid-19 social distancing restrictions.

Planning and activity for the staff flu programme is well underway in parallel to the work for Covid-19 vaccination. As part of our planning for managing a joint Flu / Covid-19 vaccination programme this year, our flu vaccination model supports the vaccination of our staff for Covid-19 pending vaccine approval and implementation date. Each clinical site has a site-specific model and the staff flu vaccination campaign will commence on 28th September 2020 with peer vaccinators delivering the vaccination. This is supported by two mass vaccination centres that other staff can access via a booking system. Enrolment of vaccinators and training is currently ongoing to support a robust campaign.

17. Severe Weather

The Health Board has an Adverse Weather Policy¹¹ to ensure the special arrangements are in place to ensure the continuity of services during periods of severe weather and sets out how the plans to respond to actual or anticipated adverse (winter) weather to safely maintain services. The plan makes up part of our Business Continuity arrangements and is complementary to the Heatwave Plan and underpinned by the Major Emergency Plan. In order to support staff travelling to work in the event of severe weather, a contract is currently being reviewed with a Voluntary Agency '4x4 Response Wales', who for a fee, will collect staff from home and transport them to and from work. Co-ordination arrangements at an operational level are also being worked through so that any requests are made on a clinical and staffing basis.

The Health Board has very robust multi-agency arrangements in place across North Wales. If severe weather is predicted (snow causes the biggest issue), a Tactical Coordination Group (TCG) will be established and support can be requested from other agencies via the TCG. From historical snow incidences in the past, support has been received from RNLI, North Wales Police and Mountain Rescue.

¹¹ BCUHB Adverse Weather Plan, March 2019

18. Staff Welfare

The Health Board recognise the additional stress and challenges that the pandemic has brought to the population and the toll this has taken on staff and with winter approaching there is added concern about how the NHS will cope over the coming months.. The Health Board also recognise that our staff are our biggest asset and that the safety and wellbeing of each and every staff member is of the utmost importance.

During the initial phase of the pandemic, the Staff Wellbeing and Support Service (SWSS) was established, supported by BCUHB clinical psychologists and psychological therapists who held drop-in sessions / telephone consultations for staff to provide support throughout Covid-19, which has received positive feedback. Due to the psychologists and therapists returning to the pre-Covid-19 roles, this service is not running at the same level currently and proposals have been submitted for a permanent and sustainable pan BCUHB service to be established.

BCUHB Occupational Health and Wellbeing are delivering a three pronged approach to stress management, based on the updated Staff Mental Health, Wellbeing and Stress Management Procedure¹² which aims to promote wellbeing within BCUHB. This includes;

Manager workshop – focuses on how to “Remove Manage Reduce Stress in the Workplace” including recognising the signs of stress and provide information about tools available to carry out stress risk assessments and wellness action plans.

Employee workshop – Wellbeing and You workshops for employees who are off work or present at work and struggle with stress, anxiety or depression.

Mental Wellbeing Champions – for staff from each area to become mental wellbeing champions and attend enrolment sessions that will cover general information about mental health, learn mindfulness techniques, information about the role of champion/ sharing good practice and signposting information for mental health support.

There are also a wide range of available health and wellbeing supportive resources and tools to view or download from organisations across NHS Wales and Social Care Wales, to support staff in both emotional and physical wellbeing. The Samaritans has also launched a new confidential support line for NHS and social care workers in Wales

19. Finance

This plan has been developed, with a number of schemes requiring separate funding. Given the quantum of the estimated costs currently and how dependent this is on workforce recruitment, a review of all schemes across health and social care is required to prioritise the schemes and to determine what is deliverable and within what timeframe.

20. Communications

Traditionally, Health Boards have managed their own winter campaigns independently, loosely based around the Choose Well theme. This year, however, WG will lead a new winter communications campaign under the Keep Wales Safe banner, however specific plans are awaited from WG. This will be coordinated centrally and the communications teams within each of the Health Boards will amplify that in their own areas and tailor specific messages to support their own services and communities where required. The full details of this year's campaign are still being drafted.

¹² BCUHB Staff Mental Health, WellBeing & Stress Management Procedure August 2019

21. Risks

The Winter Resilience Plan risks fall into the following categories:

- Workforce capacity
- Environment and social distancing
- Bed spacing restrictions
- Personal Protective Equipment
- Delivering vaccination
- Financial
- Staff Covid-19 testing
- Patient transport
- Unscheduled Care attendances
- Planned Care – Essential and Elective Services

The workforce capacity and availability risks relate to the potential Covid-19 pressures, surge requirements and increased workload in both acute and community settings, compounded by the need for some staff to potentially shield or self-isolate. There is also a risk of increased staff demand if the Field Hospitals are opened, and there will be a need to ensure sufficient bank staff availability, vacancies to be filled, and agreement to deploy staff across the organisation to areas of greatest need. A key mitigation for this will be the availability of Covid-19 staff testing to ensure staff are returned to work as soon as possible, however this in itself is a risk.

There has already been an impact on clinical and non-clinical areas due to social distancing, and this has and will continue to impact upon our ability to meet inpatient demand on the acute sites, a quicker use of surge beds and uptake of Field Hospital beds.

The availability and PPE is also highlighted as a risk, given the current Covid-19 pandemic. This has the potential for staff and patients being at risk of contamination, exposure, and transmission.

Due to the limited staff and accommodation, there is a risk that we will be unable to deliver this year's influenza and Covid-19 vaccination campaign, and that this will impact both the public and staff.

Funding is seen as a significant risk during this winter, and lack of funding will have an impact on safe delivery of services, both from a staff and non-pay perspective, and WG will be key in mitigating this risk.

From an Unscheduled Care perspective, there are risks in relation to the Health Board's ability to deal with an increase in attendances, in addition to increased influenza and potential Covid-19 patients, as well as those who present with life-threatening conditions. This will cause a continued long length of stay within the ED, and put patients at risk of harm.

The risk associated with planned care will emerge as the Q3/4 plan becomes available.

22. References

1. Transforming Urgent and Emergency Care EASC; 8 Sept 2020
2. Winter Protection Plan 2020-21, Welsh Government; 15 Sept 2020
3. Lessons learned from the first wave of Covid-19 pandemic, NWCTC; August 2020
4. Preparing for a Challenging Winter 2020-21: Academy of Medical Sciences July 2020
<https://acmedsci.ac.uk/file-download/51353957>
5. BCUHB Critical care response to first wave and preparation for second wave of COVID-19; R Pugh; A Campbell; August 2020
6. Ambulance Handover Operating Procedures, May 2019
7. Test, Trace, Protect strategy, WG; <https://gov.wales/test-trace-protect>; June 2020
8. Pathology Directorate: Blood Sciences & Transfusion contingency plan contingency plan
9. Pathology Directorate: Cellular Pathology / Mortuary / Bereavement Services contingency plan
10. BCUHB Seasonal Flu Plan 2020-21, August 2020
11. BCUHB Adverse Weather Plan, March 2019
12. BCUHB Staff Mental Health, Wellbeing and Stress Management Procedure; August 2019

23. Glossary

BCUHB	Betsi Cadwaladr University Health Board
CTU	Community Testing Units
ED	Emergency Department
HECC	Health Emergency Control Centre
HTK	Home Testing Kits
IPC(T)	Infection, Prevention and Control (Team)
ITU	Intensive Treatment Unit
LTU	Local Testing Units (LTUs)
MTC	Mass Testing Centres
MTU	Mobile Testing Units
NWCTC	Welsh Critical Care and Trauma Network
PPE	Personal Protective Equipment
RWC(S)	Reasonable Worst Case Scenario
TTP	Test, Trace, Protect
WAST	Welsh Ambulance Services Trust
WG	Welsh Government



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 1.10.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	North Wales Local COVID-19 Prevention and Response Plan						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson, Executive Director of Planning & Performance Management						
Awdur yr Adroddiad Report Author:	Sally Baxter, Assistant Director – Health Strategy						
Craffu blaenorol: Prior Scrutiny:	BCU HB Planning Workstream; North Wales Recovery Co-ordinating Group						
Atodiadau Appendices:	Appendix 1 North Wales Local Covid-19 Prevention and Response Plan						
Argymhelliad / Recommendation:							
The Committee is asked to receive the current draft of the North Wales Plan, note the work being undertaken to progress priority areas and offer any comments to support finalisation of the document.							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion	X	Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	
Sefyllfa / Situation:							
<p>This Local Covid-19 Prevention and Response Plan has been prepared in response to the letter from Welsh Government received on 27 July 2020 and the subsequent guidance from Public Health Wales received on 29 July. Submission of the first draft of the Plan was required by 12 August 2020. The Plan sets out how organisations in North Wales are working together both prevention of the further spread of the Covid-19 virus and their response in the event of further outbreaks.</p> <p>The plan provides clarity on the roles, responsibilities, and priorities of the partners in North Wales and will support our ongoing response to the pandemic.</p> <p>The draft plan is being developed to respond to feedback from the national Public Health Wales reviewing team and also to respond to the changing situation in respect of the incidence of Covid-19 and changing Welsh and UK guidelines. The draft is presented to the Committee for scrutiny and comment prior to finalisation.</p>							
Cefndir / Background:							
The plan has been developed in partnership between Betsi Cadwaladr University Health Board, BCU Public Health Team, Welsh Ambulance Services Trust and the six North Wales Local Authorities of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham. It describes our local							

arrangements to ensure an effective and co-ordinated approach for the prevention, detection and management of Covid-19 within North Wales, working with Public Health Wales nationally.

The national Coronavirus Control Plan for Wales was published in August 2020, and the local North Wales plan has been

The plan reports to the Recovery Co-ordinating Group for oversight of the range of prevention and response activities, and the HB is the lead organisation for the development process for the plan.

Asesiad / Assessment & Analysis

Significant work has already been undertaken in North Wales to develop initiatives to responds to priorities identified in the plan, which builds on the range of programmes already established within North Wales to respond to the pandemic, including the Test Trace Protect (TTP) programme, and the Recovery Co-ordinating Group and supporting workstreams.

The plan responds to a series of priorities identified in the PHW guidance and describes the local response to the priority areas. The plan is high level, given the breadth of the scope, the complexity of North Wales and the scale of the programmes. Each of the programmes described in the plan has confirmed governance arrangements, detailed terms of reference and Standard Operating Procedures, which support the overarching plan. Each Local Authority has established a county-based Prevention and Surveillance Group, which will support implementation in the local areas.

Workforce and financial implications of the priority areas are being mapped at programme level, and further work will be undertaken to assess any additional implications as programmes progress. The rapidly changing national situation will impact on the local actions being taken to implement the plan.

High level EqlA screening has been undertaken in respect of the main programmes of the plan, including for the TTP programme and the vaccination delivery programme. For many of the protected characteristic groups, there are already negative impacts, and inequalities have been intensified as a result of COVID-19 and the measures introduced to control the pandemic. As programmes develop more defined actions, EqlA will be undertaken to ensure that positive outcomes are maximized and any unintended adverse impacts are mitigated against as far as practicable.

The plan will be finalized following discussion by the Committee and will be subject to ongoing review and updating as required.

Appendix 1

NORTH WALES LOCAL COVID-19 PREVENTION AND RESPONSE PLAN

DRAFT



Contents

- 1. Introduction**
- 2. Local Planning and Response Structures, Roles and Responsibilities**
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- 6. Tertiary prevention**
 - 6.1 Management of Clusters, Incidents and Outbreaks**
 - 6.2 Mitigation and Control**
- 7. Communication**
- 8. Implementation, Review and Learning**

1. Introduction

This Local Covid-19 Prevention and Response Plan has been prepared in response to the letter from Welsh Government received on 27 July 2020 and the subsequent guidance from Public Health Wales received on 29 July. The Plan sets out how organisations in North Wales are working together both prevention of the further spread of the Covid-19 virus and their response in the event of further outbreaks.

The plan has been developed in partnership between Betsi Cadwaladr University Health Board, BCU Public Health Team, Welsh Ambulance Services Trust and the six North Wales Local Authorities of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham. Together with the NHS bodies, the Local Authorities have been central to the management of the response in North Wales and their role will be critical to effective future work to ensure we promote and protect the health of the population of North Wales. We recognise also the contribution of the wider partners in North Wales – working through the Regional Partnership Board and the Public Services Boards, the third sector and the people of North Wales themselves.

This plan describes our local arrangements to ensure an effective and co-ordinated approach for the prevention, detection and management of Covid-19 within North Wales, working with Public Health Wales nationally. It is important that the three tiers envisaged in the national strategic management of the Covid-19 pandemic – national, regional and local – link to support a system-wide approach. Six principles have been identified as supporting this, which our plan seeks to adopt:

- ✓ the primary responsibility is to make the public safe
- ✓ build on public health expertise and use a systems approach
- ✓ be open with data and insight so everyone can protect themselves and others
- ✓ build consensus between decision-makers to secure trust, confidence and consent
- ✓ follow well-established communicable disease control and emergency management principles
- ✓ consider equality, economic, social and health-related impacts of decisions

We will work with Public Health Wales and Welsh Government to support the delivery of these principles.

Our Plan reflects the local elements set out in the national Coronavirus Control Plan for Wales¹

The Plan brings together the collaborative mechanisms that have been developed in North Wales in response to the Coronavirus pandemic and identifies where further work is required to continue to develop our response.

This is a summary plan for North Wales. Each Local Authority will work with the Health Board, Public Health Wales and other partners to deliver the plan at a county level.

¹ Welsh Government, August 2020

2. Local Planning and Response Structures, Roles and Responsibilities

In the initial response phase for the pandemic, the NW Local Resilience Forum (LRF) established a Strategic Co-ordinating Group (SCG) chaired by the Assistant Chief Constable, North Wales Police, and a Tactical Co-ordinating Group (TCG) under the Resilience Forum's Multi-Agency Major Human Infectious Diseases Framework.

Betsi Cadwaladr University Health Board established a Health Emergency Control Centre within an overall Command & Control framework. The six Local Authorities each convened their Emergency Management Response Team. Details of the local emergency response governance arrangements and their relationship to regional and national structures can be provided.

Since moving through the initial peak of the pandemic and into the recovery phase, the SCG has been stood down. A SCG Reactivation Protocol has been developed and agreed by the NW partner organisations as an addendum to the North Wales LRF Multi Agency Co-ordination Group Implementation Protocol (MACG.) This protocol will facilitate the reactivation of a Strategic Co-ordination Group should a further emergency response to the Coronavirus pandemic be necessary. The protocol defines criteria for convening a SCG and requires that escalation procedures set out in the Communicable Diseases Outbreak Plan for Wales. The Protocol is attached as Appendix 1.

Multi-agency collaborative work is now progressing through a Recovery Co-ordinating Group (RCG), chaired by the Chief Executive Officer, Flintshire County Council.

Recovery Co-ordinating Group

The RCG reports to both Welsh Government and its consultative machinery, e.g. the Partnership Council, and the Regional Leadership Board (RLB). The RLB will give political / executive leadership to the RCG.²

In this role as Chair of the RCG, the Chief Executive of Flintshire County Council has overall responsibility for oversight of delivery of this Prevention and Response Plan.

The RCG meets fortnightly and is comprised of Chief Executive, Executive and Director level membership from:

Welsh Ambulance Services NHS Trust
NW Fire and Rescue Service
Betsi Cadwaladr University Health Board
NW Local Authorities
Natural Resources Wales
North Wales Police
Public Health Wales
Welsh Government
North Wales Economic Ambition Board

² Terms of reference, Recovery Co-ordinating Group, July 2020

The role of the RCG is to co-ordinate the development and implementation of a regional recovery strategy which is (1) compliant with the requirements of the Civil Contingencies legislation and guidance and (2) in alignment with Welsh Government strategy.

Four workstreams have been established to support the RCG as follows:

- Health and Care Recovery – chair: Judith Greenhalgh, Chief Executive, Denbighshire County Council
- Public Health – chair: Teresa Owen, Executive Director of Public Health, BCU HB
- Economic – joint chairs: Alwen Williams, Programme Director, NWEAB; Gwenllian Roberts, WG Chief Officer for NW
- Community Resilience – Ian Bancroft, Chief Executive, Wrexham County Borough Council

Regional TTP Oversight Group

The Regional TTP Oversight Group which is responsible for delivering the Test, Trace, Protect programme reports to the RCG on a fortnightly basis.

The primary purpose of the TTP Oversight Group is to provide strategic oversight of the delivery of testing, tracing and protecting the population of north Wales in accordance with the national guidelines. The TTP Oversight Group is chaired by Teresa Owen, Executive Director of Public Health, BCU HB. The Oversight Group comprises of strategic Public Health lead, EHO leads from each of the six Local Authorities, Consultant in CDC, and leads for Performance, Communications, Finance, Planning and Strategic Business Analysis. The Group also includes leads for the four delivery groups for TTP:

- Antibody testing - Adrian Thomas, Executive Director of Therapies, BCU HB
- Antigen Testing – Glynne Roberts, Programme Director, Well North Wales, BCU HB
- Contact Tracing – Strategic Lead Siobhan Adams, PHW and Programme Manager Jane Paice, BCU HB
- Protect – Glynne Roberts, Programme Director, Well North Wales, BCU HB

Regional Operational and Performance Group

The Regional Operational and Performance Group meets on a weekly basis and includes the senior management leads for the TTP Regional Cell and the six Local Authority Contact Tracing teams. The Group is supported by technical / IM&T, communications and CRM workstreams,

Regional Cell

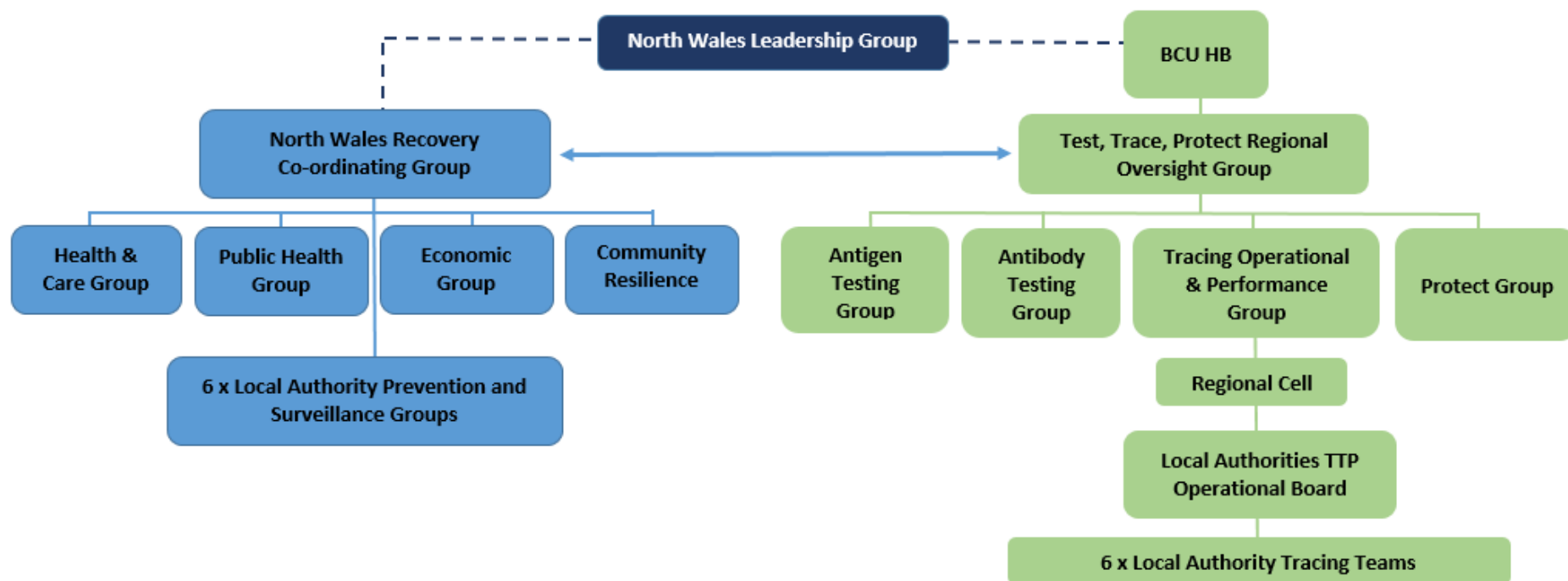
The Regional Cell has been established since June 2020. The role of the Regional Cell is to receive escalations from the six EHO's and the local Contact Tracing Teams relating to Complex case / contacts; Clusters; Clinical Lead queries; closed settings. The Cell provides Health Protection advice to the EHO, LCT and HB and escalates complex issues requiring Specialist Health Protection advice to the National Tier. The Regional Cell also supports the specialist Hospital Inpatient Contact Tracing Team which works closely with the

Infection Prevention and Control Team. The Strategic lead is Siobhan Adams, NW Public Health Team.

Contact Tracing Teams

The six Local Authority Contact Tracing Teams have been in place since June 2020. Since August an Inter Authority Agreement has been in place which describes the arrangements for collaboration across the LAs for delivery of the service. Flintshire County Council is the lead employing authority for the teams and following confirmation of WG funding, the service has moved from a workforce redeployment model to a fully employed model. The employment model includes contingency arrangements for deployment of staff to support any increase in demand across North Wales. The Inter Authority Agreement is supported by the existing Mutual Aid Agreement between all Local Authorities, which describes the process for provision of resources (including staff) between Local Authorities in the event of an emergency response being required.

North Wales Prevention and Response Governance Structure



Lead officer arrangements

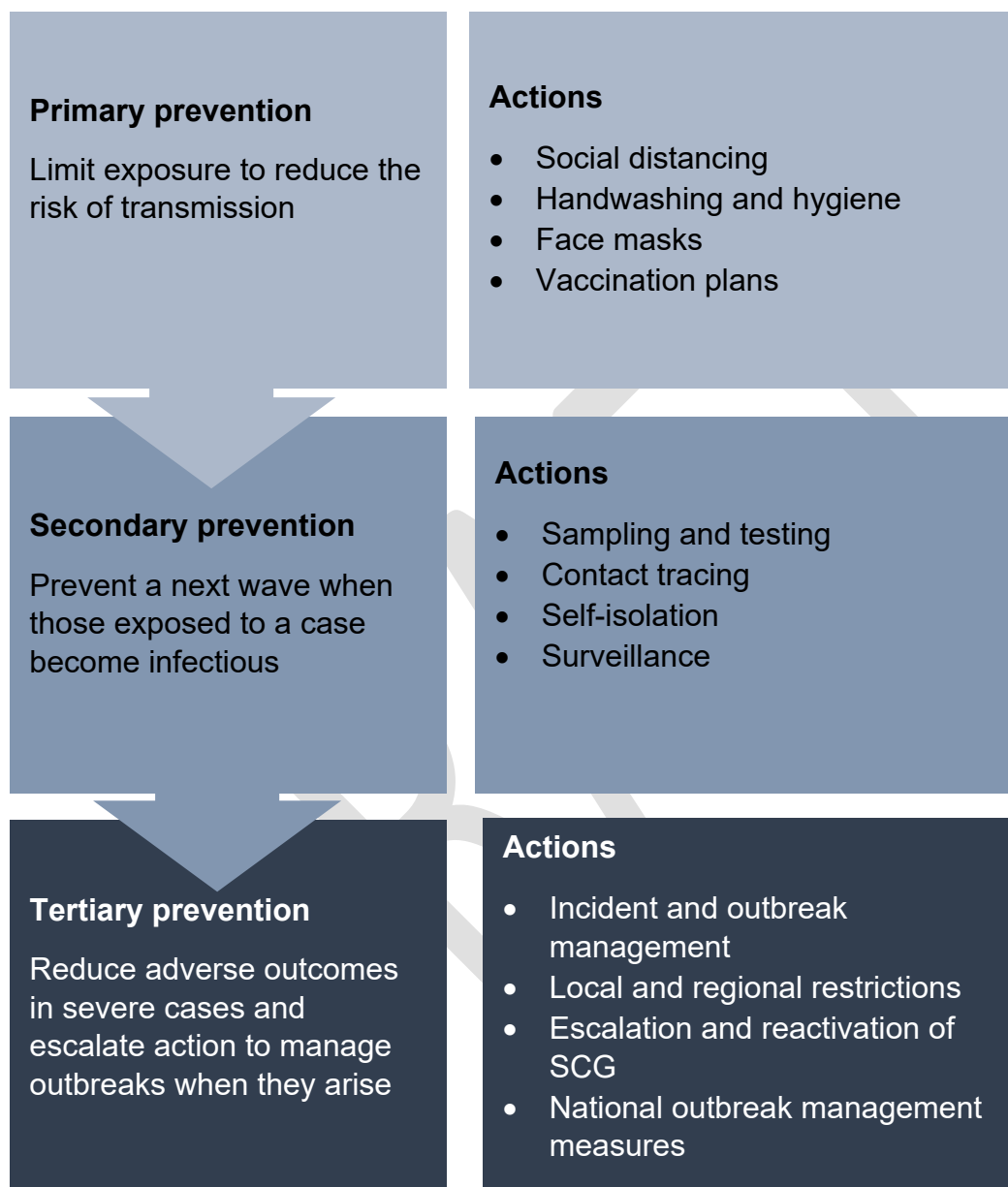
To provide a single point of contact in respect of the Local Prevention & Response Plan, the organisations have each confirmed their lead with overall responsibility and oversight of the Plan as follows.

Betsi Cadwaladr University Health Board	Mark Wilkinson, Executive Director of Planning & Performance Teresa Owen, Executive Director of Public Health
Isle of Anglesey County Council	Dylan Williams, Deputy Chief Executive
Gwynedd Council	Dafydd Wyn Williams, Head of Environment (Planning, Public Protection, Transport & Countryside)
Conwy County Borough Council	Peter Brown, Head of Regulatory & Housing Services
Denbighshire County Council	Emlyn Jones, Head of Planning, Public Protection & Countryside Services
Flintshire County Council	Siân Jones, Community & Business Protection Manager
Wrexham County Borough Council	Lawrence Isted, Chief Officer Planning & Regulatory

Although these are the main organisations leading in the preparation of this plan, the partnerships which have contributed to the local response to the pandemic and which will continue to play an important role are broader. WAST, North Wales Police, the wider LRF partners, the third sector and many others including the people of North Wales are vital to the combined effort.

3. Prevention

Preventative approaches will be promoted in all activity within the scope of this Plan. This is key to ensuring that we seek to reduce the incidence of community cases of Covid-19. The elements of the plan all contribute to the three levels of prevention as set out below.



4. Primary prevention

The Protect element of the TTP programme has been established and is developing and building on existing networks. A workshop session was held on 11 August to develop the programme and strong links have been made with the third sector to build on current networks and community links.

Most people will be able to manage self-isolation as a result of TTP without additional support, or with help from friends and family.

However, some people may need help with shopping, access to emergency food, collecting medicine and other support and advice.

This support will continue to be provided locally by the various agencies across the region – Local Authorities, the Health Board and the voluntary sector partner. Referrals for support by these services will be integrated into the TTP process.

All partners have been working to identify and support those groups in the population who may be more at risk either from Covid-19 or from harm associated with the response and management of the pandemic. There has been a robust strategic and operational working relationship with key agencies and service providers to ensure effective identification.

Isle of Anglesey CC has worked with:

- Medrwn Môn, the county intermediary body for the 3rd sector – provide community prevention initiatives and community Local Asset co-ordination
- Housing support services – regular home visiting
- Multi-disciplinary working arrangements supporting information, advice and assistance
- Integrated health and social care teams
- Integrated health and social care meetings with key partner organisations
- VARM and safeguarding arrangements
- Close working relationship with independent sector care providers.

Safeguarding

There is evidence that there has been an increase in safeguarding concerns during the pandemic response, with an increase in elder abuse, a rise in violence against women and girls, and concern regarding children who may be at risk of abuse and neglect. It is important that the duty to prevent and protect is built into planning at all levels.

Within the TTP programme, all TTP staff receive safeguarding training as part of induction. The TTP system allows for any concerns identified by the contact adviser or tracer to flag the individual as a safeguarding query. Within the CRM notes details will be recorded of the background; actions taken; and any further action required. The details will be flagged

for the Local Authority EHO to refer the individual to the Local Authority safeguarding team, if the issue is not related to the TTP process. If the issue is related to the contact tracing process, the EHO will address the issue or escalate to the Public Health lead.

Vaccination delivery programme

A multi-agency group has been established to develop and implement a COVID-19 Vaccination Delivery Plan for North Wales, to ensure readiness for the potential delivery of vaccines in the autumn. The North Wales COVID-19 Vaccine Tactical Delivery Group will maintain regular contact with, and receive updates and guidance from, the Wales COVID-19 Vaccine Delivery Programme Board in supporting the development of a regional North Wales plan. The North Wales Group will ensure robust links with the BCU HB flu vaccine programme for the purposes of planning and delivery. The North Wales group will escalate any regional planning queries to the national VDPB as required.

There are major challenges in delivering a large scale and complex new vaccination programme at a time when flu vaccination plans are already well progressed. A clear and effective communication strategy will need to sit alongside, to ensure good engagement and uptake.

The scale and pace of delivering any mass vaccination programme in the short/medium term would present the following implications for North Wales:

- an increase to the workforce would be needed to support implementation of the programme
- venues would need to balance the ability to provide an accessible service whilst maintaining social distancing
- there would need to be an interface with other vaccination programmes e.g. flu
- service delivery and staff absence could be affected by a second wave of COVID-19

In addition, planning is challenging due to uncertainty around vaccine supply, vaccine characteristics and the number of doses required. A risk register has been drafted and risks will be escalated as required.

Senior finance colleagues are working with the Tactical Delivery Group to support the development of a detailed financial plan. Some of the costs of a Covid-19 vaccination programme may need to be borne by BCU HB and regional partners, and any required expenditure will be included in financial planning. The following costs are anticipated:

- staffing costs
- site development and preparation, site rental, site increased running costs
- IT software, licenses and hardware
- consumables (including clinical waste disposal)
- vaccine and consumable stock storage (including Cold Chain costs)
- transportation and travel for staff

Screening for an Equality Impact Assessment has been undertaken. There are significant positive impacts of the proposed vaccination programme because of the protective impact for health and life. However, for many of the protected characteristic groups, there are already negative impacts and intensified inequalities as a result of COVID-19 and the

measures introduced to control the pandemic. Care needs to be taken to ensure that a vaccination programme addresses the inequalities and mitigates against any disproportionate impact for different groups. Issues of Welsh Language accessibility have also been raised. When the locations of vaccination centres and greater detail regarding the potential availability and delivery of vaccines are known, the EqlA screening will be reviewed and completed and a decision taken whether to proceed to full impact assessment.

Assessment of risk to support preventative action

We know from the developing body of evidence nationally and from local intelligence and feedback that there are some groups in our population which are at greater risk from transmission and greater risk of experiencing more severe symptoms or death. We know also that existing Health Inequalities have been intensified by the Covid pandemic and the measures introduced to contain the disease. It is also known that the success of communication of, and compliance with, behavioural and social measures to contain Covid can vary for specific groups, for many reasons.

In North Wales the partners have been working on a number of initiatives to support risk assessment with quantitative and qualitative local intelligence,

- A full Equality Impact Assessment has been undertaken in collaboration to support the TTP programme, which has involved contributions from partner agencies, the third sector, the North Wales Public Sector Equality Network and the BCUHB equality stakeholder reference group. The EqlA has provided a rich source of evidence to assist in addressing inequalities in all areas of this Plan. EqlA of the Vaccination Delivery programme is now underway to inform decision making on delivery locations and mechanisms.
- A well-being impact assessment on TTP has been led by Denbighshire County Council on behalf of all partners, assessing the potential impact in relation to the seven well-being goals of the Well-being of Future Generations Act
- North Wales PSBs are undertaking situational analyses to assist in reviewing and reprioritising actions to support the well-being of the population where necessary
- The communication and engagement workstream supporting the TTP programme has been ensuring that communication is accessible and understandable for all, using different languages and formats. BCUHB engagement team has been undertaking 'Covid Conversations', through online survey, to hear from individuals regarding their experiences to help shape our future plans. Further details regarding communication are set out in section 7 below.

Groups identified as at greater risk who are being supported through collaborative working are set out below.

• Shielding population

Amongst those people at increased risk of serious disease or death from Covid-19 infection are the 30,163 people in North Wales who currently fall within the "extremely vulnerable" category and are on the Shielded Patient List (23% of the all Wales total.)

During the shielding period which came to an end in mid August, Local Authorities worked with the third sector across North Wales together with other partners to establish support networks to assist people with varied needs such as delivery of food, provision of medication, and general support for well-being. Whilst the initial shielding has come to an end, we will keep people in North Wales well informed and ensure there is good communication. Those people on the shielding list will also be amongst the first priority groups for Covid vaccination when the programme commences.

- **Older adults**

In North Wales the percentage of older people in the population in some areas is amongst the highest in Wales. Whilst many of the very older group will be included in the shielding numbers above, the total population aged over 50 is in the region of 308,000. The risk from Covid increases with age and the over-50s population are included in the Flu Vaccination Programme for 20/21, and are amongst the groups identified for the potential Covid Vaccination Programme.

From diagnosis over 80s are 70 times more likely to die than those under 40. Self isolating can increase isolation and loneliness amongst older people, who may also be more digitally excluded.

Similarly to others on the shielding list, Local Authorities, third sector and community networks have been providing support to older people during the lockdown period. Communities have also provided, and will continue to provide, support to friends and neighbours.

- **Race and Ethnicity**

It is known that people from Black, Asian and Minority Ethnic (BAME) backgrounds are disproportionately affected by coronavirus. In addition, the Welsh Government Report of the BAME COVID-19 Socioeconomic Subgroup published 22.06.2020 has identified a number of socio economic and environment risk factors that it says are contributing to the disproportionate impact coronavirus is having on Wales' black, Asian and minority ethnic (BAME) communities.³

Across North Wales, ONS data show that there are 17,200 people identified as Black, Asian or Minority Ethnic (2.5% of the population.) There are communities where the proportion of people within this group is much higher, and Local Authority partners are using their local knowledge of their population, working with community networks, to tailor support for specific groups.

Within the TTP programme, communication materials have been provided in a range of languages and formats to ensure that messages are understood and easily shared. This will continue to be the case as the Prevention and Response Plan is implemented, and further essential information will be translated. Within local outbreak response, we will ensure that information is accessible to people and will work with community leaders to address cultural concerns or reluctance to engage with public services.

³ Welsh Government, *Report of the BAME COVID-19 Socioeconomic Subgroup*

All partner organisations will also provide support to Black, Asian and Minority Ethnic staff, facilitated by individual risk assessment using the all Wales toolkit and addressing any specific needs of individuals. Ongoing liaison with and through BAME staff networks to provide assurance and respond to any specific risks or concerns.

- **Deprivation**

Research by the ONS had also suggested that the impact of Coronavirus has been disproportionately higher on those living in the most disadvantaged communities (ONS, 2020b). By categorising areas by level of deprivation in Wales, ONS has found that deaths involving Coronavirus have occurred at more than twice the rate in the most deprived neighbourhoods in Wales (44.6 deaths per 100,000 people) compared with the least disadvantaged (23.2 deaths per 100,000 people). This adds to the inequalities in health already experienced by people living in areas of deprivation. Smoking rates tend to be higher and there are variations in healthy behaviours, including physical activity, diet, and overweight. There are areas of deprivation across North Wales, many within urban and coastal areas, but there are also pockets of rural deprivation. Integral to the prevention and response plan is the assessment of impact of specific initiatives on people in areas of deprivation, and mitigation (such as ensuring accessibility to testing and vaccination locations, signposting to community support networks, and Government financial support packages.)

- **Areas at high risk of transmission**

During June 2020, military human behaviour specialists undertook an analysis into areas considered to be at high risk of further outbreaks. This highlighted a number of settings where there is a greater risk of transmission, taking into account a range of factors such as environment, density of people, length of time of exposure, nature of activities. Of particular concern for North Wales are:

- Industrial and factory settings
- Food processing plants
- Educational settings from nursery provision to further and higher education
- Holiday accommodation including caravan parks, holiday parks and campsites

All counties of North Wales have areas identified as high risk, linked to factors such as the scale and density of the settings in the area, proximity to the border and cross-border flow in relation to employment and education. The detailed findings of the assessment will be used to inform local initiatives to support high risk settings.

High risk settings

Local Government Public Protection Services have played a significant role in responding to the pandemic. These front line services are often unseen or unheard, but reduce health and social care demand. Whilst not exclusive, this work has included

- inspecting and certificating accommodation for key workers and the homeless
- advising businesses on closure and reopening requirements as well as undertaking enforcement where necessary
- providing specialist infection, prevention and control (IPC) work in Care Homes and other closed settings
- obtaining Part 2A Court Orders to ensure control of public health risks
- operating at local and regional level with partners Test, Trace and Protect (TTP) Contract Tracing Services
- protecting consumers from scam Coronavirus cures and test kits
- advising food businesses changing their operating models towards takeaway and community food provision
- advising their employers on coronavirus controls in relation to reopening services (e.g. leisure centres and libraries) and the operation of visitor recording information to comply with TTP
- fully participating in relevant SCGs, TCGs and RCGs
- control of clusters and outbreaks
- engaging with Welsh Government and other partners to ensure informed guidance is provided

• Hospitals and other healthcare settings

In North Wales, there is an extensive network of health care settings, given the geographical area covered by the Board and the size of the population supported, with three main acute hospitals (Ysbyty Gwynedd, Ysbyty Glan Clwyd, and Wrexham Maelor Hospital), and a broad network of local hospitals including Llandudno and Abergele Hospitals, local and community hospitals. Health care is also provided in many community clinics, GP practices, dental surgeries, optometrists and pharmacies. In addition to the potential risks to patients using healthcare services, BCU HB directly employs nearly 17,000 staff, many of whom are engaged in face to face patient contact.

Extensive support and advice is provided to hospital, community and primary care settings in line with the evidence and national and local public health advice. Infection Prevention and Control teams are working closely with colleagues to ensure robust systems are in place and healthcare services have responded to the need to introduce changes in ways of working, social distancing, and access for patients and visitors.

Primary care services are supporting patients to access safe and effective care through triage and assessment through maximising the potential of digital technology. Communication has been put in place to promote the availability of our services and communicate to the public about new models, access and self-care. Weekly reporting on primary care pressures will facilitate early identification of any rising incidence within the community.

Hospital services will maintain a high state of readiness to respond in a timely way to COVID-19, fulfil our obligations to deliver 'essential services', and restart as many of our remaining services as we can using the principles of harm reduction.

Close monitoring of in-hospital cases is undertaken and appropriate action will be put in place to escalate in the event of any increase in case numbers, admissions, occupancy or rising critical care demand, supported by the hospital Infection Prevention and Control teams and the Hospital Contact Tracing team. A hospital Covid Delivery Board has been established to ensure consistency of response in the event of further hospital based incidents or outbreaks.

Surge capacity plans are being reviewed in line with the NHS Wales Winter Protection Plan to ensure there are arrangements in place to address projected demand. Full details of the Health Board response and future plans are set out in the quarterly operational plans.

- **Prison healthcare**

The Health Board is responsible for provision of primary and community healthcare services to HMP Berwyn, which is managed by the East Area team. There is no inpatient provision on site: if a resident becomes unwell they will be assessed by a clinician and if they require care or treatment that cannot be provided on site they will require transfer to a suitable environment in hospital. The deputy Head of Healthcare at HMP Berwyn has worked with East Area nursing teams to develop the Covid-19 plan and pathway.

The Area team and the Prison team are working in compliance with guidance issued by HM Prison & Probation Service in Wales. Targeted guidance has been developed to address the specific needs of residents in the prison setting, including staff guidance on PPE, guidance for transfer of prisoners to hospital, guidance on prisoner release, and specific contact tracing protocols. Information has been made available in Easy Read format for prison residents.

[Her Majesty's Prison and Probation Service - Covid-19 guidance and support](#)

- **Education / Children and Young People**

Preventative approaches are being implemented in all education settings. All settings have comprehensive and quality-assured risk assessments in place, which identify key risks and how these are/will be mitigated. The risk assessments are regularly updated in response to any emerging concerns and/or national and regional advice.

Schools are being provided with advice through regularly updated Welsh Government documentation, enhanced and supported by local authority officers in partnership with GwE, the regional school improvement service.

Children and young people will, during September, be reintegrated into school and other educational settings with the intention that they have full access to a broad and balanced curriculum whilst understanding that there will be a continuing requirement to implement blended learning pedagogy to ensure continuity of learning dependent on the local position in respect of Covid-19. Central to this will be ensuring that there is sufficient capacity to support the emotional and emotional health of the young people.

Updated guidance has been issued on the investigation and management of clusters and incidents of Covid-19 on educational and childcare settings, for which a local response will be developed.

The TTP Regional Oversight Group will monitor incidence of cases connected with schools. A schools and educational settings daily cell has been established to review surveillance data, incidents and clusters and to escalate action to outbreak control in accordance with the Outbreak Control Procedures.

Operational Public Health Advice Note for Welsh Government and Key Partners on the Investigation and Management of Clusters and Incidents of COVID-19 in Educational and Childcare Settings

- **Universities and FE Colleges**

Students at Universities and FE are generally drawn from a wider catchment area than schools, with many students travelling across border areas. There are higher numbers of students enrolled and greater risk of transmission than amongst younger age children. Bangor University has around 12,000 students and Glyndŵr Wrexham has around 3,000 and both universities attract students from across North Wales, elsewhere in the UK and abroad. The Health Board and Local Authorities have met with Universities and Further Education College representatives to seek to provide support where needed in respect of risk assessment and mitigation measures. Student welfare and well-being is at the heart of all measures and higher education providers have been working since the outset of the pandemic to mitigate the impact of Covid-19 on students and staff.

Each of the universities has produced a Covid risk assessment and response plan to manage under current measures and to escalate action in the event of any site-based outbreak or general increase in cases in the area.

BCU HB is working with Bangor University to develop a local testing facility for students on site which will support their student population.

[Higher education policy statement: coronavirus | GOV.WALES](#)

- **Care Homes**

The care home sector in North Wales is diverse, with 345 homes registered with Care Inspectorate Wales including the independent / private sector, charitable and not-for-profit, and local authorities' provision. Together they provide 6,978 places (or beds) for residents, almost three times the beds within hospitals in the region. The Health Board has worked closely with partners including Local Authorities and the Independent Sector to provide advice, PPE and co-ordinate weekly testing for care home staff and residents. Whilst care homes in other areas of Wales have now moved to fortnightly testing, North Wales will continue to provide testing on a weekly basis for the next 8 weeks.

Local Environmental Health Departments have been supporting care homes in their areas, as the care sector looks after many of the most vulnerable people in our communities. Environmental Health colleagues provide infection, prevention and control advice, working closely with Social Services and Health. A record of the COVID-19 status of the care homes is maintained locally and shared with PHW.

A multi-agency Care Home Cell has been established as part of the command structure and response arrangements have also been put in place at a Local Authority level. Three Home First Bureaux which have been established will continue to support the timely and appropriate transfer of patients from acute and community hospitals back to their own homes, existing care homes or new care home placement. A Care Homes Action Plan for North Wales has been developed and approved through the Regional Partnership Board, with actions to cover risk assessment, business continuity, infection control including PPE, sustainability amongst other areas. The Plan will contribute to the all Wales Plan for care homes which is expected during the Autumn.

The North Wales daily Care Home MDT was established to bring together key partners to review and agree decisions on complex Care Home issues. The meeting is held daily and complex cases/ issues are escalated from the TTP regional cell to the group.

<https://gov.wales/care-homes-and-social-services-coronavirus>

- **Meat and Food Plants**

In recent months, in England and Wales, some meat and food plants have been the focus of local outbreaks of COVID-19. The Welsh Government has produced guidance for this sector and, in North Wales, Environmental Health Departments have undertaken proactive work to contact local meat and food manufacturers to ensure they understand the guidance. Many of the key points contained in the guidance can be applied to other business sectors, particularly when considering the use of communal areas for workers; travel to work arrangements (such as car sharing); and where workers reside in houses of multiple occupation. The learning from the two outbreaks will be synthesised and action taken to address any recommendations which will provide better support.

<https://gov.wales/guidance-meat-and-food-plants-prevention-and-management-coronavirus-covid-19>

- **Non-food production factories**

Non-food production factories may carry similar risks to food production plants. In North Wales there is a concentration of non-food production factories in the industrialised urban areas, although of a different scale to other areas of Wales. Throughout the pandemic response, Environmental Health Departments have been advising businesses on closure and reopening requirements as well as undertaking enforcement where necessary. As described above, much of the guidance on meat and food plants is applicable to non-food production and EHOs will continue to ensure appropriate support and action where needed.

- **Tourism and Hospitality ('Visitor Economy')**

The pace of reopening the tourism and hospitality sectors in Wales has been slower than England, and as a result, lessons have already been learnt around how COVID-19 can spread when PHE and PHW guidance is not adhered to – in particular with reference to licenced premises.

Welsh Government has produced guidance for these sectors. The link is as follows:

<https://gov.wales/tourism-and-hospitality-businesses-guidance-phased-reopening-html>

Where there are concerns that businesses are not complying with the Health Protection Regulations, local authorities have mechanisms to record and investigate concerns or complaints.

Some of the most significant local challenges can be summarised as follows:

- Increase of population due to visitor numbers
- Potential transmission of COVID-19 due to increased visitors, and impact on local infrastructures thereafter
- Lack of adherence to social distancing requirements – particularly when alcohol is consumed
- Confusion between English and Welsh regulations and guidance – this is of particular relevance for counties that border England

A proactive approach to monitoring compliance within pubs.

Since the beginning of the COVID-19 pandemic we have set up a close working relationship with North Wales Police.

With the introduction of the re-opening of the pubs on the 13th July we provided all licenced premises with the relevant guidance that was available. Subsequently, following the sharing of intelligence between IoACC and NW Police we arranged a proactive management plan that would enable us to target our resources in areas that could be causing concern and risk of spreading the COVID-19 virus.

Our plan was to conduct a joint visit to specific pubs across Anglesey. This involved a Licensing Officer, Environmental Health Officer, and NW Police. The aim was to assess compliance against the COVID-19 regulations, in the major towns on Anglesey, and take the relevant action where needed.

The outcome identified that the majority were complying and had some measures in place to ensure that guest were drinking / eating outside, whilst maintaining 2m distancing. Where non-compliance was evident, the premises were followed up with specific actions for them to implement the required change, which will be reviewed to ensure compliance.

The response will be adapted according to changing guidance and regulations.

5. Secondary prevention

5.1 Surveillance, data collection and analysis

The Public Health Protection Response Plan (Public Health Wales, May 2020) set out proposals for updating the surveillance strategy for the containment phase of the pandemic, with a view to longer-term support for continued suppression of the virus and preparation for a vaccination programme.

Public health surveillance is defined as: “An ongoing, systematic collection, analysis and interpretation of health-related data essential to the planning, implementation, and evaluation of public health practice.” (World Health Organisation, n.d.)

The purpose of infectious disease surveillance is to (Health Knowledge n.d.):

- allow individual cases of infection to be notified and collated;
- measure incidence of infectious disease, with changes potentially indicating an outbreak
- track trends in occurrence and risk factors of an infectious disease allowing targeted interventions;
- enable priority setting and planning of control measures e.g. to a particular region;
- evaluate existing control measures.

Effective and consistent surveillance will ensure that decision-makers are well informed and enabled to take early action to respond to any adverse indicators or trends.

The aim of the surveillance work is to utilise health intelligence from diverse sources to inform active prevention of infection and tracking of the Covid19 activity in North Wales.

Regional level

The Health Board has established a BCU Covid Intelligence Cell to identify and capture a range of local metrics which will inform the management of the current phase. Membership of the intelligence cell spans PHW, Operational teams and corporate functions (such as Workforce, Finance, Planning, Performance and Informatics). The cell meets twice weekly and takes data from multiple sources in shaping its view of the current situation and considers various models and forecasts, both local and national in recommending next steps in the pandemic response.

The BCU Covid Intelligence cell has recently agreed to extend its membership to local authority staff in order to ensure that both health and social care metrics are covered. This has been achieved by combining a health and social care data cell (recently set up) with the BCU Covid Intelligence cell. This group is working towards becoming a regional intelligence / surveillance hub.

The BCU Covid intelligence cell has worked with partners to develop a weekly surveillance report which is presented as a standing item at the RCG. This report includes the following areas:

- Confirmed cases by category (*care home residents, hospital inpatients, key workers and other*) and area of residence
- Hospital occupancy
- ONS deaths data (COVID deaths; total in all locations, deaths in hospital and care home death)
- COVID Activity against models
- Early warning indicators – showing the geographical location and trends in confirmed cases, hospital inpatient admissions, critical care and total hospital occupancy
- Primary care data including: GP recording rates for suspected coronavirus and acute respiratory infections; 111 calls answered; out of hours data
- Relevant narrative taken from epidemiological reports, and TTP intelligence regarding outbreaks and incidents, as well as interpretation of data contained in the report

These indicators are being monitored and reported on across the partnership.

The publications and the dashboards that help to inform the surveillance report are included at Appendix 2.

As an example, Public Health Wales are producing a COVID-19 weekly surveillance and epidemiological summary. This contains headline summaries across Wales along with surveillance data from General Practice, ambulance calls, confirmed episodes and clusters, incidence and prevalence of confirmed cases in hospital, Intensive Care Unit admissions, incidents and outbreaks, mortality, doubling and halving times.

Further information from the WG combined model forecasting will be fed into the surveillance reporting when updated, together with R rate and Growth Rate trend figures. WAST colleagues will also provide data on activity to inform situational awareness and contribute to the suite of indicators monitored.

The TTP programme is providing regular reporting on numbers of index cases identified, contacts identified and successfully reached for advice on self-isolation and management of symptoms. There is ongoing development of a local TTP dashboard which will support surveillance in North Wales and will link to the BCU Covid intelligence cell. It is expected that there are likely to be ongoing local clusters and outbreaks needing local action to help contain these, and identifying these as they develop is a key part of the Plan.

The production of the regular surveillance report will provide an interim solution, but it is proposed that a multi-agency Covid19 surveillance dashboard will be established that reports data by area (West, Central and East); county; and cluster where available, as well as North Wales. This is being informed by review of good practice in other areas, including Cardiff & Vale dashboard, to adapt to meet local needs.

The Health Board will feed into the RCG and other partners with good surveillance and analytical capacity. Analysing the data alongside the broader awareness and soft intelligence held by each agency will provide a clearer basis for any action that may be required in respect of compliance, incident or outbreak management, or further escalation.

County level

To facilitate good local intelligence and response, each Local Authority has established a county-based Prevention and Surveillance Group. The key objectives of these groups are to enable the effective implementation of the regional Prevention and Response Plan at a county level and to ensure that the Council and our key local partners are in a state of readiness for response in enforcement action, and to clusters, incidents and outbreaks, as needed. In addition to analysing county level surveillance data, the Groups will use local intelligence on community and employer compliance; monitor high risk category premises; co-ordinate enforcement action planning; and ensure preparedness to support the local response to clusters, incidents and outbreaks and trigger formal interventions under PHW and WG policy.

Triggers and escalation thresholds

The Health Board is also working with the national data modelling group on further identification of circuit breakers or early warning indicators, and the use of these to identify triggers for local or regional escalation. The support and feed of information from the national level is vital to effective local response, including support from the Communicable Disease Surveillance Centre in Public Health Wales and the Welsh Government's Technical Advisory Cell (TAC).

The confirmation of local triggers and thresholds is being considered and will be confirmed. The example below shows the TAC guidance relating to number of cases per 100,000 population.

Traffic light phase	Very light / light amber	Amber	Red
Definition	Overall number of cases lower and stable, clusters and outbreaks limited and managed	Overall number of cases moderate and / or rising, evidence of some extended community transmission	Overall number of cases moderate and / or rising, evidence of extended community transmission
Case incidence per 100,000 7 day rolling average	Between 15 – 19: very light Between 20 – 24: light amber – early response	Between 25 – 50 cases – enhanced response; consider and weigh up restrictions	Over 50 cases – intervention required

The refreshed structure and process to be used for the flow of information and analysis at a local, regional and national level is shown below.

NATIONAL	National Intelligence Group (chaired Dr Marion Lyons) with CCDC NW input Cross border surveillance information PHW / PHE
REGIONAL	BCU Covid Intelligence Cell Regional TTP Oversight Group TTP Regional Cell and CCDC regional support RCG regional intelligence analysis and response
LOCAL	Local (county based) Prevention and Surveillance Groups Local TTP Contact Tracing Teams Local partnerships (soft intelligence & community feedback)

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5.2 Sampling and Testing

Effective delivery of testing

Antigen testing

Antigen testing is provided through a complex mix of services, operated by different providers.

There are four CTU's run by BCU across North Wales at Ysbyty Alltwen, Bangor, Glan Clwyd and Wrexham. These have been largely focused on providing tests for key workers and their families; care homes; BCU elective care patients prior to coming in for procedures. Swabs taken at these sites are processed through PHW labs.

There are also two non-BCU testing sites in Llandudno and Deeside managed by Deloitte's, which support the general public. Swabs taken from these sites are processed through the Lighthouse labs in England.



Home testing kits are also available for the public to use.

We have established a reporting cell to support the prompt issuing of results when the normal mobile text results approach fails.

Current laboratory capacity in North Wales machines is still 800 tests per day. A further Nimbus machine was installed in Bangor in June and will increase capacity by 288 tests a day. A second machine is expected to be installed in Wrexham offering similar additional capacity.

Since the middle of June, over 60,000 antigen tests have been undertaken across the four community testing units (CTUs). Activity levels in Antigen Testing had started to see a decrease in August due to the shift in care home testing to the UK Gov portal. Demand for

Antigen Testing has now increased over the past couple of weeks due to the issues with laboratory turnaround times, which is primarily linked to the Lighthouse labs in England, and an increased demand as certain sectors return to previous activity (e.g. educational establishments). Following the re-introduction of full time education, plans have been put in place locally within in the education sector. Proposals for universities are at an advanced stage, and will ensure that staff and students can have easily available access to testing facilities.

Antibody testing

On Monday the 15th June, antibody testing for NHS staff and key workers started in BCU as part of a national programme. Three dedicated phlebotomy units opened in North Wales at Ysbyty Gwynedd, Ysbyty Enfys, Llandudno and Ysbyty Maelor, Wrexham.

Priority of testing is set following national guidance from the Welsh Government. Initially, tests were offered to some teaching staff from all six North Wales local authorities, as part of the preparations to reopen schools. The Health Board worked with LA partners to organise this testing. There has also been some availability for BCU staff to be tested. This testing is being organised locally using guidance from the National Antibody Testing Group and Occupational Health.

Mobile Testing Unit capacity

If there is an outbreak situation or a surge in testing requirements, the Health Board have access to 3 mobile testing units (MTUs) which can be mobilised as required. A schedule for the CTU will be set and communicated to DHSC and this will include obtaining permissions to use the proposed site (if somewhere different to the current location of the MTU) and provide oversight to Welsh Government / DHSC. The Health Board and local partners will develop and manage a plan for publicising the availability of testing and a communications toolkit, press notice template, and guidance on messaging have been provided by DHSC. Local MPs and Councillors will be kept informed and North Wales Police will be made aware of site locations. The MTUs are designed to be flexible and have the ability to reach hard-to-reach populations.

The capacity for each MTU is 300 tests per day, but as there is more than one unit available to us, this capacity could be increased. Once the MTU has been requested from DHSC, DHSC will liaise with the Suppliers to ensure all is in place for the request. The MTU crew will then arrive to the agreed site with adequate supply and set up the testing programme for the agreed period of time. The Central Operations Room in DHSC will monitor MTU deployment and deal with real time issues. Reports are fed into the central DHSC system.

Tests can be booked via the government website or those without access to the internet can book a test via 119. Only those with a pre-booked appointment will be seen.

While the main purpose of the MTU network is to provide a rapid testing response to outbreaks, there are instances in which they are able to provide other tasks. This may include:

- Delivering testing kits,
- Undertaking outreach work to certain communities,
- Staffing of mass testing units

In addition to the MTUs, discussions are on-going with Welsh Government to provide Local Testing Units, which would be deployed to areas identified by the Health Board. There is potential for two of these being deployed to North Wales.

The CTUs, although geographically spread out, do not provide a service for the general public, who have to attend Deeside and Llandudno. Potential sites for the deployment of the Local Testing Units therefore could include Llangefni, to improve accessibility for residents of Anglesey; and Rhyl, given social demography and lack of access to transport.

Test, Trace, Protect – contact tracing

Whilst the programme is defined nationally, the Health Board is responsible for leading the delivery of the service across north Wales and working with our partners. This is a significant new service in response to managing Covid-19 and is expected to be a requirement for a minimum of 18 months.

- The testing work is led by the HB.
- The contact tracing is undertaken in the local tier by the Local Authority led teams, and the regional unit is very much BCUHB led.
- Protect work is multi agency too, with strong links in place across the region.

Since go-live, the TTP service has conducted more than 20,000 antigen tests, more than 7,000 antibody tests and traced more than 1,800 index cases and 2,000 contacts. The service has responded to mass testing in care homes on a weekly basis, two food manufacturer outbreaks, targeted community testing and dealt with a higher than Wales average of positive index cases.

Going into autumn and an anticipated surge, the services that have been rapidly established with predominantly redeployed resources require more stable staffing. The region is now moving forward with its recruitment plan so that we have a sustainable team of local contact advisers and tracers to support the work. Our regional plans are based on the Testing Plan published in July 2020 and the TTP Operating Framework last published June 2020⁴.

At an early stage in establishing this service, it was proposed and agreed that one local authority would host the recruitment for the six local cells and regionally this was agreed to be Flintshire. The benefits of a single employer were identified as below:

- a common set of terms and conditions of employment and remuneration to (a) avoid competition for recruitment across the region and (b) ensure equity of treatment and reward;

⁴ (Add ref to Op Framework)

- a single and high-profile recruitment exercise would have the widest possible reach for potential applicants;
- the economies of scale of a single entity would reduce the costs of multiple recruitment campaigns - both the advertising costs and the Human Resources costs of shortlisting, interviewing and appointing contracted employees;
- the six authorities work in the spirit of mutual aid in sharing tracing resources to help manage variations in demand across the region;
- as a single entity we would be in a stronger position to offer or receive mutual aid from other regions of Wales or England as needed;
- there is the possibility to have a 'bank' of retained workers (without contracted hours) to draw on to supplement the cells should there be a sudden and unexpected increase in demand. This would be a flexible resource and allocated out as needed;
- payroll administration would be performed once and not six times

Based on the experience of the first 10 weeks of operation, the mutual aid has worked very successfully. The model provides equity of resource across the six local cells, supports efficiency in periods of lower infection and allows the flex to support different parts of the region in the event there are clusters and outbreaks.

At a regional level, we are also bolstering the team in preparation for the autumn launch of testing for symptomatic individuals. Whilst the whole North Wales tracing team has been busier than expected since go-live, the regional hub has managed a higher volume of cases than anticipated. More than 50% of total cases are managed within the regional hub.

6. Tertiary prevention

6.1 Management of Clusters, Incidents and Outbreaks

The management of clusters, incidents and outbreaks will be undertaken in accordance with the Communicable Disease Outbreak Control Plan for Wales and existing protocols in place for management of outbreaks in the community and in hospital settings.

[Communicable Disease Outbreak Plan for Wales](#)

The primary objective in the management of an incident, cluster or outbreak is to protect public health by identifying the source and implementing necessary measures to prevent further spread or recurrence of the infection.

There are clear roles and responsibilities for managing incidents, clusters and outbreaks, as defined in the all Wales Plan:

- Public Health Wales (PHW): statutory duty to provide service, support and expertise for the surveillance, prevention and control of communicable disease
- Local Authorities: responsible for the control of notifiable infections, health and safety matters, and incidents
- Health Board: statutory responsibility for the health of local population and providing care and treatment

Definitions:

An **incident** is any event involving COVID-19 which presents a real or possible risk to the health of the public and requires urgent investigation and management, or a situation that has, or there is a risk of having, high public anxiety which would benefit from a coordinated response e.g. media coverage. Examples of this would include a single suspected case in some high-risk settings (e.g. supported housing), or where an individual was refusing to self-isolate. An incident ends when it is agreed that the risk to the health of the public has been managed.

A **cluster** is where there are **two or more** confirmed cases in a given setting, but for whom a link has not been determined. This may warrant investigation to identify a common source or point of transmission so that an intervention can take place to break this. A COVID-19 cluster situation ends if there are no confirmed cases with onset dates in the last 14 days

An **outbreak** is defined as **two or more** confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days who are linked through common exposure, personal characteristics, time or location. A COVID-19 outbreak ends if there are no confirmed cases with onset dates in the last 28 days in this setting.

During the pandemic response and following the easing of national measures, it is expected there will be more clusters of cases in different settings as people start re-integrating into society; for example, following the return of schools and universities, return to workplaces, use of leisure facilities and hospitality.

Daily surveillance of data and cases through the TTP Regional Cell enables close monitoring and situational awareness to identify incidents, clusters or outbreaks. The Regional Cell has two daily sessions to catch up on issues of concern, identify and potential complex or escalating issues, and refer for appropriate further support.

Complex cases, incidents, and potential clusters are discussed by the group. Risk assessment will be undertaken and decisions made on appropriate action; decisions and actions are documented.

A Regional SOP has been developed which sets out the role of the different elements of TTP and their responsibilities for monitoring cases, identifying potential incidents and outbreaks, and referring such issues on to the Local Authority EHO, the PH lead and the CCDC for review, identification of action and recording. The SOP describes in detail how cases relating to specific settings are to be escalated to the different stakeholder and expert forums and aligns with specific guidance (such as Care Homes SOP, schools and educational settings SOP.) The overarching SOP has been developed in collaboration with all partner agencies.

Standard Operating Procedures have been developed to facilitate processes for management of outbreaks in community settings and in hospital settings, to build on existing arrangements and ensure clarity of process and responsibilities specifically for management of Covid-19. These build on the learning and debrief from the local outbreaks which have occurred in North Wales.

Where the nature or scale of the outbreak has the potential to overwhelm services, or create wider strategic issues or risks that may have a significant impact on the public, the Outbreak Control Team will consider whether escalation to the LRF may be required. Initially contact will be made with the LRF Co-ordinator, and an initial assessment will be made using the Joint Decision Model. The existing Multi Agency Co-ordination Group Implementation Protocol (MACG) is augmented by the Reactivation Protocol for the SCG which sets out specific criteria for convening the SCG during the pandemic response period.

Cross-border working will be required in the event of an outbreak in an area which borders a neighbouring Health Board, or North West of England. Links have been established with the Cheshire Resilience Forum to share early warning indicators, co-operate within Incident Management Teams set up by English counterparts, and identify and respond to thresholds for escalation.

Further consideration is required for augmenting capacity in the event that there are multiple OCTs required to deal with separate outbreaks across North Wales. Enhanced support will be called upon where needed between Local Authorities through the Mutual Aid Agreement. This will be discussed through the Regional Hub initially and will draw in the Community Leadership Response Group.

Community Leadership Response Groups

There may be occasions where surveillance indicates that an outbreak has occurred or is emerging that has strategic county borough-wide or cross-partner implications that exceed what can reasonably be managed by the tactical OCT (or a number of OCTs), yet does not require a full 'regional' SCG to be convened.

In these circumstances, local strategic meetings of primary partners will be convened by the Chief Executive of the relevant county borough to make strategic decisions.

- **Membership of local strategic meetings**

In the context of Covid-19, these meetings would include primary partners (Local Authority, PHW, BCUHB), but, as needed, could be expanded to include WG or any other partner. If they expand so much as to include most of the regional SCG members then a regional SCG would be called.

- **Advantages of the meetings**

- Shared understanding (intelligence / insight) of the wider geographical and cross-partner strategic issues
- Challenge - in keeping with the legal duties placed on us under the Civil Contingencies Act
- Speedy strategic decision-making
- Collective strategic decision-making, where a major response is required across partners
- Fundamental decision-making (i.e. moving systems rather than parts, which can be dealt with by the OCT)
- Speedy response, in terms of actions and deployment of resources (e.g. the recent mass community testing)
- Communications - shaping and deciding on communications in such a way that clearly and transparently explains the issues to stakeholders (including the local communities)

- **Frequency**

Such meetings would be called urgently and on an ad hoc basis where the issues emerging in an area (or from an OCT / ICT) need strategic input and would be stood down as soon as this is no longer the case (e.g. if they begin to duplicate the work of an OCT or the regional SCG). They would meet as often as thought necessary

Additional considerations

Further consideration will be given to capacity required for extended or enhanced responsibilities in relation to the 10 aspects of outbreak management identified in the guidance on Prevention and Response Plans:

- expanded communications, with widespread community engagement to reach groups directly affected, delivered in the languages most relevant to the local community;

undertaken in coordination with standing Outbreak Control (OCT) and Incident Management Teams, and also in alignment with national communications plans.

- accelerate and expand channels for local sampling and testing,
- enhanced advice and inspection regime for businesses
- targeted closure of certain businesses and venues (for example shops, cafes, gyms, recreation centres, offices, labs, warehouses)
- cancellation of local organised events (for example sporting events, concerts, weddings, faith services)
- restriction of use of outdoor public areas (for example parks, playgrounds, beaches, esplanades, outdoor swimming pools)
- encourage working from home (for example instigating working from home measures where this is feasible)
- actions in school and educational settings including school closure
- local travel or movement restrictions
- bespoke measures for vulnerable people

Whilst many of these are addressed within this plan, further clarification is required in respect of powers to implement local closures, cancellations, and restriction of use of public areas – local or regional protection zones. The partners will work with national PHW team and WG to continue to develop the response.

6.2 Mitigation and Control

Primary control measures include timely provision of Government guidance, advice and clarification for specific industry / retail sector and community settings. A range of different communication mediums will be used including mailshots, social media and targeted campaigns. Assessment of primary controls will be intelligence- led and reactive investigation within existing resources.

For key settings and high risk premises, Local Authorities will advise the private sector and raise awareness of requirements. All such settings will be recorded on local databases, with the ability to extrapolate relevant data on specific key settings and allow a targeted response. See earlier sections on high risk settings.

Investigations will assess mitigation measures in place and documented risk assessments. A proportionate and targeted approach will address any non-compliance via informal warnings or compliance notes.

There is agreement across North Wales that Environmental Health will lead on infection control interventions within residential care homes. If positive or suspected cases are found these must be reported directly to Environmental Health, infection control and testing advice given and the home monitored for up to 28 days.

Other key settings are identified through TTP Environmental Health collaboration in order to identify “incidents” and “outbreaks”.

7. Communication

With the potential for multiple clusters, incidents and formal outbreaks to manage across the region, it is vital that there are flexible, rapid mechanisms in place to ensure that quick time decisions are made and communicated to partner organisations and communities in a timely and effective manner.

There needs to be clear lines of communications between the Chair and leads for the statutory organisations involved so that decisions are understood, risks mitigated and communicated to the respective organisations and to the Media Cell to ensure effective public messaging as appropriate.

The named responsible leads for each organisation will ensure that:

- Respective Senior Management Teams and Boards are fully briefed
- Communications are cascaded effectively

There is a need for on-going, clear and effective communication, coordinated between all sectors and with national activity focusing on:

- Surveillance
- Management of Clusters, Incidents and Outbreaks
- Sampling and Testing
- Prevention
- Mitigation and Control.

The following section outlines how BCUHB and the North Wales LRF will achieve consistency of messages across multiple incidents/outbreaks, consistency across regional borders, with national messaging and to avoid creating new campaigns where national frameworks exist.

7.1: LRF Media Cell

The North Wales LRF Media Cell aligns communications and communicates key information to local communities, ensuring a consistent approach between local partners, PHW and Welsh Government.

The Chair of the Media Cell provides the link to the North Wales SCG/RCG and allocates Communications Leads to tactical groups.

The group meets weekly, with flexibility to increase frequency as and when required.

The group aims to:

- Provide strategic direction for organisations involved in communicating a major incident or a situation where a multi-agency response is required.
- Ensure that the public, stakeholders and the media are informed in a timely manner about an outbreak and what they need to do to reduce transmission and to keep Wales safe.

- Ensure that there is clear leadership and coordination of all communications activities, and that all communications activities are aligned with and supportive of each other.
- Ensure that communications activity and messaging around an outbreak is carried out in line with the all Wales approach to dealing with the pandemic.
- Effectively communicate and share information with communities and individuals directly affected to maintain confidence and compliance with guidance / expectations.
- Align with existing Welsh Government and PHW Communications campaigns.

Key Objectives

- Reassurance
- Raising awareness of any risks
- Provide information on how to protect family and loved ones
- Advise on steps being taken to handle the situation
- Explain steps that will be taken to return to normality.

The Media Cell recognises the need to enable focussed and targeted communications. It has experience of targeting specific audiences and overcoming language barriers through work already carried out during the Covid 19 pandemic

The Media Cell will work closely with PHW and the Welsh Government to obtain real time local intelligence on areas where 'hotspots' in cases are developing to allow for agile targeting of communications and mapping of clusters of cases and contacts.

The Media Cell, using already identified existing channels, such as local social media groups, will monitor what people say and think about TTP and report this back to the lead.

Regional Communications activity will be evaluated by monitoring levels of behaviour change/calls to action, stakeholder engagement, stakeholder and community feedback and monitoring impact on overall cases and outbreak areas.

In line with the Warning and Informing plan, all partners will:

- Provide information for the Media Cell, if required.
- Use and promote the preferred incident hashtag as a source of reliable and accurate information.
- Amplify messages by sharing social media posts from other responders / agencies involved and regularly indicate who the Lead Responder is.
- Monitor their own sites and inform the Lead Responder and partners of any misinformation and developing trends.

The following internal and external audiences are considered as part of the Media Cell work:

- General public across North Wales
- 'Hard to reach' groups
- Care sector staff/commissioned services
- AMs/MPs
- Office of the Police and Crime Commissioner

- Councillors/Elected Representatives
- Key community representatives/community councils/opinion formers
- Media
- High risk settings (food production settings)
- Businesses/Business Groups/Forums
- Schools
- Colleges/Universities
- Relevant partner agencies
- All multi-agency employees
- Key Officers Environmental Health Officers/Community Cohesion Officers.

7.2: Roles and responsibilities

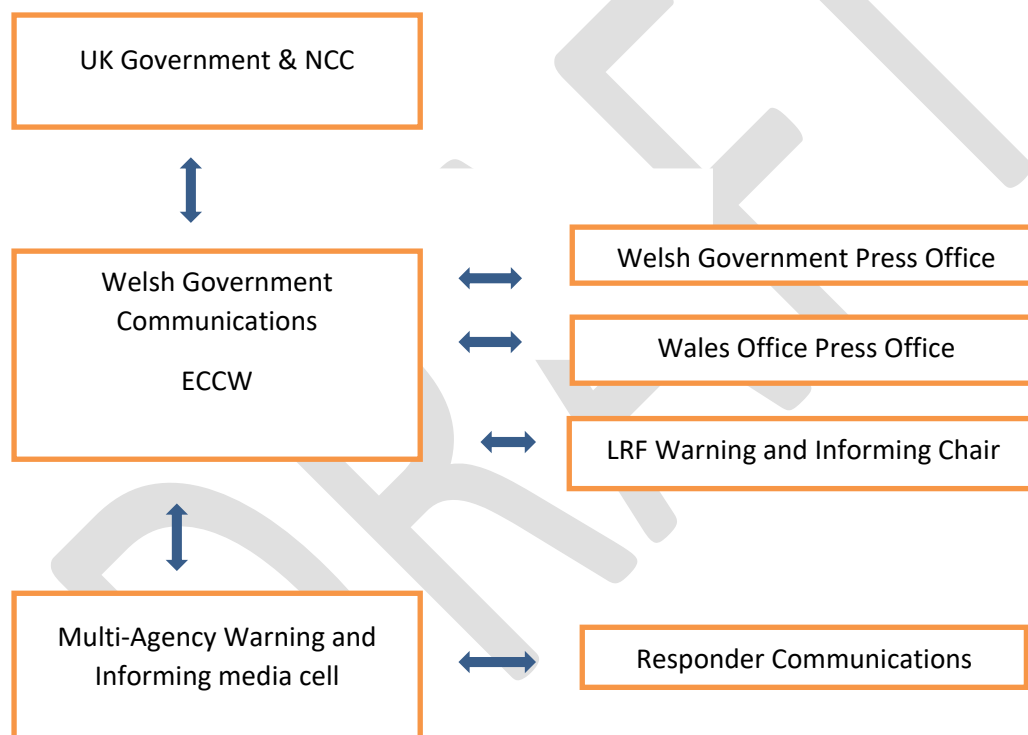


Figure 3: Communications Flowchart.

7.3: Public Health Wales Communications

PHW is the lead agency for communications relating to outbreak.

This means that PHW Communications Lead will:

- Provide strategic communications advice to the OCT.
- Work rapidly to develop and sign off appropriate messages in conjunction with the Public Health Consultant Lead and other members of the OCT,

recognising the importance of professional communications advice in clear public messaging strategy.

- Lead the media response, both proactive and reactive where appropriate.
- Monitor local and media discussion and reporting and lead on rebuttal of misinformation, including acting quickly to correct misreporting.
- Maintain a coordinated plan of activity reflecting activity led by partner communications teams.
- Provide timely summaries (daily where needed) of activity and issues to partner organisations.

Broadly speaking, PHW is the lead agency for communications activity relating to **public health guidance** and **clinical activity** relating to COVID-19 in Wales.

In the context of an outbreak, PHW is the statutory lead for all communications and is responsible for the dissemination of public and stakeholder messaging for key partners, including the Local Authority communications team and the Warning and Informing Cell.

PHW will brief the All-Wales Media Cell (ECCW) and Welsh Government.

PHW will ensure that stakeholders, including Members of the Senedd and Members of Parliament will receive media statements in advance of issuing. PHW will confirm how the Local Authority wishes to disseminate statements and updates to their Elected Representatives.

Care will be taken to ensure appropriate engagement with communications teams should an employer be involved in the outbreak.

PHW will develop shareable messaging/assets for use by partners to include accessible and language specific assets for communities, employers and employees where English or Welsh is not the first language for.

PHW will lead on formulating public health messages, and will work with the multi-agency partners to disseminate through a range of channels.

7.4: Welsh Government

Welsh Government is leading on communications relating to **policy** and **official guidance** relating to COVID-19 in Wales.

Welsh Government Communications will brief officials as needed and ensure timely, accurate and consistent lines are provided to Welsh Government spokespeople.

Welsh Government will support communications to the media and public via its established channels, including regional media engagement.

Welsh Government Communications will ensure that the Health Minister and First Minister are sighted as necessary.

7.5: Local Authority

Local Authorities will play a specific role in communicating and engaging with local

communities through local leaders, public engagement networks and community cohesion groups.

Local Authority Communications Leads will:

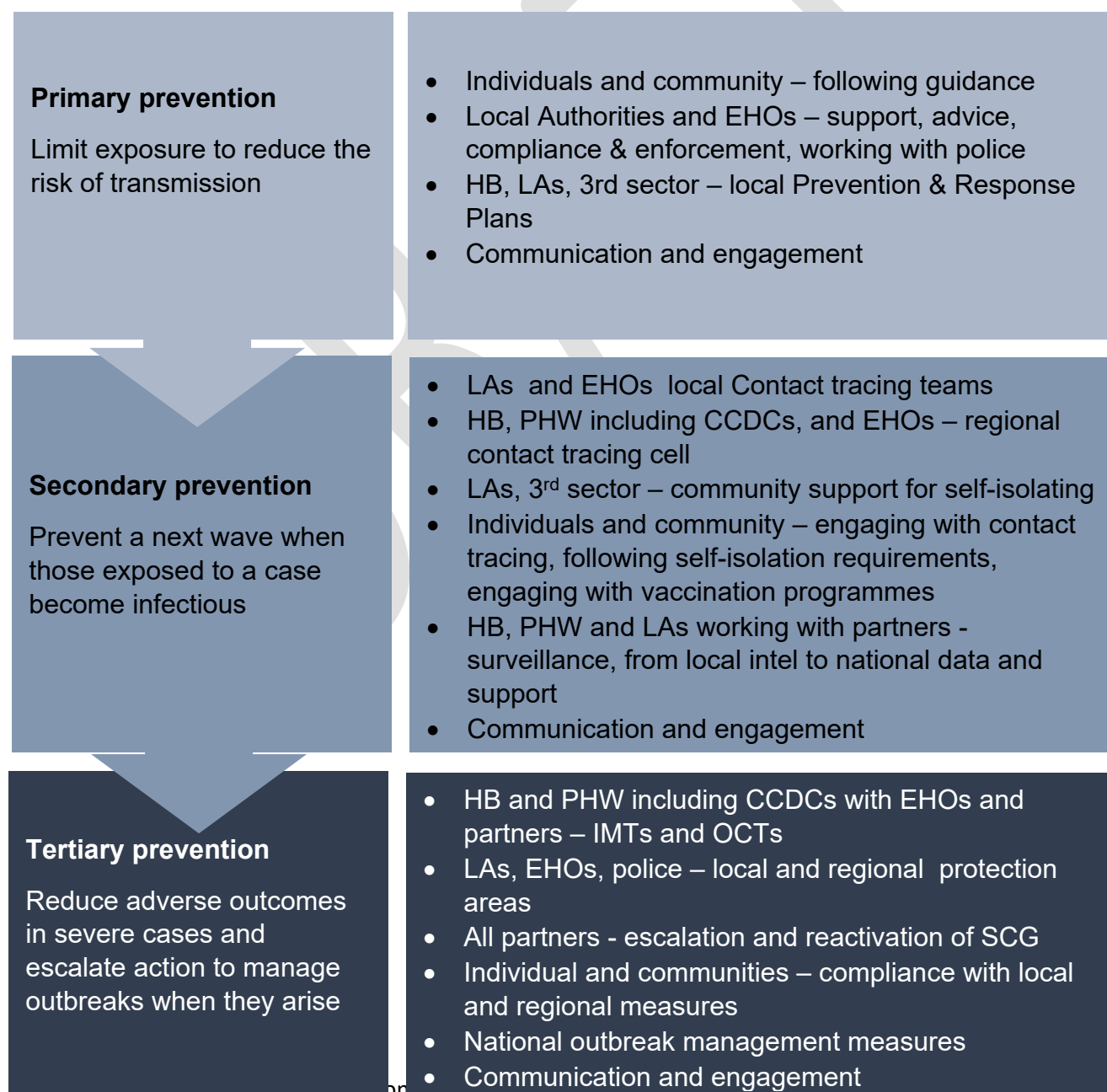
- Ensure the PHW Communications Lead is sighted on any media enquiries to ensure a coordinated response.
- Provide advice and support to Local Authority spokespeople
- Ensure lines are timely, accurate and consistent.
- Advise on the best way to engage with key elected representatives.
- Provide local intelligence gained through social listening and media monitoring which may require attention.

DRAFT

8. Implementation, Review and Learning

The components of this plan will require a significant level of engagement, partnership collaboration, and additional capacity in order to deliver an effective prevention and response approach for North Wales. Whilst many of the actions described already fall within existing roles and responsibilities, there are additional requirements from the new powers and measures referenced in the draft National Prevention and Response Plan, which are not within current resource. Furthermore, the level of sustained response that has already been required has left no capacity to respond in greater depth to the needs highlighted, nor to respond to the potential for multiple incidents and outbreaks occurring.

Whilst there will be a need for additional resourcing for specialist staff roles (Environmental Health Officers, Public Health Consultants, CCDCs amongst others) there will also be a need for additional capacity within testing, surveillance and analysis, communication and engagement and many other areas. The partners will be undertaking further analysis to identify gaps and shortfalls and balance what can be delivered. The diagram below gives an outline of some of the contribution of resources that will support the areas.



Review

The effectiveness of the Plan will be monitored and reviewed, and revised as required, through regular presentation to the RCG. The Plan will be adapted and amended to respond to emerging local issues, learning from operational response and changing national evidence and guidance.

Learning

The local North Wales response to the pandemic has grown and developed since the beginning of the year. Learning and development from the elements of the Prevention and response Plan is essential to ensure effective development of the response, future preparedness and achieve the best outcomes for the population.

The partnership will continue to share good practice and learning from areas requiring development across North Wales, and nationally with other LRF partnerships, Health Boards and PHW.

Appendix:

Publications and dashboards used to inform surveillance reporting.

Report	Source	Frequency	Availability
COVID-19 in Wales Situation Report	Welsh Government	Weekly	WG & PHW
Residential homes incidents and outbreaks report	Public health Wales	Weekly	CCDC
PHW weekly epidemiology report	Public Health Wales	Weekly	DPH
PHW twice-weekly LA review	Public Health Wales	Twice weekly	LA CEOs
PHW epi report for specific clusters	Public Health Wales	Ad-hoc	CCDC
Schools report	Public Health Wales	Not yet running	—
PHW Covid Dashboard	Public Health Wales	Daily	Public
TTP Dashboard General	Public Health Wales	Daily	TTP Internal
TTP Dashboard Specific	North Wales Team	Daily	TTP Internal
Non-household exposure list	North Wales Team	Daily	TTP Internal
NWIS Covid Dashboard	NHS Wales Informatics Service	Daily	NHS Internal
BCUHB Covid Dashboard (including early warnings & care homes)	BCUHB	Daily	NHS Internal
PHW MSA tool	Public Health Wales		NHS Internal



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 1.10.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	North Wales care home action plan						
Cyfarwyddwr Cyfrifol: Responsible Director:	Executive Director Primary and Community Services						
Awdur yr Adroddiad Report Author:	Grace Lewis Parry Assistant Director Primary and Community Services & Morwena Edwards Corporate Director & Statutory Director of Social Services Gwynedd council : on behalf of the Regional Partnership Board						
Craffu blaenorol: Prior Scrutiny:	<p>The care home action plan was reviewed by the Regional Leadership Group prior to submission to Welsh Government on 4/09/20 .It was then retrospectively approved by the Regional Partnership Board on 11/09/20</p> <p>In addition the Quality, Safety and Experience Committee received a paper on 28/08/20 summarising the action taken to date by the Health Board, with its partners to support care homes and the development of the North Wales care home action plan to ensure they are prepared for a potential further wave of infection.</p>						
Atodiadau Appendices:	Appendix 1 :North Wales Care Home Action Plan						
Argymhelliad / Recommendation:							
<p>The Committee is asked to note the progress made with regards to</p> <ul style="list-style-type: none"> • The actions taken to date to support care homes , their residents and staff during Covid 19 • The commitments made in regional care home action plan 							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	x	Er gwybodaeth For Information	x
Sefyllfa / Situation:							
On the 1 st July 2020 the Deputy Director General, Albert Heaney, wrote to Health Boards and Local Authorities informing them of a nationally commissioned rapid review of care homes led by Professor John Bolton. On 16 th July initial written responses were provided to Prof John Bolton/Welsh Government setting out the key interventions and actions undertaken by the Health Board and Local Authorities so far. Senior officers then participated in interviews and a regional workshop with Prof							

John Bolton at the end of August. The final submission of the North Wales care home action plan was made to Welsh Government on 4th September and is attached at appendix 1.

Cefndir / Background:

The care home sector in North Wales is diverse with 345 homes registered with Care Inspectorate Wales including the independent / private sector, charitable/ not for profit, and local authorities. Together they provide approximately 7000 beds for residents. The sector includes residential care homes and care homes with nursing, for adults and children.

The appropriate care home for any individual is determined based upon an assessment of their needs. Social services assess wellbeing and personal care needs whilst the NHS determines whether the person's needs indicate they may need nursing care and are eligible for continuing health care funding. These decisions determine the arrangements for communication, support, funding and oversight of individuals and care homes.

At the outset of the pandemic a range of multiagency governance and reporting arrangements were put in place as part of the overall emergency response. They have been highly effective in providing strategic and tactical coordination to inform operational responses. The Health Board established a Care Home Cell with input from Public Health Wales, the Regional Partnership Board, Care Forum Wales and Care Inspectorate Wales. A regional health and social care emergency planning group was also established on an interim basis as part of the Local Resilience Forum command structure. Operational delivery and response arrangements were then discharged at a Local Authority and Area Team level to support the sector.

Oversight of the care home sector has now moved to the Executive Director of Primary and Community services and revised governance and reporting arrangements have been developed to ensure that the work is prioritised and progressed in line with the expectations of the Health Board, the Regional Partnership Board and Welsh Government. This work continues to be supported by a nominated Area Nurse Director and Area Medical Director ensuring that the quality and safety of patient care remains central and plans can be implemented at a local level.

Asesiad / Assessment & Analysis

Strategy Implications

The Covid19 pandemic has highlighted that there remains work to be done to improve the nature and maturity of relationships with care home providers in North Wales. We acknowledge that the Health Board and local authorities have more to do to build effective partnerships with each other to better support the sector.

We have regional governance arrangements in place, with some groups and committees having been in place for a number of years. It has been agreed that it is timely to review and refresh these arrangements. This work has commenced. The role, purpose and membership of the Regional commissioning Board is being reset to oversee the implementation of the North Wales care home action plan.

Building on the work of the care home cell, a care home group has been established within the management groups reporting into the Executive Director of primary and community services. This will ensure those aspects of the plan that the Health Board will lead on can be appropriately prioritised and resourced.

Some of the work we plan to undertake relates to ensuring the right level of support is provided to care homes, whether that is access to primary care clinical staff, environmental health officers or experts in public health and infection prevention and control. We will build on the work progressed during the pandemic to ensure that when the need arises staff are available to care homes from a regional pool. We want to ensure that providers feel supported when significant challenges arise, and that they know we will all work together to support each other.

Options considered

The paper is provided for information and assurance. The regional care home action plan is subject to ongoing monitoring by the Regional Partnership Board

Financial Implications

The action plan sets out a series of ambitious deliverables to support the care home sector. This has been framed within the existing resources of the 7 statutory partners and the wider care home sector. However partners will look to identify additional funding for example via the Small Business Research Initiative SBRI to progress key actions.

Risk Analysis

CRR 29 on the corporate risk register summarises the risks in relation to care homes in North Wales

We recognise the importance of local support for care homes and are working with partners to implement the regional care home action plan building on the emerging themes of the independent rapid review. This includes the implementation of the primary care Direct Enhanced Service for care homes and arrangements for safe hospital discharge building on the learning from the three home first bureaux.

Legal and Compliance

The paper is provided for information and assurance and was submitted to Welsh Government in line with the agreed timetable. The regional care home action plan will be subject to ongoing scrutiny by the Regional Partnership Board.

Impact Assessment

The paper is provided for information and assurance. The regional care home action plan will be subject to ongoing scrutiny by the Regional Partnership Board.



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NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

Rapid Review of Care Homes

North Wales Care Home Action Plan

(September 2020- April 2021)

Introduction

Nursing and residential care homes provide care for the most frail and vulnerable in our communities, and during the COVID 19 pandemic they have faced extraordinary pressures and challenges keeping residents and staff safe. The care home sector in North Wales is diverse with 345 homes registered with Care inspectorate Wales including the independent / private sector, charitable/ not for profit, and local authorities. Together they provide 6978 places (or beds) for residents, a bed base almost three times that of the hospitals within the region.

On the 1st July, the Deputy Director General, Albert Heaney, wrote to Health Boards and Local Authorities informing them of a nationally commissioned rapid review of care homes led by Professor John Bolton. Initial responses were prepared for Prof John Bolton/Welsh Government setting out the key interventions and actions undertaken by the Health Board and Local Authorities during the period. Senior officers have also participated in interviews and a regional workshop with Prof John Bolton.

This report sets out the Regional Care Home Action Plan for North Wales, which is required by Welsh Government. The Regional Partnership Board will consider the Action Plan for approval as soon as possible.

Overview

As strategic partners, the six Local Authorities and the Health Board are committed to ensuring the provision of a health and social care system that is fit for the population it serves. This includes the requirement to have care home provision that is able to provide good quality services during challenging times, such as that experienced during the spring of 2020.

To achieve this changes need to be made and new ways of working must be put in place. The last six months, dealing with the covid19 pandemic, has highlighted that although there is much to commend, there are things that need to be improved.

Some of the changes will be achievable in the short term, whilst others will take longer.

Context and Key issues

Building productive partnerships

We are committed as a region to the ambition outlined in “A Healthier Wales”, having quality services local to our population wherever possible. The health and social care system should work in an integrated way with partners working collaboratively to co design and deliver services.

We acknowledge that there is more to do to build effective partnerships with the care home sector. In previous regional reviews (e.g. 5days in a room), we identified this as an issue and despite a range of changes being made, the covid19 pandemic has highlighted that there remains work to be done to improve the nature and maturity of relationships with care home providers in North Wales.

Early feedback from the Care home rapid review by Prof John Bolton has highlighted that statutory bodies are not effectively commissioning care homes, rather they are purchasing and contracting care from an existing market.

Building on the good work progressed with care homes during the pandemic, we need to ensure future work is carried out in partnership with the sector who are knowledgeable and experienced in providing care to some of the most vulnerable older people in our communities.

By doing this, we will establish a different relationship with the providers – moving away from a relationship driven by monitoring and checking, into one where we co design and develop services. This will need to be managed sensitively and professionally alongside the complimentary roles, which must continue with to drive the quality of care and take appropriate, proportionate action when there are shortcomings.

We have regional governance arrangements in place, with some groups and committees having been in place for a number of years. Although we have been successful in moving forward many key pieces of work, we believe it is timely to review and refresh these arrangements

Regional Approach

From the outset of the pandemic a range of multiagency planning and reporting arrangements were put in place as part of the overall emergency response. These have been effective in providing high level tactical coordination and operational responses. A health and social care emergency planning group was established as part of the regional command structure alongside a Care Home Cell led by the Health Board with input from Public Health Wales, the Regional Partnership Board, Care Forum Wales and Care Inspectorate Wales.

Operational delivery and response arrangements were also put in place at a local authority and area team level to support the sector.

During the pandemic, we worked with partners to change the culture and reduce the burden placed on care homes from multiple contacts. This has developed into a new data collection and early warning system making “one contact a day” calls to care homes. This ensures a minimum data set is collected and shared between statutory partners so that appropriate support is offered in a timely way. This system is still in place although is now happening twice a week. This information informs the North Wales care home escalation and support tool. This dynamic reporting provides early indicators of pressures and issues and allows early intervention and support.

During the pandemic three multiagency Home First Bureau were established to support the timely and appropriate transfer of patients from acute and community hospitals back to their own homes, existing care home or new placement. They are an integral part of the COVID-19 Hospital discharge Service requirements (Wales) and have been essential to the safe implementation of the revised step up and step down care ensuring that negative test results are available for patients before they are discharged from hospital back to their care settings, or moving between care homes. We are committed to embedding these arrangements within the health and social care system to ensure the safe transfer and discharge of patients.

Social care needs assessments and NHS CHC eligibility assessments will be undertaken in a community setting and not in an acute hospital. Welsh Government have confirmed that this is their expectation and the NHS should continue to use the discharge to recover and assess pathway working closely with adult social care, the wider care sector and voluntary sector. Whilst most people will be discharged to their own home, a small proportion will need and benefit from short or long term residential or nursing home care. The financial support and funding flows have been changed during the pandemic and the provisions made are subject to ongoing review by Welsh government.

Our new ways of working and our governance structure need to reflect better our ambition to ensure that future work is carried out in the true spirit of partnership with those providing care. The scope, purpose and membership of the regional commissioning board will be reviewed and refreshed to provide the strategic oversight and leadership required.

Sustainability: Workforce and Finance

One of the truly inspiring images we have of the pandemic is the heroic work of care staff, which was not necessarily recognised by the media or population at large at the outset of the pandemic. Their personal contribution and impact soon became evident. As a region, we are committed to ensuring that this change of profile is not lost and that we ensure that the needs of individual staff are identified and supported.

Some of the work we plan to undertake here relates to ensuring the right level of support is provided to care homes, whether that is access to primary care clinical staff, environmental health officers or experts in public health and infection prevention and control.

We will build on the work progressed during the pandemic to ensure that when the need arises staff are available to care homes from a regional pool. We want to ensure that providers feel supported when significant challenges arise, and that they know we will all work together to support each other.

A key aspect of any system is that of ensuring that staff possess the right skills in order to be able to perform their work effectively. Without the challenges of the recent pandemic, most care homes are able to deliver good quality services. What has become evident is that with a small amount of additional training individual care home are better placed to cope with the very specific and unique challenges faced. In particular, this relates to matters such as infection prevention and control and basic clinical monitoring.

A key factor to focus on if we are to achieve a sustainable and resilient care sector going forward is financial viability. We will ensure that any short term funding from the WG hardship fund is managed effectively, and for the longer-term sustainability and resilience of the sector, we will need to consider how we can move to align our fees methodology in line with the principles described in "Let's Agree to Agree" 2018.

This action plan tracks the key recommendations identified in Prof John Bolton's early findings which he shared with the region and provides a local response to the issues raised. This plan covers the period Sept 2020 to April 2021 and will be reviewed no later than March 2021.

NORTH WALES CARE HOMES ACTION PLAN – SEPTEMBER 2020

THEME: STRATEGIC ARRANGEMENTS WITHIN THE NORTH WALES REGION				
ACTIONS	Outputs	Lead	Timeframe	Performance Measure
Review the nature of our relationship with our Care Home providers, ensure that future work is carried out in a spirit of true partnership with those providing care to some of the most vulnerable adults in the health, and care system.	Reviewed and refreshed Group/Boards (e.g. Commissioning Board)	RCB	Medium	Feedback from care home providers Feedback from LA commissioners Feedback from BCU Area Teams Feedback from provider forums
At a local level there needs to be an operational group that is clear on their roles and responsibilities that can coordinate the support that is needed by different care homes.	Map local partnership working arrangements in each LA /Area Team and share best practice. Review and refresh the groups reporting to the Regional Commissioning Board	AISB	Short	Approval of the revised governance by the NWRPB.
THEME: OPERATIONAL SUPPORT FOR CARE HOMES WITHIN THE REGION				
ACTIONS	Output/Outcome	Lead	Time-frame	Performance Measure
We will support each Care Home to have a business continuity plan.	Share best practice and provide access to expert advice via NW Emergency Planning Service, CIW and the like.	NWREPS & CFW	Short - Medium	Each care home within the region will have reviewed their business continuity plan and managers of each home will be confident of actions that need to be taken when necessary
We will assist Care Homes within the Region in ensuring that there is an “infection control” action plan in place.	Better understanding of access to infection control advice available via the statutory bodies. Map the support and training available for care homes on infection control. Consider providing training in line with best practice.	RCB & Public Health Wales	Medium	Each home will have the skills necessary to be able to implement an infection control plan when necessary and will have the training appropriate to their setting and level of risk.

We will ensure there is a staffing contingency plan in place for the region.	<p>Staffing contingency plan is in place regionally.</p> <p>Completion of the arrangements for access to BCUHB HCA bank staff if this remains appropriate in light of recent WG letter.</p>	NW Regional Workforce Board	Short	All care homes will be clear on how they can access staff in an emergency
We will consider how we advise Care Homes on the best way to deploy staff during an outbreak eliminating those staff who work in more than one setting and ensure that the BAME Risk Assessment tool is known to care homes and used appropriately.	<p>Reinforce national advice on reducing or eliminating staff working in multiple settings.</p> <p>Take appropriate action if there is non-compliance.</p>	NW Regional Workforce Board	Short	All care homes will be clear and be supported on the safe use of emergency staff – both internal / external and agency staff
We will review and consider how we continue to support the well-being of all staff who have worked through the pandemic.	<p>We will have a plan that reflects the current national, regional and local arrangements in place.</p> <p>Reflect with Providers on the effectiveness of current arrangements and consider additional support as appropriate.</p>	NW Regional Workforce Board	Medium	Wellbeing plan is in place regionally for care staff with key interventions in place to support staff within care homes
We will consider how to assist all care homes in having meaningful activities in place for residents during any pandemic, with a focus on activities that are appropriate for those who are socially isolating and for those with dementia including taking account of emotional well-being.	<p>Work in partnership to ensure Care Homes have access to ideas and resources to support residents during further outbreaks.</p> <p>Learn and build on Dementia Box project in Wrexham and ICF funded supply of iPads for communication with relatives and entertainment e.g. streaming Katherine Jenkins concerts.</p>	Care Forum Wales / Alzheimer Society / Age Cymru	Medium	Feedback from care homes and residents

We will consider how we will assist local GPs in establishing clear enhanced arrangements for every Care Home in their area. Where this is not possible, the practitioners who have patients in particular Care Homes need to be clear on how residents will be supported.	<p>Monitor the implementation and impact of the National Direct Enhanced Service for care homes and provide feedback on its effectiveness.</p> <p>Build on work undertaken in using digital technology for delivery of care and support e.g. Remote Consultations, Advice and Reviews.</p>	BCUHB Assistant Director of Community and Primary Services	Medium	Compliance with the DES with assurance reporting as required to the RCB.
We will review and consider how we can assist care homes in ensuring they have equal priority for the available supply of PPE if there was a further pandemic.	Maintain current supply and distribution systems to respond to further outbreaks.	Procurement leads of each LA/HB and WG/NWREPS	Medium	Review / audit of situation in 6/12 months
We will consider how we can ensure that the processes are in place to back up the test and trace arrangements for care homes.	Continue to monitor the effectiveness of the daily MDT calls between Care Homes Hub and TTP team.	Exec Lead BCUHB / TTP leads in Las / PHW	Medium	Review and feedback from care home managers and LA testing leads
We will consider how our local risk assessments are undertaken and how these will be shared with care homes, thus enabling them to take action to reduce their risks.	Share the escalation and support framework for care homes and seek feedback from the sector on its effectiveness.	Commissioning leads within LA's and BCUHB / Operational groups/AISBs	Short	Feedback from care home managers that they understand and are able to learn from the risk assessment undertaken on their home
We will consider how we arrange for short-term beds (intermediate care) to be available to help the recovery of patients who have been in hospital and are required to isolate to ensure they are not spreading the virus within the community/care homes.	Maintain ongoing discussions and planning at an AISB level of the number of intermediate care beds and surge capacity available across region and develop protocols for their use (if not already in place). This will be shared with relevant professionals to ensure they are used effectively.	AISBs	Short	Appropriate bed capacity available. DToC figures

	Updating plans in line with learning from National Intermediate Care Project Group.			
We will work to ensure that all relevant staff within acute hospitals understand and are able to use the local arrangements that are in place to support the safe discharge of patients to care homes.	Maintain regular communication and briefings across all 3 acute sites with changes in national guidance. Early identification of problems and effective resolution.	AISB and Acute Site Managers	Short	Feedback from Care Home Staff and NASH Datix reporting of inappropriate discharges.
We will consider how we ensure that communication with care homes is managed and operates effectively (sharing information to ensure that homes get the best possible support whilst limiting the burden on the care homes).	Consolidate the arrangements for ongoing engagement with care homes. Maintain the agreed information sharing arrangements now in place between LAs and NHS. Review of what worked well and what could be better.	AISBs / Commissioning leads of Las / care forum wales R,I & I manager	Short	Feedback from care home managers and commissioning managers
We will consider how we can determine the best way to simplify and coordinate the dissemination of national and local guidance in order to share it with our care home providers in a timely and effective way.				
We will review and consider how we will continue to support our care sector financially now and in the future.	Undertake a review of how the WG hardship fund worked. Undertake a review of the core fund for CHC placements. Consider the principles of “let’s agree to agree” and ensure / re-establish sustainable fees going forward with the support of WG.	Regional Commissioning Board / National Commissioning Board/ WG / Finance Teams	Short - Medium	Financial audit / WAO view / Care Forum Wales / Providers
We will consider how we capture the lessons learned from actions taken during the current pandemic, especially where they have had to take emergency action.	Have clarity as a region of what were the lessons resulting from actions taken. This could be achieved with the help of the	R, I & I Manager BCUBH lead	Medium	

	<p>Research, Innovation and Improvement Team</p> <p>Share the learning from the Actions of the Care Homes cell during the current pandemic.</p>			
Work with care homes to develop and oversee the delivery of a programme of flu vaccination for residents and staff as well as a plan for delivery of covid vaccine when available	All care homes will be clear of how and when they will receive flu vaccine and also when available to covid vaccine	Flu lead BCUHB / Covid Vaccine Lead (Ffion)	Short	All care home residents and staff are given vaccine in a timely and effective way

TIME SCALE FOR IMPLEMENTATION

Short – Sept 2020-Jan 2021

Medium – Feb – Aug 2021



Cyfarfod a dyddiad: Meeting and date:		Strategy, Partnerships and Population Health Committee 1.10.20					
Cyhoeddus neu Breifat: Public or Private:		Public					
Teitl yr Adroddiad Report Title:		Quarter 3&4 Summary Plan					
Cyfarwyddwr Cyfrifol: Responsible Director:		Mark Wilkinson, Executive Director of Planning and Performance					
Awdur yr Adroddiad Report Author:		John Darlington, Assistant Director - Corporate Planning.					
Craffu blaenorol: Prior Scrutiny:		<p>The BCU Planning Workstream has overseen the development of the Q3/4 plan.</p> <p>Priorities for action have been shaped through our work with North Wales Regional Partnership Board, Health and Social Care Recovery Group. We have fully engaged with Community Health Council around our plans through service planning committee and continue to work with Stakeholder Reference Group around our planning work.</p>					
Atodiadau Appendices:		Appendix 1: Draft Betsi Cadwaladr University Health Board Quarter 3-4 Action Plan					
Argymhelliad / Recommendation:							
It is recommended that the Committee:							
<ol style="list-style-type: none"> 1. Receive the draft Q3/4 summary plan 2. Provide feedback to support refinement of the plan ahead of presenting to the Health Board in October. 							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *	√	Ar gyfer Trafodaeth For Discussion*	√	Ar gyfer sicrwydd For Assurance*	√	Er gwybodaeth For Information*	
Sefyllfa / Situation:							
<p>This paper has been prepared to support the development of our quarter 3 & 4 plan building on our priorities for action identified in quarter 2.</p> <p>This will ensure that robust delivery plans are in place to manage the care of our population throughout the winter period.</p>							

Cefndir / Background:

The purpose of the plan is to ensure a single service plan exists across the Health Board which will begin to balance COVID 19 and Non COVID 19 demands.

There is agreement across the system that we need to ensure that we are able to deliver essential health services for our population and where possible recommence more routine care. However we need to do this progressively, and with caution, through short planning cycles that maintain the flexibility and agility we have demonstrated over recent months.

Appendix 1 sets out actions that we are taking with our partners in quarters 3 &4

We will continue to build upon the decisive actions that we took within quarter 1&2 one through making changes at pace to meet the first peak of COVID-19.

Throughout our planning work, we need to identify and consider the outputs we are aiming to achieve alongside the impact and benefits to patients from the offset, including impacts of adopting new approaches.

Our underlying approach is to continue to proceed with caution given the uncertainty around future COVID-19 demand. The focus of this plan is therefore to ensure delivery of essential NHS services, to meet unscheduled care demand and other urgent services based on an assessment of safety, workforce, capacity, clinical support requirements and patient risks.

Our work will align to the Annual Delivery Framework quadruple aims as well as Covid actions and Essential Services Framework, e.g. including safe care; reducing risk and harm; equity of access for our population; improving outcomes and patient experience and financial benefits. (The NHS Operating Framework for Q3/4 was received on 24th September with a requirement to submit more detailed plans in response by 19th October.)

Asesiad / Assessment

Our plan describes what we plan to achieve as a Health Board starting on 1st October, over the critical winter period as part of our planning approach to 2020/21.

The plan incorporates key actions from and is supported by the following accompanying plans:

- North Wales Winter Resilience & Surge Plan which has been developed in collaboration with key partner organisations including: WAST, Local Authorities, Third Sector;
- North Wales multi-agency Prevention and Response Plan;
- Mass vaccination Plan
- Nursing Homes Plan;

The plan covers the full range of our responsibilities including mental health and physical health services from primary to tertiary care, and including the critical enablers of care:

our workforce, digital technology, and estates. It is an integrated plan aligning service, workforce and financial planning.

We continue to operate within an uncertain environment in assessing the level of challenges ahead and the importance of building on innovative care models not only to support safe access to services, but also to be better prepared for what lies ahead.

We have captured all learning from patient experiences to improve how we can deliver care in Q3/4. Work to review lessons learnt has identified many examples of innovation and good practice introduced in Q1/2 including:

- Introduction of a framework for improved integrated working between primary care and community services (adults, children's services, mental health and learning disabilities) within each cluster, and with Local Authority and third sector organisations.
- Use of patient triage, digital technology and improved access to information for communication and care including remote consultation, 'Attend Anywhere' and 'e-Consult'
- Strengthened staff engagement and support with Health & Wellbeing hubs facilitating workforce re-deployment strategies and supporting safe, agile and flexible working
- Developing clinical networks and pathways of care, engaging with clinicians to drive improvement and embed good practice, e.g. same day emergency care and enhanced day case surgery
- Through a continued focus on the harm framework and clinical prioritisation, we will deliver services maintaining the level of transformation achieved in Q1 and Q2.

We will continue to promote good health by supporting the government's behavioural and social interventions actions. The actions we are taking with our partners aim to help ensure that people are well supported in managing and protecting their physical, mental and social well-being over the Winter period, for example, through our plans to tackle levels of smoking, and work to deliver the alcohol harm reduction strategy with our partners.

On COVID-19, we have worked as part of a cross-sector North Wales COVID-19 Vaccination Tactical Delivery Group which has been established to plan and oversee the implementation of the COVID-19 vaccination Programme for North Wales.

In addition, through Test Trace and Protect, antibody and antigen testing we will seek to slow the spread of COVID-19. Working with partners across the region, the Protect Plan effectively supports the vulnerable population when it is necessary to isolate due to C-19.

We will maintain a high state of readiness to respond in a timely way to COVID-19, fulfil our obligations to deliver 'essential services', and continue our programme to restart as many of our remaining services as we can using the principles of harm reduction. Key elements of our clinically led approach which we will develop into Q3/4 include:

- Transforming pathways to deliver more care closer to home e.g. eye care delivered in partnership with local optometrists

- Each hospital site using its available capacity providing essential services locally where appropriate.
- A BCU wide risk stratification approach applied to patients waiting to access outpatients or inpatients / day cases to ensure that the highest priority patients are offered appointments at the soonest opportunity.
- Full delivery of 'essential services' supported by work to re-design and re-model services and (in some areas) additional investment. It will be underpinned by a pan BCU pathway approach.
- A feasibility study into a Diagnostic and Treatment Centre to reduce long waiters in the health economy
- Implementation of insourcing solutions for diagnostics e.g. CT, MRI and ultrasound to reduce backlog of routine referrals.
- Ensure that our surge and escalation plans are aligned to planned care activity needs.

This year, the influenza vaccination programme in primary care will be enhanced, aiming to achieve higher uptake than in previous years across a broader range of eligible groups.

The resource demands for delivering the enhanced flu vaccination programme coupled with the context of a likely winter wave of COVID-19 infection, other winter illnesses and the need to comply with social distancing measures will create challenges to using traditional routes to delivering an additional vaccination programme for COVID-19. Our temporary hospitals will be deployed to support the delivery of this vitally important programme.

Our Winter Protection Plan developed with our partners outlines our service priorities until end of March 2021 across the system of care to ensure that our services are safe and resilient examples of key initiatives we are taking forward include:

- Participate in the national Strategic Programme Urgent Primary/Same Day Care pathfinder, aligning with existing work streams including 'Phone First', the national rollout of the 111 programme, NHS Wales Choose Well and the Six Goals for Winter
- Develop plans for a 'phone first' before attending Emergency Department model building on the learning from the Cardiff & Vale pathfinder model
- Implementation of the Emergency Department Quality Delivery Framework (EDQDF) programme to agree care standards, a uniform approach to measuring activity and a nationally agreed model of care for Emergency Departments and which will be informed by the Welsh Access Model (WAM)

Primary care services will build on work in the first half of the year by continuing to support patients to access safe and effective care through:

- triage and assessment through maximising the potential of digital technology.

- promoting the availability of our services and communicate to the public about new models, access and self-care including immunisation programmes to protect the population of North Wales over the winter period.
- Supporting dental and optometry recovery plans
- Delivery of phase 2 APP in Primary Care Pacesetter Project and share best practice and learning from the Pacesetter.
- Identify practices for the Academy support & sustainability programme in partnership with Royal College of General Practitioners

Community services priorities aim to strengthen community resilience and ensure delivery of safe community hospital services, for example:

- Progress the submission of the Home First Business Case.
- Development of a Regional Care Home Action plan in partnership (Regional Commissioning Board) / commence implementation of priority actions
- Continuing healthcare.
- Community Resource Team development inclusive of third sector / MDT Cluster model progressed during Covid-19.
- Develop 'Community Geriatrician' role / enhanced governance and support to Community Resource Teams
- Review community transformation programme with partners in light of Covid-19, in order to understand lessons learnt and agree (new) priorities moving forward.
- Ensure a comprehensive and responsive service at HMP Berwyn

In children's services our priority is to ensure safe acute paediatrics, neonates services. In addition, the provision of CAMHS services assessment and intervention work, for example, link clinician to school clusters, multiagency planning and appropriate referral and support to pathways of care. Our plans also include work towards full restart of Healthy Child Wales Programme, safeguarding, immunisation programme and delivery of school nursing & disability teams services.

In our mental health services, we have focused our Q3/4 plan upon the key actions required over the winter period including:

- supporting primary care to manage increased expected population demand for services e.g. psychological therapies
- Additional support to reduce pressures on A&E services
- Supporting mental health impact of post covid (PTSD) / recovery
- Mental health and well-being / support to care workers.

The workforce plan is very much focused on taking forward the key workforce strategic themes set out for 2020/21 and continued support to COVID-19, for example:

- Ensuring that staff continue to be supported with safe working conditions
- Correct and appropriate guidance followed regarding COVID-19, E.g. implementation of the BAME guidance and relevant support for this staff group.
- Workforce planning directly linked to the revised clinical pathways:
- Supporting the reintroduction of essential services

- Maintaining flexible and innovative working practices across all relevant staff groups, such as remote working,
- Development of key transferable skills and redeployment where applicable.

It is both necessary and possible to make progress in a number of other key priority areas, for example, to progress strategic priorities such as the acute Digital Health Record. Our digital plan includes those objectives that have continued into this year, as well as those that are directly aimed at supporting COVID-19 and our response. We are prioritising delivery of support for virtual consultation and need to ensure this does not detract from longer-term priorities.

Many of our Q3/4 objectives support the ability to allow staff to work more flexibly and to minimise the need for patients to visit sites.

Our estates plan sees us taking forward the programme of work needed to ensure the continued safe delivery of services at the Wrexham Maelor, creation of the North Denbighshire Community Hospital, Ablett mental health unit re-provision, Ysbyty Gwynedd statutory compliance and residential accommodation for our staff.

We will develop our organisational capacity and capability at all levels translating into improved delivery of organisational objectives and Improved delivery against Q3 and 4 plan, specifically:

- de-escalation of special measures framework and demonstrate effective staff engagement.
- Subject to approval from WG, develop a full business case for submission in support of the creation of a medical school for North Wales in association with Bangor University.
- Encourage learning and reflection on post Covid priorities, and the strengthening of our approach to future pandemics and other similar risks. Areas of focus are likely to include, but are not limited to IPC, and EPRR

We are working closely with our partners as we plan how we will deliver services for north Wales in a challenging year. This document sets out the key actions the health board will take in the next six months. The development of our plan for 2020/21 will also form a key priority for Q3/4.

WORKING DRAFT

Summary Plan

Version 0.03

24th September 2020

Betsi Cadwaladr University Health Board
Quarter 3/4 Action Plan - Sustainable Service Delivery

Delivering integrated care to meet patients with COVID-19, unscheduled and planned care needs

1st October 2020 – 31st March 2021

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1. Test, Trace, and Protect

Programme – Key Outcomes

People are well supported in managing and protecting their physical, mental and social well-being;

Key Monthly Performance Indicators:

- demand for Antigen testing
- demand for Antibody testing
- sampling capacity (CTU, mobile testing, population sampling centres)
- laboratory & point of care testing capacity
- R rate (% positive tests)

Action	Output	Lead	Target Date
Test, Trace, Protect (TTP) service established across N Wales to minimise the spread	<ul style="list-style-type: none">- Finalise recruitment and training to roles, including capacity to respond to surge, for testing and tracing units.- Community Testing Unit (CTU), Mobile Testing Unit (MTU) capacity in place and SOPs defined- Lab capacity, lab testing prioritisation protocol and Turnaround Times (TAT) defined and transparent- Tracing service established in line with Operating Framework published July 2020	Executive Director of Public Health	30.11.2020
Antigen Testing service established with ability to effectively respond to surges	<ul style="list-style-type: none">- Integrated plan and standard operating procedures (SOPs) for testing; CTUs, MTUs, lighthouse labs (LHL)- Bank of trained staff to support surge response	Executive Director of Public Health	31.10.2020
Tracing service established and key performance indicators achieved	<ul style="list-style-type: none">- In partnership with Local Authority colleagues, achieve the national response times for contacting index cases and their contacts consistently at a local and regional level- Manage performance and trends through the governance and reporting structures- Respond to surge and outbreak through regional mutual aid model	Executive Director of Public Health	30.11.20
Protect plan established	<ul style="list-style-type: none">- Working with partners across the region, ensure protect plan effectively supports the vulnerable population when it is necessary to isolate due to C-19	Executive Director of Public Health	20.12.20

2. Promoting Health & Well-being

Programme – Key Outcomes

- Interventions to improve people's health are based on good quality and timely research and best practice;
- People have access to information and advice about services and opportunities that enable them to maximise their health & well-being
- Inequalities that may prevent people from leading a healthy life are reduced through programmes tailored and designed to meet needs

Action	Output	Lead	Target Date
Lead cross-sector North Wales COVID-19 Vaccination Tactical Delivery Group to plan and oversee the implementation of the COVID-19 vaccination programme for North Wales	COVID-19 vaccination plan developed	Executive Director of Public Health	In line with national policy and guidance

3. Planned Care Pathways

Programme – Key Outcomes

- Essential and urgent surgery for those in need is maintained
- Elective activity is increased to serve the population of North Wales
- People have the best possible outcome, conditions are diagnosed early and treated in accordance with clinical need
- People are safe and protected from harm through high quality care, treatment and support
- People know and understand what care, support and opportunities are available and use these to facilitate self-care and help achieve health and well-being
- Staff will always take time to understand 'what matters' and take account of individual needs when planning and delivering care
- People will be care for in the right place, at the right time and by the most appropriate person.

Key monthly Performance indicators

- OPA First appointment - face to face
- OPA First appointment - virtual
- OPA Follow up - face to face

- OPA Follow up - virtual
- Compliance with eye care measure for new and follow up patients (%)
- Number of inpatient procedures
- Number of daycase procedures

Action	Output	Lead	Target Date
CONTINUATION OF RESTART			
Deliver monthly planned care re-start activity plan	<ul style="list-style-type: none"> - Monitoring of services not re-started via exception report to Secondary Care and Area management meetings - Identify and make recommendations to address barriers to re-start. Standing agenda item Secondary Care and Area management meetings. - . 	Chief Operating Officer	30.11.2020
DEMAND AND CAPACITY			
<p>Develop and implement a 'Once for North Wales' solution to address specialties where local resource do not meet needs for P1 and P2 demand and where significant variance in waiting times between sites exists.</p> <p>Identify specialties where the 'Once for North Wales' approach is not able to provide the required level of access to services.</p> <p>Review of external capacity for key providers</p> <p>Develop and implement plans to support patients to actively manage symptoms/optimise their health whilst waiting for treatment.</p>	<p>- Implement a 'Once for North Wales' approach to specialties in order of highest risk.</p> <ul style="list-style-type: none"> - P2 waiting list reporting to be by weeks of wait. - Communications strategy to communicate pathway changes to the public and primary care and keep stakeholders updated on how to access HB services. Developed and implemented by the beginning of Q3 - Each planned care specialty to have clear month on month capacity plans, which in addition to core capacity specifies the additional capacity available as a result of networking, insourcing and outsourcing. - Ensure comprehensive and inclusive reporting of activity vs plan for activity internally and externally delivered. <p>Develop contracts and plans for additional capacity with:</p> <ul style="list-style-type: none"> - Spire (Wrexham) - RJAH - Countess of Chester <p>-Clinical leads to agree and implement plans for their respective specialties, a non-surgical approach to care Which will ensure patients are actively managed whilst waiting</p>	Chief Operating Officer	<p>31.10.2020</p> <p>31.10.20</p> <p>31.10.2020</p> <p>31.12.20</p>
RISK STRATIFICATION			

<p>Introduce specialty specific risk stratification using P1-P4 categorisation as per Essential Services Framework.</p>	<p>-Pilot approach to key specialties : <i>General surgery</i> <i>Urology</i> <i>Ophthalmology</i> Orthopaedics Head and Neck Cancer</p> <p>- Conclude evaluation of pilots and take forward recommendations during Q3.</p> <p>- Activity vs Plan each week monitored and supported by: PTL scheduled via P2 and P3 Number of P2 patients not treated within 1 month i.e. overdue Patient's risk stratified waiting time to replace RTT targets in line with targets specified in WG Delivery Framework. Establish and routinely use P1 and P4 PTLs to schedule procedures. Improve equity of waiting times for P2 patients between sites in line with targets specified in WG Delivery Framework.</p> <p>- Stages 1-3 risk stratified</p> <p>- Implementation of risk stratified approach</p> <p>- Cancer MDTs in place with agreed and documented ToR and protocols for handover.</p> <p>- Cancer staging reports in place to consider longer term risk from late presentation due to Covid constraints.</p> <p>- Over 62 day PTL reduced to pre Covid levels</p> <p>- Number of MDTs in place.</p> <p>- Attendance list of leads at MDT meetings each quarter.</p> <p>- For high risk specialties. Patients to be offered appointments for treatment based on North Wales PTL and capacity as a first choice.</p>	<p>Chief Operating Officer</p>	<p>19.10.2020</p> <p>31.12.20</p> <p>31.12.20</p>
<p>Create specialty MDTs to review cases and ensure clinical handover if surgical team listing the patients is not able to operate.</p>			
<p>OUTPATIENTS</p>			
<p>Provide virtual outpatient appointments wherever possible.</p>	<p>- Implement 'Once for North Wales' booking process.</p> <p>- Develop dashboards to monitor all OPD related activity to be reviewed on a monthly basis by Secondary Care and Area meetings.</p> <p>- Review of validation process. Recommendations of review to be implemented by Q3</p> <p>- Achieve at least 92% clinic utilisation by specialty by site</p> <p>- PROMs implemented and metrics in place to report performance in line with OPD Transformation Fund requirements.</p>	<p>Chief Operating Officer</p>	<p>31.03.2021</p> <p>31.12.20</p>

<p>Identify community facilities where face to face consultations could be delivered and appointments and treatments offered to improve local/equity of access.</p> <p>Develop and implement plans to address backlog of overdue follow up patients</p>	<ul style="list-style-type: none"> - Sustain and increase (month on month) virtual clinic activity for new and follow-up appointments i.e. % of non-face to face appts as a % of all New appts and % of non-face to face appts as a % of all follow up appts. Decision on software to support 'Advice and Guidance' (this may or may not be Consultant Connect) - Decision on software that will support video consultations (this may or may not be Attend Anywhere) - Implementation of software to support Advice and Guidance (this may or may not be Consultant Connect) - Implementation of software to support Video Consultations (this may or may not be Attend Anywhere) - Capacity available in community settings identified and mapped to consultant job plans by specialty and site - Delivery of >100% Follow-up Backlog Breach target met 		<p>31.12.20</p> <p>31.12.20</p> <p>31.03.2021</p> <p>31.12.20</p> <p>31.03.2021</p>
PROTECTING ELECTIVE CAPACITY - DIAGNOSTIC TREATMENT CENTRE			
<p>Undertake feasibility study into a Diagnostic and Treatment Centre to reduce long waiters in the health economy</p>	<ul style="list-style-type: none"> - Identify which pathways could be adopted - Business case developed - Undertake internal and external stakeholder engagement and consultation (to include formal consultation if required) 	<p>Chief Operating Officer</p>	<p>30.11.2020</p>
PATHWAY DEVELOPMENT			
<p>Clinical Advisory Group to co-ordinate a programme and timetable for pathway development and review</p> <p>Identify clinical pathways requiring review or development</p> <p>Develop pathways in line with the digitally enabled Clinical Services Strategy</p> <p>Ensure PROMs and PREMs are included in the development of pathways</p>	<ul style="list-style-type: none"> - Clearly defined, documented and agreed clinical pathways in place - Digitally Enabled Clinical Services Strategy is agreed and documented. - Pathway PROMs and PREMs are monitored and reported. 	<p>Executive Medical Director</p> <p>Executive Medical Director</p> <p>Executive Medical Director</p>	<p>31.12.20</p> <p>31.12.20</p> <p>31.03.2021</p>

PLANNED CARE - SPECIALTY SPECIFIC PLANS			
Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists	<ul style="list-style-type: none"> - Ensure leadership of service is clearly defined in the operational structure - Demand management/primary care pathway work had been escalated and delivered in Q1 2020 / 2021 in response to Covid-19: Wales Eye Care Service stratification of surgical pathway numbers completed - Referral refinement fully implemented for cataracts. – - Monitor and report number of patients going to one stop service/ reviewed by Optometrists post operatively month on month. - Monitor and report number of cases per list and number of lists starting with P2 patients - Optometric Diagnostic and Treatment Centres (ODTCs) operational and monthly monitoring of activity and financial spend - Eye Care Programme Board ToR, evidence of meetings and confirmation of Chair and Programme Manager. - New staff appointed as per All Wales Digital Health Eye Care Programme Business Case. 	Chief Operating Officer	30.11.2020
Review of Orthopaedic business case in light of DTC feasibility work.	<p>A total review of the orthopaedic case for North Wales, in light of the Covid pandemic and if indicated completion of new business case.</p> <p>Update orthopaedic modelling work and impacts,</p> <p>Review whole pathway management including CMATS, lifestyle management.</p>	Executive Director of Planning and Performance	30.11.2020 31.12.20
Review of Psychology Support for the adult diabetes service business case	A review of the pre Covid case by end of Q3 and if indicated revision/ completion of new business case.	Chief Operating Officer	30.11.20
DIAGNOSTICS - Development and implementation of plans for 2020/21 and to build service sustainability.	<p>Convert waiting times to risk stratified approach and identify capacity shortfalls non-recurrent (associated with back log) and underlying (required to deliver a sustainable service)</p> <ul style="list-style-type: none"> - Insourcing contract in place with external provider. - Additional mobile scanners procured and operational and additional staff recruited and in post. - Business case for sustainable solution completed - Diagnostic Services re-established for prostate biopsy. 	Chief Operating Officer	30.10.2020
To include:	<ul style="list-style-type: none"> - Insourcing contract in place with external provider. 	Chief Operating Officer	31.10.20

Implementation of insourcing solutions for CT, MRI and ultrasound to reduce backlog of routine referrals.	- Additional clinic space and staffing in place	Chief Operating Officer	31.10.20
Implementation of insourcing solutions for neurophysiology to reduce backlog of routine referrals.	- Optimise OP, Acute and community service models - Implementation of appointments system where required. - Staffing model aligned with service model and activity.		31.12.20
Review of phlebotomy service model			31.12.20
Implement year one (2020/21) plans for Endoscopy	Develop in year service plan Endoscopy screening backlog addressed in line with plan. - Action plan developed and implemented so that JAG accreditation is in place by the end of Q4 - Implementation and monitoring of 'Once for North Wales' approach to endoscopy during Q3/Q4 - Endoscopy tracker used to monitor activity v plan and waiting times weekly including any site variance	Executive Director of Therapies & Health Sciences	30.11.2020 31.03.21
SERVICE SUSTAINABILITY			
Systematic review and development of plans to address service sustainability for planned care specialties, in order of highest risk. Review and refresh priority business cases relating to service sustainability	Planned Care Covid Options Appraisal Service Blueprint developed and preferred option identified. Measures: - Referral volumes by specialty and site monitored weekly and trends reported to enable identification of shortfalls between capacity and demand by site and specialty. - Activity v Plan for Q3/Q4 monitored weekly and reported to Secondary Care and Area meetings - Priority waiting lists reported for stage 4 Priority cases fully reviewed and revised in light of impact of pandemic and resultant new ways of working. Revised cases to be submitted to F&P Committee	Executive Director Nursing & Midwifery / Chief Operating Officer	31.11.2020 31.03.21
MANAGING CAPACITY – WINTER/COVID			
Ensure surge and escalation plans are aligned to Planned Care activity needs	- Communication of surge plan to Planned Care Group - Understanding impact of the "winter planning process/winter plans on Q3/4 planned care activity	Chief Operating Officer	02.11.20

	- Ensure intelligence cell and early warning indicators are embedded into planned care activity plan to ensure action to address impact of surge/winter plans on planned care activity is timely and effective.		
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4. Unscheduled Care Pathways

Programme– Key Outcomes

- Unscheduled care services for those in need is maintained
- People have an accessible responsive and proactive health care system that supports them when they have a more serious health need
- People have the best possible outcome and are treated in accordance with clinical need
- People are safe and protected from harm through high quality care, treatment and support
- People know and understand what care, support and opportunities are available and use these to facilitate self-care and help achieve health and well-being
- Staff will always take time to understand ‘what matters’ and take account of individual needs when planning and delivering care
- People will be care for in the right place, at the right time and by the most appropriate person.

Key performance measures:

- EDQDF National Quality standards
- BCU site specific improvement trajectories (4hr; 12hr; 60 min handover; DToC; MFFD)
- GPOOH National performance measures (call handling and clinical intervention)
- Phone First National Quality standards
- **Invasive ventilated beds in critical care environment**
- **Invasive ventilated beds in hospital but outside of a critical care environment**
- **Designated COVID-19 hospital beds - Health Board sites (inc surge beds)**
- **Non designated COVID-19 hospital beds - Health Board sites (inc Surge beds)**
- **Designated COVID-19 hospital beds Field Hospital Sites**
- **Non designated COVID-19 hospital beds Field Hospital Sites**
- **A&E Attendances**
- **Emergency admissions**
- **Ambulance Conveyances ; Red demand, Amber demand, Green demand**

Action	Output	Lead	Target Date
Winter Resilience Plans (incorporating Surge Plans see below)			
Develop Winter Resilience Plans for each local Health and Social Care Community as well as a pan BCUHB overarching Winter Resilience Plan for 2020-21	Robust plans in place that set out the operational, tactical and strategic co-ordination arrangements across the Health Board and respective LAs to support the management of surge 24-7.	Chief Operating Officer	31.10.20

<p>Plans will include:</p> <ul style="list-style-type: none"> • Lessons learnt from Winter 2019 and initial COVID outbreak. • Local and pan BCUHB Surge plans for 2020/2021 detailing timeframes for delivery. • Defined costed schemes to support delivery of safe services in BCUHB over winter (Q3&4) • A risks and mitigation framework. • Details of LA support and alignment with BCU plans 	<ul style="list-style-type: none"> - Formally agreed escalation plans at Health Community and pan BCU level. To include agreed triggers and mobilisation to mitigate peak demand periods. <p>Monitoring and reporting</p> <ul style="list-style-type: none"> - Weekly reporting actual vs planned activity at BCU, and Health Community level (split between Site and Area activity, where available) 		
Surge Plans			
<p>Develop surge plans for secondary care, community and primary care services, including the development of specific schemes</p> <ul style="list-style-type: none"> • Surge plans are based on data, which describes COVID and non-COVID (USC) predicted demand for Q3&4. • Site specific plans include community based actions that will support Acute sites to maintain flow, avoid admissions wherever safe to do so and link community services designed to facilitate timely discharge e.g. Home First schemes. • Field hospitals factor into the surge plans where triggers indicate the system is close to being overwhelmed. • Pan BCU actions are reflected in Health Community level Surge plans. • Agreement of LA support with details set out in Surge plans. 	<p>Establish overarching surge plans to ensure sufficient capacity to meet unscheduled care demand over Q3/Q4.</p> <ul style="list-style-type: none"> - Schemes in place, which can be implemented as and when required to mitigate any shortfall in beds. - Area plans which overlay acute site surge plans and describe surge response at health Community level e.g. Contribution from community schemes such as pharmacy led Common Ailment Schemes and Independent Prescribing. - Establish specific pan BCU Task & Finish Group focused on improving hospital flow by sharing learning and standardising processes for flow across the 3 Acute sites. Outcomes will be measured by consistent delivery and/or reduced variance in National USC performance measures e.g. 4hr, 12hr, 60min ambulance handover, DToC etc. 	Chief Operating Officer	30.09.20
Phone First			
<p>Develop and implement a 'Phone First' service building on the learning from the Cardiff & Vale pathfinder model – CAV 24/7.</p> <p>This will incorporate:</p> <ul style="list-style-type: none"> • GPOOH call handling • SICAT • NHSD/111 	<p>People only visit hospital when it is essential in line with 'Healthier Wales'.</p> <p>People accessing urgent patient care are signposted to the right care, in the right place first time.</p> <ul style="list-style-type: none"> - Improved management and co-ordination of people with clinical need including urgent physical or mental health care. 	Chief Operating Officer	31.12.20

<ul style="list-style-type: none"> Primary Care triage <p>Discussion paper will be drafted and presented to Executive team</p> <p>Business case to be developed once Executive Team approval.</p>	<ul style="list-style-type: none"> - Development and roll out of communication plan to inform public of new arrangements. <p>Measurement as per All Wales reporting template (currently in development but likely to include)</p> <ul style="list-style-type: none"> • <i>Reduced number of ambulance conveyances to ED</i> • <i>Increased use of MIUs and/or urgent treatment centres</i> • <i>Reduced acute admission from care homes</i> • <i>Increased numbers of direct access pathways</i> • <i>Maintaining a comprehensive Directory of Services (DoS)</i> • <i>Improved patient experience (fewer complaints relating to USC access)</i> • <i>Fewer SIUs or reports of patient harm relating to ED attendances etc.</i> <p>Exec consideration of the proposal</p> <p>Health Board Business Case Review Group and F&P consideration</p>	<p>Chief Operating Officer</p>	<p>30.09.20</p> <p>31.10.20</p>
<p>Emergency Department Quality Delivery Framework (EDQDF)</p>			
<p>Implementation of the Emergency Department Quality Delivery Framework (EDQDF) programme to agree care standards, a uniform approach to measuring activity and a nationally agreed model of care for Emergency Departments and which will be informed by the Welsh Access Model (WAM)</p>	<ul style="list-style-type: none"> - Improved clinical outcomes by EDs. • Reduced incidents of harm - Improved patient experience and quality of care within EDs. • Patient satisfaction live survey/ patient feedback - Enhanced engagement of EDs workforce. • Reduced sickness; improved recruitment and retention; reduced turn over - Increased value for money achieved from ED funding through innovation, improvement, adoption of good practice and eliminating waste. • Delivery of Kendall Bluck cost/efficiency assessments of ED; reduced ED running costs 	<p>Chief Operating Officer</p>	<p>31.03.2021</p>

4. Primary Care

Programme – Key Outcomes

- Interventions to improve people's health are based on good quality and timely research and best practice
- People can access the right information, when they need it, in the way that they want it and use this to improve their well-being
- People have easy and timely access to primary care services
- People know and understand what care, support and opportunities are available and use these to help them achieve health and well-being
- People are safe and protected from harm through high quality care, treatment and support

Key performance measures:

- % of Babies six week check complete
- % of people recorded as smokers in GP clinical records, whose most recent smoking status change is to non-smoker or ex-smoker
- % of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment
- Dental: Number of Aerosol Generating Procedures
- Dental: Number of Aerosol non-Aerosol Generating Procedures
- Optometry: Acute eye care presentations (EHEW band 1)
- Optometry: Low vision service (Care home residents) - number of patients accessing the service - new patients (as per EHEW Band 1).
- Optometry: Low vision service (Care home residents) - number of patients accessing the service - follow up patients (as per EHEW Band 1).
- Optometry: IP - number of patients seen
- Optometry: IP - number of patients maintained in primary care
- Optometry – number of practices open at least 75% of normal pre-COVID hours
- GP: In hours GP demand vs capacity: No of GP practises at escalation levels 3 and 4
- GPS demand vs capacity: No of community pharmacy services at escalation levels 3 and 4
- GP: Ambulatory sensitive conditions referral numbers (interface with secondary care)
- GP: Urgent Cancer OPD referral numbers
- GP: Urgent non-Cancer OPD referral numbers
- GP: Total number of termination of pregnancy
- Community: Total number of tests relating to sexual health conditions (Syphilis and Chlamydia)

Achieve compliance with the all Wales Primary Care Operating Framework Q3/Q4

Action	Output	Lead	Target Date
Review the requirements of the all Wales Primary Care Operating Framework (not yet published), including the delivery of the WHO framework for essential healthcare services.	Requirements reflected in Q3/Q4 plan Sustainability of the full breadth of primary care essential services	Executive Director Primary & Community Care	31.03.21

	Ability to meet WG primary care delivery milestones (<i>NB not yet issued</i>)		
Capture and embed proven technologies in primary care			
Reflecting on the good practice and learning collated in Q2, support more primary care providers to implement e-Consult and video consultation platforms including: <ul style="list-style-type: none"> • Implementation of the on line platforms • Training support • Patient satisfaction surveys • Monitoring of patient activity 	<p>Increase in the number of GP practices using e-Consult and video consultation platforms</p> <p>Increase number of patients using e-Consult</p> <p>Evidence of learning from patient satisfaction surveys</p>	Executive Director Primary & Community Care	31.03.21
Efficient and effective immunisation and screening activities			
Development and implementation of actions at a cluster level to deliver improved uptake in flu immunisation rates.	<p>Maximise the coverage of the flu programme with increased uptake compared with 2019</p> <p>Each cluster should achieve the influenza vaccination uptake target (60%) for at risk populations by the end of Q3.</p>	Executive Director Primary & Community Care	31.12.20
Implement General Medical Services Recovery Plan			
Implement Welsh Government GMS Recovery Plan	<p>Delivery of all enhanced services, with gaps in services identified and alternative provision explored (in the context of social distancing and infection control protocols, potential further Covid-19 outbreaks)</p> <p>Review of Access Standards practice returns undertaken, with gaps in achievement identified and actions required to support practices improve their performance.</p> <p>All practices have completed the CGSAT and IG Toolkits to provide governance assurance</p> <p>Reimbursement of agreed practice infrastructure requirements to support the delivery of GMS services.</p>	Executive Director Primary & Community Care	31.10.20 31.12.20 31.03.21 31.03.21
Implement Dental Services Recovery Plan			
Implement Welsh Government Dental Recovery Plan	<p>Delivery of plan to treat the backlog of dental patients who contacted practices during the RED alert phase who had an on-going treatment need but were assessed as not having an urgent treatment need</p> <p>Maintenance of AMBER of pandemic plan in dentistry</p>	Executive Director Primary & Community Care	31.03.21 As advised by WG

	Plan for and implement de-escalation of AMBER alert phase to GREEN in pandemic plan in dentistry following WG guidance		As advised by WG
Implement Community Optometry Recovery Plan			
Implement Welsh Government Optometry Recovery Plan	Reopening all Primary Care Optometry Practices (so ceasing “Hub” system); and recommencing domiciliary eye care services	Executive Director Primary & Community Care	31.10.20

6. Community Health and Social Care

Programme – Key Outcomes

- People can access the right information, when they need it, in the way that they want it and use this to improve their well-being
- Health and care support is delivered at or as close to people’s homes as possible
- People will be cared for in the right place, at the right time, and by the most appropriate person
- Staff will always take time to understand ‘what matters’ and take account of individual needs when planning and delivering care
- People are safe and protected from harm through high quality care, treatment and support

Workstream Goals

- Essential Services are operating at pre COVID19 levels
- COVID19 General, Community and Temporary Hospital Surge Capacity is sufficient to meet projected demand
- Delivery of locally determined milestones which reflect North Wales priorities within the Public Health Outcomes Framework

Key performance measures:

- Number of admissions where the primary diagnostic reason for admission is exacerbation of COPD or asthma
- Number of COPD/asthma patients managed by the community team/pulmonary rehab team
- Number of patients receiving anti coagulants (DOAC/Warfarin)
- DES for Care Homes – compliance rate
- No. of advanced care plans in place for palliative care

Deliver safe Community Hospital services

Action	Output	Lead	Target Date
Resubmit the Stroke Business Case	Area Teams to support the review and revisit of the Stroke Business Case, particularly the development of an ESD service	Executive Director Primary & Community Care	31.12.20
Support Care Homes and reintroduce CHC			
Regional Care Home Action Plan developed. (Building from good practice introduced in Q2 and legacy actions.)	Develop the Regional Partnership Board approval of North Wales Care Home Action plan commence implementation of priority actions	Executive Director Primary & Community Care	31.12.20 31.03.21

	Review the impact of the Care Home DES and maximise opportunities for improvement / support		31.03.21
BCU wide Continuing Health Care (CHC) Recovery Plan in operation	Develop and implement BCU wide approach to CHC recovery underpinned by Area and MH Divisional plans	Executive Director Primary & Community Care	31.12.20
	Roll out revised performance dashboards for CHC		31.12.20
	- Prepare training plan for introduction of the new CHC Framework		31.12.20
Business Case Development			
Continue to progress the development and submission of priority business cases	Develop priority business cases, not identified elsewhere in this plan, for:	Executive Director Primary & Community Care	31.12.20
	- Discharge to Assess Business Cases in partnership with Flintshire County Council for the Marylefield and Flint Discharge to Assess facilities		31.12.20
	- Project Paradise (BCU and Conwy County Borough Council) Final Partner business case to WG		31.12.20
	- Denbigh Integrated Extra Care Housing and Reablement Unit (BCU and Denbighshire County Council (Tender for Partnership public engagement approved and being managed by DCC). Expect to commence engagement to inform development of feasibility study		31.01.21
	- Primary and Community Care: <ul style="list-style-type: none">o Llandudno Junction/Conwy developmento Kinmel Bay (primary care)o Ruthino Tuag Adref (In Home First BC)o Waunfawr Health Centreo Llanfair PG Health & Well-being Centre		

7. Children's Services

Programme – Key Outcomes

- People are well supported in managing and protecting their physical, mental and social well-being
- People have an accessible responsive and proactive health care system that supports them when they have a more serious health need
- People have the best possible outcome, conditions are diagnosed early and treated in accordance with clinical need
- People will be cared for in the right place, at the right time, and by the most appropriate person
- Children at raised risk of poor emotional well-being are quickly identified and early intervention and preventative action is tailored to their needs

Key performance measures:

- **Number of Child and Adolescent Mental Health (CAMHS) Crisis referrals and assessments**

Deliver Safe & Effective CAMHS Services

Action	Output	Lead	Target Date
CAMHS – Continue to deliver remote consultations via Attend Anywhere Restart face to face planned care assessment and intervention work (once approved to start) Work towards sustained achievement of the 28 day targets	- Recruitment to primary care cluster posts (West and East) and develop implementation plan to establish the family wellbeing service and ensure progressing - Support schools for reopening in September -CAMHS to provide link clinicians to school clusters to provide consultation to education staff and participate in multiagency planning meetings to facilitate appropriate referral and support pathways	Executive Director Primary & Community Care	31.12.20
Neuro-Development			
Work towards providing Assessments and improve performance against the 26 week target	- Increase in face to face assessments and support with infection control measures in place and the new ways of working to complete assessments (i.e. not in schools or whilst wearing PPE) - Commence work with Independent Provider tendered to address the waiting lists.	Executive Director Primary & Community Care	31.12.20

8. Mental Health & Learning Disabilities

Programme – Key Outcomes

- People are well supported in managing and protecting their physical, mental and social well-being
- People have an accessible responsive and proactive health care system that supports them when they have a more serious health need
- People have the best possible outcome, conditions are diagnosed early and treated in accordance with clinical need
- People will be cared for in the right place, at the right time, and by the most appropriate person

Key performance measures:

- Number of patients in Foundation Tier 0 services
- Number of Part 1a and 1b referrals
- Number of Mental Health Crisis referrals (Crisis Resolution Home Treatment)
- Number of Memory assessment service (MAS) referrals and assessments
- Part 2 CTP data

Action	Output	Lead	Target Date
<p>The Mental Health Division in partnership with the Primary Care and Community work stream seeks to implement a number of support mechanisms including investing in the roll out of the Mental Health practitioner model and community connector role to Clusters in order to improve Primary care resilience.</p> <p>The model is based on providing 14 mental health practitioners working within GP Clusters supported with 14 community connectors. The tier 0 model would provide additional support within the primary care setting releasing GP time.</p> <p>The Centre of Mental Health suggest there is an inherent risk of developing post-traumatic stress disorder (PTSD) after experiencing intensive care treatment for Covid-19 and therefore our plan will offer targeted; tailored mental health support to the families of people treated in ICU. Work is already underway to identify potential numbers affected.</p>	<p>Reduction in number of people with mental health problem reaching crisis.</p> <p>Appointment time lost in primary care navigating the system to identify appropriate service</p> <p>Patient seen within the community setting</p> <p>Reduction in attendances at ED of patients who require low level support</p> <p>Dedicated team delivering targeted preventative intervention</p>	Executive Director of Public Health	31.03.2021
Additional CPN support to care home sector to avoid admission to acute setting and support early discharge	<p>Reduction in MH DTOCs within acute setting</p> <p>Increased support to care home staff</p> <p>Reduced transfer via WAST</p> <p>Reduction in placement breakdown</p>		31.03.2021

9. Enabling Plans

9.1 Workforce

Action	Output	Lead	Target Date
AP 032: Workforce availability for safe delivery of care and services			
Implement and embed the revised workforce improvement structure at Strategic, Tactical and Operational Level with supporting planning and analytical tools to support	<ul style="list-style-type: none"> a) Strategic Workforce Group embedded and clear priorities established b) Divisional Workforce Group embedded and clear priorities established c) Integrated Operational Workforce Group embedded and clear priorities established d) Workforce Intelligence and planning infrastructure established and scope of delivery confirmed. 	SG LH LO NG	31.12.20
	<ul style="list-style-type: none"> a) Strategic Workforce Group priorities implemented b) Divisional Workforce Group priorities implemented c) Integrated Operational Workforce Group priorities implemented d) Workforce Intelligence and planning delivery programme established an underway 	SG LH GR NG	31.03.21
Ensure effective social partnership working as a key enabler for organisational development and transformation.	<ul style="list-style-type: none"> a) Structure for both medical and non-medical social partnership engagement, consultation, negotiation embedded b) Responsibilities for the effective management of effective relationships/partnership working at strategic, tactical and operational levels embedded c) Programme for review of Partnership Agreement including – Facilities; Facilities time rollout commenced 	LH - GR LH - GR LH	31.12.20
Following the review of the operation and management of social partnership relationships and processes implement the programme for improvement across both medical and non-medical structures	<ul style="list-style-type: none"> a) Structure for both medical and non-medical social partnership engagement, consultation, negotiation implemented b) Responsibilities for the effective management of effective relationships/partnership working at strategic, tactical and operational levels implemented c) Programme for review of Partnership Agreement including – Facilities; Facilities time rollout concluded 	LH - GR LH - GR LH	31.03.21
Provide 'one stop shop' workforce enabling services to support surge requirements; new developments and reconfiguration or workforce re-design linked to key priorities of the Health Board.	<ul style="list-style-type: none"> a) The developed proposal for virtual Workforce Service Hubs rolled out b) Proposal for the longer term solution for integrated flexible workforce supply developed and costed ready for consideration c) Initiated the development of user friendly, accessible information and guidance for staff and managers (building on the COVID-19 FAQ approach) d) Initiated the plan for review and rationalisation of all workforce related Policies 	LO LO/NG LH - TRD LH - TRD	31.12.20

	<ul style="list-style-type: none"> a) Embedded and operationalised the virtual Workforce Service Hubs b) Proposal for the longer term solution for integrated flexible workforce supply agreed and ratified by Health Board and Local Authority partners c) Rolled out the developed of user friendly, accessible information and guidance for staff and managers (building on the COVID-19 FAQ approach) d) Concluded the review and rationalisation of all workforce related Policies 	LO LO/NG LH - TRD LH - TRD	30.03.21
Ensure workforce optimisation plans are in place and ready to mobilise to support the delivery of safe care and mitigate the impact of COVID-19, the TTP programme and the Vaccination programme on staff and they support the Health Boards adjusted surge capacity plans for Q3 & Q4.	<ul style="list-style-type: none"> a) Comprehensive framework and governance structure in place to support the integrated workforce surge plans encompassing secondary, community, primary services, Test, Trace and Protect and Mass Vaccination services b) Expanded integration of the clinical deployment tools across other staff groups developed to enable safe deployment of staff in line with environmental/IPC/H&S guidelines 	NG	31.12.20
	<ul style="list-style-type: none"> a) Full deployment of the clinical deployment tools developed to enable safe deployment of staff in line with environmental/IPC/H&S guidelines 	NG	31.03.21
Ensure all key workforce indicators are in place, utilised and embedded robustly to support all surge and essential services delivery	<ul style="list-style-type: none"> a) Utilisation of the set of “triggers” to inform safe and prioritised deployment of staff b) Utilisation of the comprehensive set of key performance indicators and reporting mechanism to demonstrate effectiveness of or areas for improvement in workforce planning and deployment c) Demonstrated improvement against the core workforce performance key performance indicators 	NG LO LO	31.12.20
	<ul style="list-style-type: none"> a) The set of “triggers” to inform safe and prioritised deployment of staff embedded into organisational planning structures b) The comprehensive set of key performance indicators and reporting mechanism to demonstrate effectiveness of or areas for improvement in workforce planning and deployment embedded into organisational planning structures c) The core workforce performance key performance indicators directly linked to and informing ongoing and future planning decisions across the organisation 	NG LO LO	31.03.21
Development & delivery of Safe and agile working			
Ensure agile and new ways of working deployed in order to maintain safety for staff and patients because of COVID-19 are optimised and embedded.	<ul style="list-style-type: none"> a) Established a development and delivery structure and plan for the Safe and Agile Working programme b) Clear framework and monitoring system in place to ensure COVID -19 Secure measures in place and effective – rollout of this for Q3 c) Clear framework and guidance developed and operational for supporting remote/agile working 	SG PB LH	31.12.20
	<ul style="list-style-type: none"> a) Safe and Agile work programme integrated into “normal” working practice including policy documentation, recruitment and retention and health and wellbeing 	LH/PB	31.03.21

Implement Year 2 of the Health & Safety Improvement Plan is implemented to staff are proactively protected, supported and safe, including BAME, older people, co-morbidities and pregnant workers and that all environmental and social impacts are monitored and complied with	a) Progressed the case for change and investment to enable deliver against the highest risks in the improvement plan b) Established an agreed scope for establishment of a fit for purpose Security service for the Health Board c) Established clear divisional and operational infrastructure to support the Strategic Occupational Health and Safety Governance and performance management structure – <i>roll through to Q3</i> d) Established a robust COVID-19 risk assessment structure for high risk staff and able to evidence compliance and effectiveness in reducing/avoiding avoidable harm – <i>re-enforce this Q3 – tracking system</i>	PB PB PB PB	31.12.20
	a) Case for change and investment approved to enable deliver against the highest risks in the improvement plan and phased investment and delivery plan agreed by Health Board b) Appropriate Procurement for the establishment of a fit for purpose Security service for the Health Board underway with clear timetable for completion and commencement. c) Divisional and operational infrastructure demonstrating delivery in line with the Strategic Occupational Health and Safety Governance and performance management structure	PB PB PB	31.03.21
Effective infrastructure in place to ensure wellbeing and psychological support is accessible to all staff	a) Demonstrated effectiveness of the Staff Wellbeing and Support Service/Hubs b) Developed a proposal and case for change/investment for sustainable delivery of clinically led services building on this model c) Identified Key performance indicators to support consideration of the case for change and to demonstrate benefits realisations	NG PB/NG LO/LH	31.12.20
	a) Implement approved model and service	PB	31.03.21
AP 034: Development of a Strategic Organisational Development programme and delivery plan			
Strategic organisational development programme in place to support and enable the health board to build upon work undertaken to date to ensure our plans and people are aligned to our purpose	a) Established a programme for engagement in the development of the specification for securing an external partner b) Draft specification developed and agreed by the Board c) Appropriate procurement and identification of infrastructure required to support the programme in place	SG/NT NT/GE SG/NT	31.12.20
	a) Appropriate procurement and identification of infrastructure required to support the programme concluded to facilitate commencement in 2021/22	SG	31.03.21

9.2 Digital Health

Action	Output	Lead	Target Date
Development and approval of the digitally enabled clinical strategy	Board approved strategy	Executive Medical Director	31.03.21
Phase 3 of Welsh Patient Administration System re-focus on West implementation	Work on data migration commenced	Executive Medical Director	30.06.21
Pending approval of the business case – deploy WEDS	WEDS implemented in YGC, prior to WPAS	Executive Medical Director	30.11.20
Development of the digital health record	<ul style="list-style-type: none"> - Approval of business case for the digital health record for the Board. - Mobilisation of the project ready for implementation 	Executive Medical Director	31.03.21
Implementation of Health Records Project	Appointment of health records roles to baseline and scope the transition programme and secure project support to complete actions from various review recommendations	Executive Medical Director	31.12.20
Implementation of Digital dictation project	Upgrade to the latest version and implement in the West	Executive Medical Director	31.12.20
Development of priority business cases for sustainability of services	Business cases developed for: <ul style="list-style-type: none"> - Attend anywhere - Medicine Transcription Electronic Discharge - Mobile Working in community - Business Intelligence - Digital eye care 	Executive Medical Director	31.10.20
Delivery of Health and Social Care Advisory Service recommendation for good record keeping across all patient record types.	Transition program established to review the management arrangements for ensuring good record keeping across all patient record types	Executive Medical Director	Within 6 month of project manager in place
Delivery of digital infrastructure rolling programme	Rolling programmes of work to maintain / improve the digital infrastructure e.g. migration of telephone infrastructure from an end of life solution to one which is fully supported and capable of underpinning service change e.g. single call centre contingent on Informatics Capital allocation for 2020/21	Executive Medical Director	TBC
Provision of infrastructure and access to support care closer to home	Draft business case to support Community Resource Teams completed and will be reviewed in the light of learning from COVID and Office 365 resourcing	Executive Medical Director	Further review with Area teams/ dependent on Office 365

9.3 Estates / Capital

Action	Output	Lead	Target Date
Ablett Mental Health Unit Outline Business Case	Outline Business Case to be submitted to Health Board in Jan 2021 with FBC in Q4 2021.	Executive Director of Planning and Performance	31.01.2021
Residencies: Outline Business Case	Business case to Board or Committee for approval	Executive Director of Planning and Performance	31.12.2020
Wrexham Maelor continuity programme	Outline Business Case to Health Board in June 2021 for approval	Executive Director of Planning and Performance	31.06.2021
North Denbighshire Community Hospital	Full Business Case to Board for approval	Executive Director of Planning and Performance	30.11.2020
Ysbyty Gwynedd compliance	Programme Business Case to Board for approval	Executive Director of Planning and Performance	30.11.2020

9.4 Development of Organisational Capacity and Capability **Will allocate these to other categories where possible.**

Action	Output	Lead	Target Date
To develop a performance and accountability framework for 2021/22, demonstrably strengthening accountability at all levels of the organisation and underpinned by improved performance reporting against agreed and quantified plans.		Executive Director of Planning and Performance	28.02.21
Robust evidence-based submission to welsh government for additional investment in organisational capacity and capability, meeting their pre-agreed requirements.		Interim Chief Executive	30.11.20
Produce a proposed implementation plan for the development of a strengthened business intelligence and analytics team.		TBC	31.12.20
Subject to permission from Welsh government develop a full business case for submission in support of the creation of a medical school for North Wales in association with Bangor University.		Executive Medical Director	31.03.21

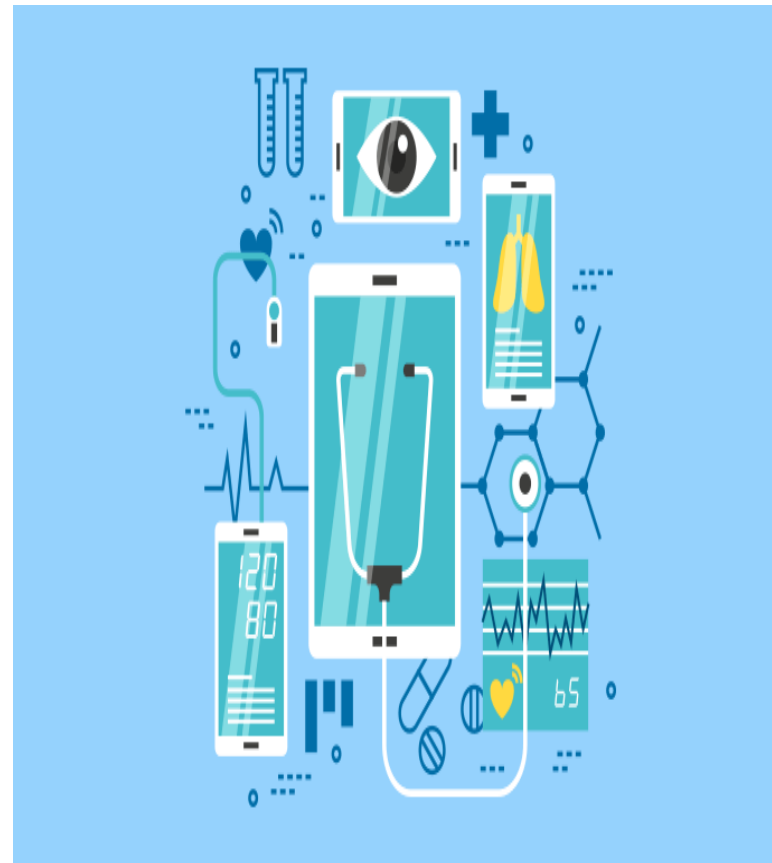


Clinical Strategy: an update

Arpan Guha
Executive
Medical Director [Acting]
BCUHB

Clinical Strtategy

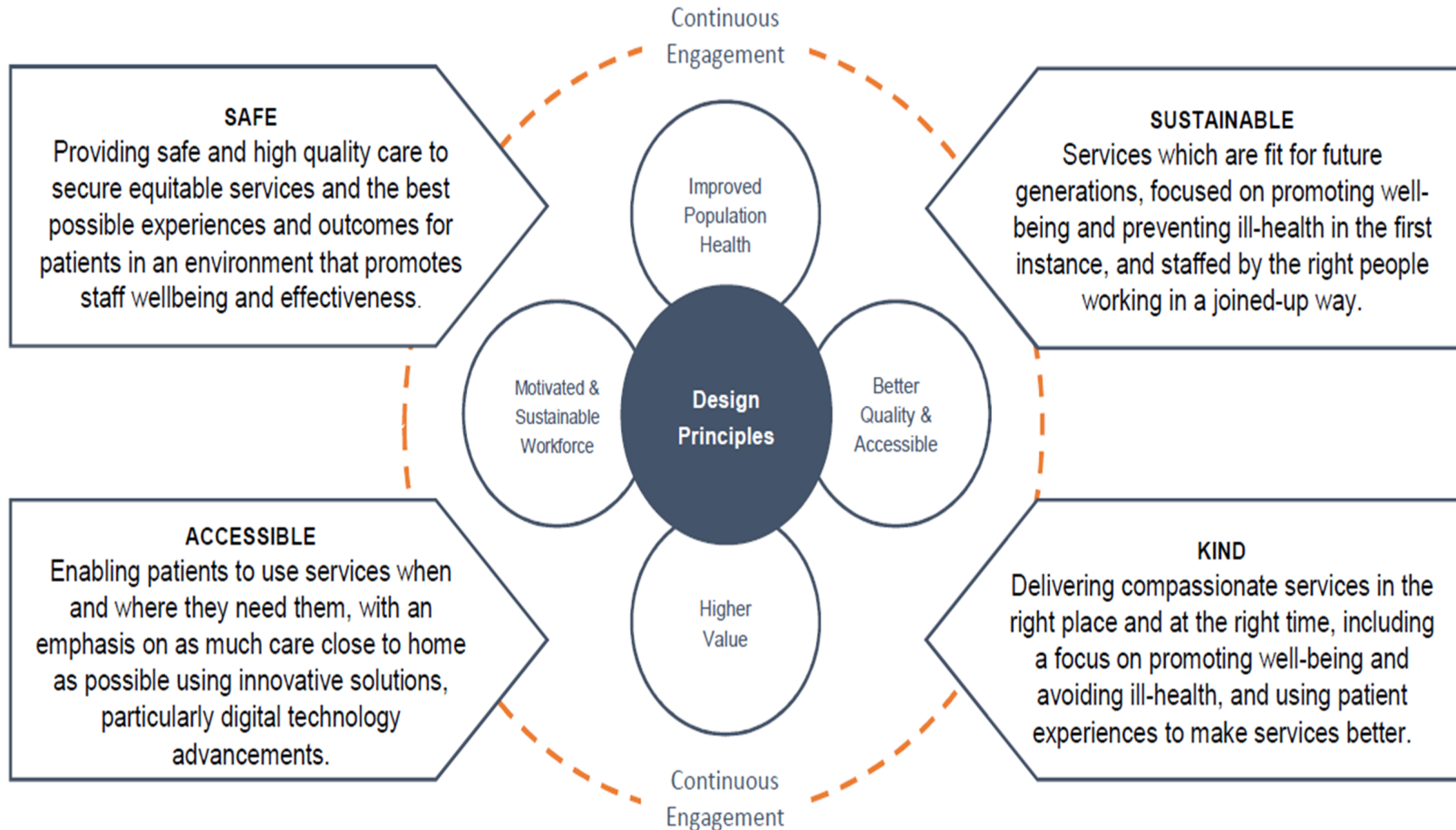
- Clinical strategy
 - Digital enablement of that strategy
 - Risk of digitally enabling a poor clinical strategy
 - Many other enablers



Sustainable clinical plan



Principles of Clinical Strategy



Courtesy: Hywel Dda Clinical Strategy

Covid 19 learning: Clinical Advisory Group: clinical pathways approach

- Clinical Advisory Group [1/4-11/9/20]
 - 59 meetings
 - Multi-disciplinary
 - 35 C-19m pathways checked, challenged, endorsed, deployed
 - 118 HECC enquiries addressed
- Our staff do not always think ‘digitally’
 - “Forcing’ templates for pathways introduced to include clinical quality standards and digital ways of working

- “..BCU remains the leading Welsh project..”
 - Breadth of speciality offering
 - Absolute numbers of GP practices using the service
 - Planned Care
 - Referrals avoided to Sec Care: 52%
 - Admissions avoided :5%
 - Acute Care
 - Pts treated outside hospitals: 33%

Time frames and learning:

Hywel Dda

- 2016: presentation to Board
 - EMD appointed as Director of Clinical Strategy
- Supported by a group :
 - Four Hospital Directors
 - Clinical Directors of Scheduled and Unscheduled Care
 - AMD of Mental Health and Learning Disability
 - Representative GP Cluster Leads
 - Director of Research and Development
 - Deputy Chief Executive / Director of Operations

Hywel Dda timeline

	03/10/2016	10/10/2016	17/10/2016	24/10/2016	31/10/2016	07/11/2016	14/11/2016	21/11/2016	28/11/2016	05/12/2016	12/12/2016	19/12/2016	26/12/2016	02/01/2017	09/01/2017	16/01/2017	23/01/2017	30/01/2017	06/02/2017	13/02/2017	20/02/2017	27/02/2017	06/03/2017	13/03/2017	20/03/2017	27/03/2017
Determine approach with CEO	■																									
Rural Surgery meeting with Royal College of Surgeons		■																								
Clinical Services Strategy Group Meeting			■																							
Board OD day on Clinical Services Strategy				■																						
JET Meeting - Test agreed approach						■																				
Review against previous plans							■																			
Review with WG (TI meeting)								■																		
Review of Clinical Group position statements, SBARs and Plans									■	■																
Workshop with Senior Clinical Leaders										■	■															
Planning meeting with WG											■	■														
Workshop follow up with CEO												■	■													
Meeting with Clinical Leads													■	■	■											
Development of underpinning plans											■	■	■	■	■											
Development of assurance framework												■	■													
Follow up on underpinning plans																■	■									
Second workshop with Senior Clinical Leaders																			■							
Test emergent strategy with CEO/Execs																				■						
Test draft strategy document with Senior Clinical Leaders																					■					
Test draft strategy document with Clinical Leads and CHC																						■	■	■	■	■
Draft Strategy to Hywel Dda Board																										■

Strategic roadmap: 3D approach

- Phase 1:
- **Discover**-agreeing the future care model
 - wide engagement across the system
 - Esther [Jonkoping] model
 - new partnerships
 - new ways of working
 - e.g. pathways of wellness and care

- Phase 2:
- **Design**- further develop the strategic case for change
 - describe the rationale for the changes that we will make in our core service offer
 - design the type and range of services we will be providing

- Phase 3:
- **Deliver**
 - including how we will enable our staff to offer the highest quality of care
 - Digital enablement
 - Academic Health Sciences Network principles
 - A new Medical School for North Wales
 - A strong focus on continuous quality improvement using value based principles
 - Establishing a new VBHC Quality Academy

Our 6 Principles of Digital Working

Our 6 Principles of Digital Working		
Digital Leadership	Think Digital	Once for the Patient
Strong professional digital leadership by the Board, everyone can be a digital leader to improve our digital maturity	Everyone needs to think digital in their planning whilst ensuring digital inclusion	We will adopt standards and technologies that will ensure we provide safe care for every patient
Co-production	Evidence Driven	Innovative
Working as equal partners in developing new ways of working – Patients, Staff , Key Partners and Suppliers	Understanding the need for digital health interventions and what challenges it will solve and what benefits they will bring	Focusing on new ideas and ways of working that are scalable as to be one step ahead

4 Focus Areas

1. Strengthened Digital Foundations

ICT infrastructure, systems, devices and the service fit for the future.

Improving the usage and benefits of our existing systems..

2. Active Patient/Carer

Patients and their carers can actively participate in their care

3. Connected Staff

Staff have right information at the right time in the right place

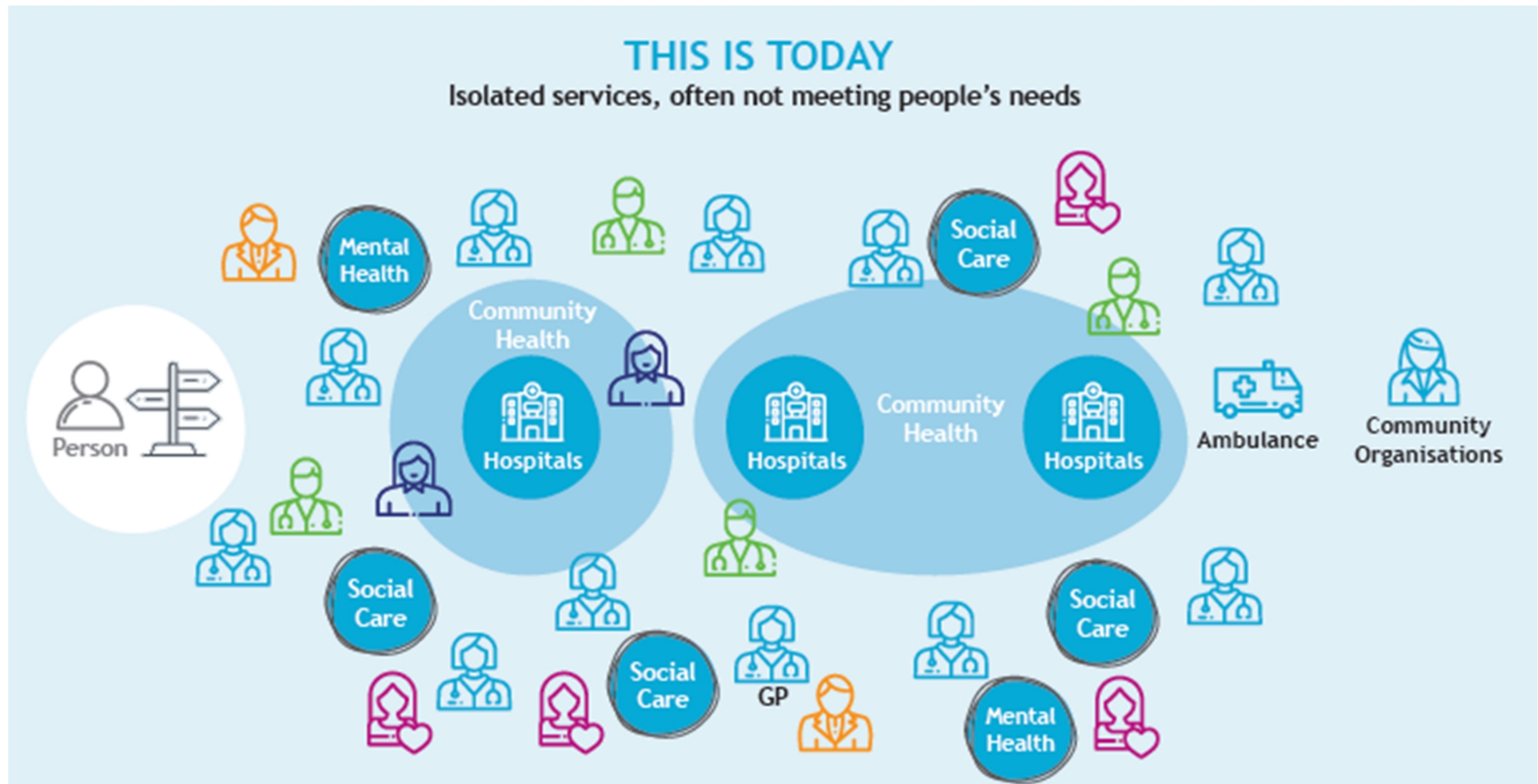
4. Digital Organisation

Using our data to make better decisions, improve services, identify trends, and service planning

Our 4 Key Challenges

1. Population
2. Pace of change and increasing demand
3. Reducing finances and increasing short term funding
4. Working Together

Learning from others: Liverpool

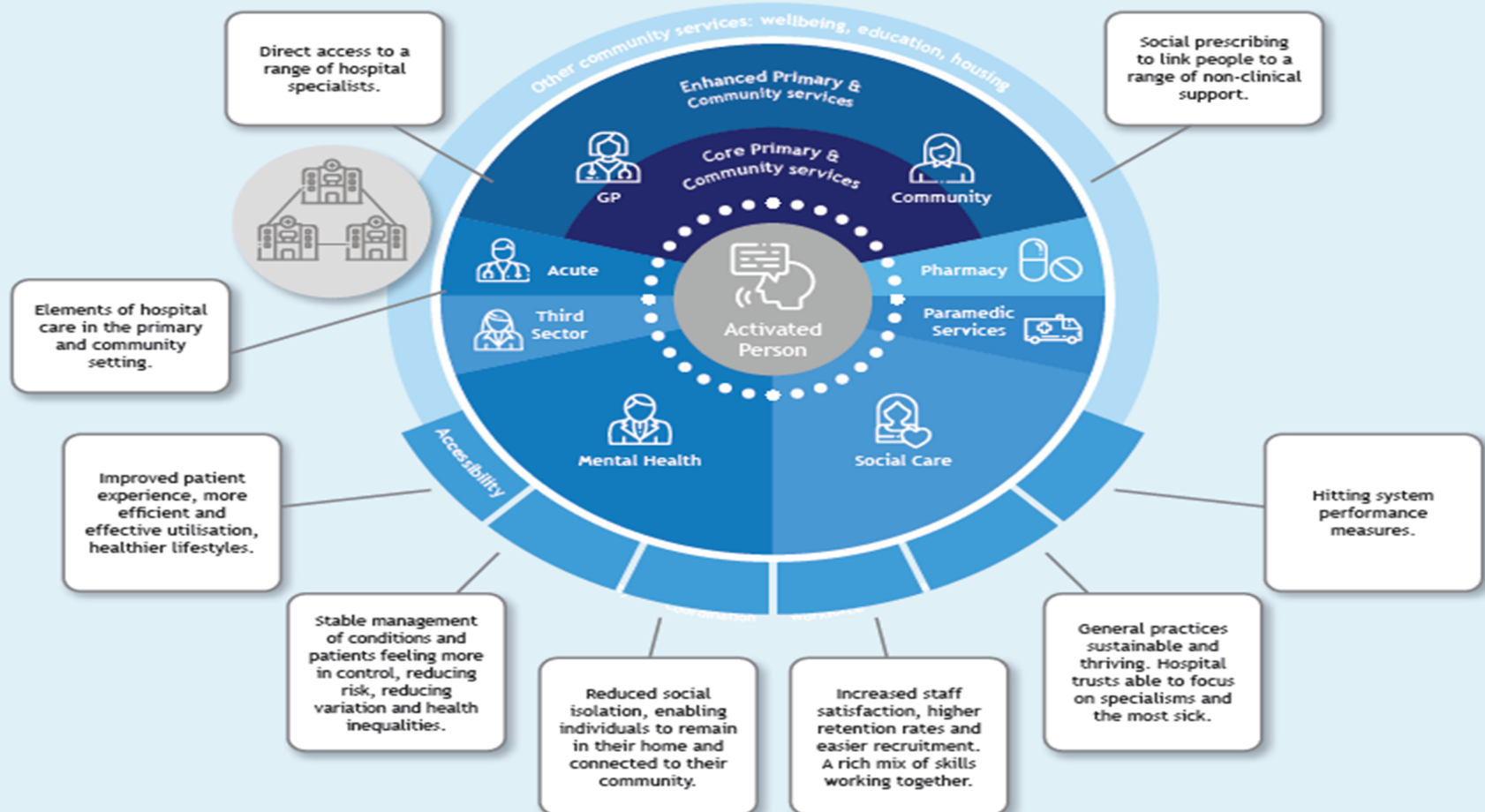


From: The One Liverpool Strategy

A whole system approach

THIS IS OUR FUTURE

Integrated services, shaped to meet people's needs



From: The One Liverpool Strategy

The key to success

- “...strong team relationships, sense of humour, plenty of cake and mutual support.....”
 - Libby Ryan-Davies – Director of Transformation, **Hywel Dda**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health (SPPH) Committee 1.10.20					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Business Continuity Planning and Emergency Preparedness					
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson, Executive Director of Planning and Performance					
Awdur yr Adroddiad Report Author:	John Darlington, Assistant Director - Corporate Planning. Emma Binns, Head Of Emergency Preparedness & Resilience					
Craffu blaenorol: Prior Scrutiny:	The Civil Contingences Group have agreed a revised workplan for 2020/21. In addition, identified a need to strengthen Emergency Planning, Resilience and Response (EPRR) capacity and capability following a review of business continuity management (BCM) & emergency response preparations in relation to the C19 pandemic major incident response.					
Atodiadau Appendices:	Appendix 1: Checklist of EPRR Plans Appendix 2: Civil contingences Group workplan 2020/21					
Argymhelliad / Recommendation:						
It is recommended that SPPH Committee						
<ol style="list-style-type: none"> 1. Receive this report which outlines progress against BCM & EPRR guidance and 2020/21 work programme. 2. Approve the 2020/21 CCG Work Programme 3. Support in principle the recommendation to strengthen overall EPRR capacity and capability to manage training, exercising, planning and response arrangements going forward, specifically: <ul style="list-style-type: none"> • the establishment of a senior tactical advisor role across the health Board to support emergency response arrangements. • additional temporary capacity to support the development and delivery of BCU wide training programme which has been impacted as a result of responding to Covid-19. • alongside this, it is recommended that a full review of the capacity of divisional teams should be undertaken to deliver the EPRR agenda across the Health Board, supported by a EPRR team. 						
Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *	√	Ar gyfer Trafodaeth For Discussion*	√	Ar gyfer sicrwydd For Assurance*	√	Er gwybodaeth For Information*
Sefyllfa / Situation:						

The following paper outlines our progress against BCM and EPRR agenda and makes recommendations to strengthen EPRR capacity and capability following a review of the effectiveness of the business continuity / emergency response preparations in relation to the C19 pandemic major incident response. Specifically to ensure:-

- adequacy of resourcing within emergency response team
- supporting the development of plans and policies
- Capacity to provide audit and assurance to CCG and SPPH committee
- addressing actions identified within previous audit (key actions in response are captured within the civil contingences group workplan for 2020/21 attached)

In line with Cabinet Office EPRR Guidance and within the NHS EPRR Guidance (and In preparation for a possible second wave), a covid-19 debriefing programme was implemented across the command and control structures and a number of debriefs held.

(This paper has been informed by and should be read in conjunction with the COVID 19 Interim Debrief Report which provides a more detailed assessment of the key achievements people have reported being proud to have accomplished alongside the findings and areas for improvement)

Cefndir / Background:

In terms of dedicated capacity to manage Business Continuity Planning and the Emergency Planning, Resilience and Response (EPRR) agenda, the health Board has in place the following:-

- Head Of Emergency Preparedness & Resilience
- Business Continuity Manager

The team work closely with emergency planning links within all services and divisions across BCU with the governance for this work programme overseen by the Civil Contingences Group (CCG).

The function is managed within planning and performance directorate given the link to organisational planning. Response arrangements have previously been the responsibility of Chief Operating Officer / Secondary Care Director (role no longer in place).

In 2017, a 5-year programme was implemented to support the development of a Business Continuity Management System (BCMS) for the organisation following the recent restructure. A Business Continuity Policy was approved in 2017 with a supporting guidance document.

The Head of EPRR established a Business Continuity Group in 2018 to drive the BCMS. The Business Continuity Policy was reviewed again in June 2020 and formally approved at the September Civil Contingences Group.

This policy is currently under consultation and approval will be sought at the next SPPH meeting.

Asesiad / Assessment & Analysis

Business Continuity Planning

The Business Continuity Manager was appointed in November 2019 and provides training, advice and support to divisions to support their BCM planning. BCM divisional leads are required to complete a Business Impact Analysis in a workshop environment. The purpose of the workshop is to identify the core functions of departments/divisions and develop arrangements to support the loss of those

functions. The Business Impact Analysis is completed as part of the workshop and the information from this document is transferred into a plan. It is the responsibility of the identified business continuity leads to complete the Business Continuity Plan (BCP) for their department/division using the standard BCP template

As workshops have taken place, other key areas requiring plans have been exposed.

A programme for the development of BC plans has been approved by the CCG, this prioritises the most critical departments/divisions. The EPRR team have identified 60 services that require business continuity arrangements, with some of these service areas requiring more than one plan.

The overall status of BCM plans across BCU is as follows:

BC Plan/BIA Progress to date:

- High risk/critical plans developed and approved prior to 2020/21 =21, (covering for example A&E, ICU, Informatics, estates & facilities)
- High risk/critical plans completed in draft and awaiting approval = 12
- Business Impact Analysis completed with work required to finalise plans = 27
- **2020/21 Programme Service Areas** priorities=24 (which may require a number of plans per service)

In terms of the net impact of our work programme, we expect to complete 40 plans by April 2021, taking the total number of plans in place across BCU to: (21 (current approved)+12 (awaiting approval)+40 (from BIA stage & 2020/21 work programme) =**73 plans in place**

However this will be dependent upon the support and capacity of divisions and consideration must be given to Covid and how this will affect the ability to complete this work. By deploying additional temporary capacity in 2020/21, we will be able to ensure this work is prioritised and supported. This will ensure that the remaining low risk area plans can be completed in 2021/22 work programme and our focus move to exercising plans.

Civil Contingencies Group (CCG) Workplan 2020/21

There is clear support from CCG, comprising of executive level and acute/area senior management teams to ensure that annual exercises take place alongside a review of the resourcing for EPRR across the organisation.

A draft work programme was in development for approval in April 2020. CCG meetings and normal governance was however paused and command and control arrangements established to focus upon the Covid-19 pandemic at that time.

A summary checklist and status of all our EPRR plans is set out in **Appendix 1**.below

A revised work-programme for 2020/21 has been developed and agreed by CCG at its meeting on 18th September and is attached in **Appendix 2** which also summaries progress against key actions

Regional/National EPRR Planning

The Resilience team represent the Health Board at the North Wales Resilience Forum task and finish groups as well as the Coordination Group. There are work streams that sit within each of the task and finish groups and the team is responsible for ensuring that the duties of the HB are embedded within plans, workshops and exercises. The Head of EPRR chairs the Learning & Development Group and is responsible for directing the workplan, and also represents the HB at the Welsh Government Emergency Planning Advisory Group and the sub-groups that sit under this structure.

Strengthening BCM / EPRR Planning

The assessment above does highlight an urgent need to strengthen both BCM & Emergency Planning, Resilience and Response (EPRR) capacity and capability to ensure comprehensive plans exist across the organisation.

This assessment is also supported by the COVID 19 Interim Debrief Report which provides a more detailed assessment of the key achievements and areas for improvement

There is also a strong appetite among staff to participate in major incident exercises and training. One of the difficulties within the organisation is a lack of resourcing identified within the resilience team and within area and acute teams. Exercises and training is often scheduled and then postponed due to conflicting commitments that take priority.

In short, there is a need to strengthen overall EPRR capacity and capability to deliver and manage training, exercising, planning and response arrangements going forward.

The establishment of a dedicated tactical advisor role at a senior level would provide much needed capacity to drive and support the EPRR agenda across the organisation. The role would both provide valuable and dedicated oversight to the CCG agenda and tactical support to any future response arrangements in the event of a major incident declared. The Tactical Advisor would be instrumental in developing a pool of trained individuals who can be deployed across BCU to lead control centre/ HECC response arrangements.

In addition, it is recommended that additional temporary / outsourced capacity is deployed to support expediting the delivery of our major incident training programme which has been impacted as a result of responding to Covid-19. This would support release EPRR team to focus upon the delivery of the BCM work programme.

Alongside this, it is recommended that a full review of the capacity of divisional teams should be undertaken to deliver the EPRR agenda (e.g. to develop service/ divisional level business continuity and major incident plans) within and across the Health Board, supported by a EPRR team.

Appendix 1: EPRR Plan Checklist /Status

DUTY TO MAINTAIN PLANS	
Collaborative planning	Plans have been developed in collaboration and in consultation where appropriate with partners and service providers.
Major incident	<p>The Major Emergency Plan has undergone a full review. Further to discussions at a national level, all Health Boards are revising their plans to incorporate arrangements that will support Covid. The reviewed plan is on the agenda for approval at the next Civil Contingencies Group meeting in October.</p> <p>Each of the acute sites has a Major Incident Plan in place. Each of these plans has been reviewed within a 12 month period.</p> <p>West and central area teams have approved plans in place, the east area team have a draft plan that has not formally been approved.</p>
Heatwave	The organisation has a Heatwave plan in place.
Cold weather	The organisation has an adverse weather plan in place that has been implemented on a number of occasions. A review of those arrangements has just commenced that will include considerations for the management of Covid, but will also strengthen existing arrangements to ensure that critical staff can be transported to their clinical base in the event of severe weather.
Pandemic influenza	<p>There are a suite of pandemic influenza plans that set out that the arrangements that would be taken to manage an influenza pandemic:</p> <ul style="list-style-type: none"> Secondary Care Anti-viral Distribution Mass Vaccination Workforce & Organisational Development Primary Care Tactical Coordination <p>All Health Boards in Wales were waiting for updated guidance from Welsh Government which was delayed due to the UK transition from the EU. A review of existing arrangements was scheduled for 2018 and although the majority of the plans were reviewed, the primary care plan was not reviewed.</p> <p>At the Civil Contingencies Group meeting held in July, it was agreed that a full review of all pandemic plans would be scheduled following the final Covid Debrief report.</p>
Infectious disease	BCU has an approved Communicable Disease Policy. A Communicable Disease Outbreak Plan was issued in July and

	further to this guidance, a multi-agency group was established to develop a North Wales Response and Prevention Plan.
Mass countermeasures	<p>A Chemical, Biological, Nuclear, Radiation Plan has been developed to describe the actions that needs to be taken to manage a potential contamination incident, whether involving hazardous materials (HAZMAT) or an incident which may be construed as an attempt to perpetrate an act of terrorism, releasing chemical, biological, nuclear, radiological substances, or explosive devices (CBRNe).</p> <p>In line with current guidance and legislation, the organisation has effective arrangements in place to distribute Mass Countermeasures, the arrangements are outlined in the above plan.</p>
Mass Casualty	Mass Casualty arrangements have been developed at a national level, all Health Boards have contributed to the plan. A mass casualty group meets quarterly, chaired by the Health Emergency Planning Advisor at Welsh Government. There is BCU EPRR and clinical representation at this meeting.
Lockdown	Lockdown arrangements have been developed and a plan has been drafted by the Health & Safety Team with support from the Head of EPRR.
Protected individuals	There is a VIP Protocol in place.
Excess death planning	<p>A Mass Fatalities Plan was drafted with partners and workshopped at a multi-agency event in November 2019. Further work is required to finalise these arrangements.</p> <p>Excess deaths arrangements were reviewed as part of the Covid response.</p>



Appendix 2: CIVIL CONTINGENCIES

WORKPLAN 2020/21

AIM:

To maintain compliance with the Civil Contingencies Act (2004)

The Civil Contingencies Act (2004) sets out 6 legislated duties Category 1 Responders (identified within the Act).

The role of the Resilience Unit is to maintain compliance with these duties.

RAG DEFINITION	
	Not commenced.
	Not completed by target date.
	To be completed by target date.
	Completed.

Lead	Actions	Timescale for completion of Action	RAG	Exception Report
Governance				
EB	Identify gaps and shortfalls against the Emergency Preparedness, Resilience & Response (EPRR) core standards and update our Civil Contingencies Work Plan developed accordingly.	July 2021		
EB	Comply with the NHS Wales Emergency Preparedness Checklist.	March 2021		

EB	Prepare a Civil Contingencies end of year monitoring report.	March 2021		
EB	Develop a cycle of business for the Civil Contingencies Group.	July 2020		
EB	Carry out a Civil Contingencies Audit for SPPH.	September 2020		Paper being prepared for SPPH on 01/10/20.
EB/ ND	Internal Audit to carry out BC Audit.	December 2020		
EB	Facilitate Covid-19 debriefs for the Executive Team, Workstreams, HECC, Operational Control Centres and other identified areas.	August 2020		Debrief Report developed, however further debriefs have been rearranged (due to cancellation) for September.
<i>Duty to Assess the Risks within the local community:</i>				
MW	Review the risks and issues identified for a potential second wave of Covid 19.	September 2021		Incorporated into the Q3/Q4 plan.
SB	Review the risks and issues identified in relation to the UK's transition from the European Union.	October 2020		Further UK risk assessment due

				to be shared end of September.
Duty to maintain Plans				
EB/Area	Develop arrangements to support the evacuation of the field hospitals.	September 2020		Evacuation exercise held in East. Need clarification from area teams of clinical and staffing models which will inform evacuation arrangements.
ND	Develop a plan which supports the health board in the event of a national fuel disruption.	December 2020		Baseline work complete. This was deferred due to Covid and will be revisited as part of the EU transition planning.
ND	Review Business Continuity Policy	July 2020		Draft circulated in July for comment. Approval on Friday.
ND	Review Business Continuity Guidance Document	July 2020		

ND	Review current Business Impact Analysis and Business Continuity Plan template	July 2020		
ND	Transfer current Business Continuity Plans to new template.	March 2021		
ND	Develop Business Impact Analysis and Business Continuity Plans for departments/services identified within the Business Continuity Monitoring Report.	March 2021		The programme is established. Dates have been amended to reflect the response to Covid 19.
EB/PH	Continue to develop arrangements to support the management of a mass fatality incident within North Wales.	March 2021		Plan developed October 19 and exercise held in November. Further work required at a multi-agency level.
EB/TO/AM	Coordinate the development of the outstanding Health Board Pandemic arrangements including recommendations from the Covid 19 Debrief reports.	December 2020		Group to be established following approval of debrief report.
EB	Review the Health Board Major Emergency Plan.	October 2020		Deferred until October to

				consider the inclusion of Covid at a national and local level.
EB/MA/EC/GF/AL	Co-ordinate a full review of site specific Hospital Major Incident Plans.	August 2020		East and central reviewed HMIP. West to confirm review. Meeting to review effectiveness of command and control arrangements has not taken place due to diary commitments in the west.
SB	Develop plans to support the Health Board during the UK's transition from the European Union.	October 2020		
<i>Duty to have in place command and control arrangements.</i>				
EB	Review the Command & Control Framework to support BCU major incident planning arrangements based on the learning from Covid.	October 2020		

<i>Duty to cooperate with our civil contingencies partners:</i>				
EB	Co-operate with the Local Resilience Forum and its substructures.	March 2021		
<i>Duty to share information:</i>				
EB	Continue to share information between Category 1 and 2 responders as and when required.	March 2021		
<i>Training & Exercising</i>				
EB	Provide virtual training to all levels of on-call staff.	March 2021		
ND	Review and update training register for business continuity training.	July 2020		
EB	Identify training requirements within each of the acute hospitals and develop a training schedule.	March 2021		
EB	Ensure on-call staff are invited to attend multi agency JESIP (Joint Emergency Services Interoperability Programme) Training.	March 2021		Awaiting virtual training dates.
EB	Facilitate and develop desktop exercises for the acute hospitals.	March 2021		Desktop exercise

				prepared. Exercise was scheduled for East in July but postponed due to Wrexham outbreak. Dates to be rescheduled.
EB	Facilitate bi-annual communication exercises	September 2020 March 2021		
EB	Work with the Local Resilience Forum Learning & Development Group to formalise a schedule of exercising that meets the Health Board's training objectives.	March 2021		
ALL	Participate in multi-agency LRF exercises.	March 2021		
ND	Develop an electronic training record on ESR for all staff with a dedicated EPRR role.	September 2020		

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health (SPPH) Committee 1.10.20					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Covid Interim Debrief Report					
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson, Executive Director of Planning & Performance					
Awdur yr Adroddiad Report Author:	Emma Binns, Head of Emergency Preparedness & Resilience John Darlington, Assistant Director of Planning					
Craffu blaenorol: Prior Scrutiny:	BCU Civil Contingencies Group					
Atodiadau Appendices:	N/A					
Argymhelliad / Recommendation:						
It is recommended that the Committee: <ul style="list-style-type: none"> • Receive the report and consider the draft findings. • Approve the actions identified within the report to ensure improved management arrangements going forward. 						
Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *	√	Ar gyfer Trafodaeth For Discussion*	√	Ar gyfer sicrwydd For Assurance*	√	Er gwybodaeth For Information*
Sefyllfa / Situation:						
Following any significant emergency incident, a key principle in drawing the response to a successful conclusion is the facilitation of a structured debrief.						
It is the Health Board's duty to carry out debriefs following the response to any incident as stated within the Cabinet Office EPRR Guidance and within the NHS EPRR Guidance.						
Cefndir / Background:						
In preparation for a possible second wave, a debriefing programme was implemented across the COVID Command and Control structures. A number of debriefs have already taken place with some still to complete due to postponement.						
The recommendations within this report, reflect the learning gathered from those debriefs and will assist in further developing our plans and ensuring that we have robust processes in place.						
Until a complete review of the Covid structures has been undertaken and the identified actions below are completed, existing arrangements should continue to be implemented in response to any second wave.						

The objectives of the debrief were :

- To allow Betsi Cadwaladr University Health Board to reflect on the identification of lessons learned and shared good practice from the incident;
- To identify organisational experience relative to individual roles and responsibilities relating to the incident;
- To identify key areas for development for the future.
- To assist in the development or formation of guidelines or protocols for future incidents.
- To capture lessons learnt to feed into future response planning.

Asesiad / Assessment & Analysis

Areas of Identified Good Practice

Debriefs have been facilitated across a number of work streams, operational control centres and the health emergency control centre. The following areas were highlighted as positive during the unprecedented and protracted initial response:

- Virtual meetings held via multiple platforms worked extremely well and negated the need for travel, locally, regionally and nationally.
- The overwhelming response from staff and volunteers in terms of commitment adaptation and flexibility has been exemplary. This unprecedented and challenging period has highlighted the strengths of those involved.
- The speed in which new systems and processes were developed and implemented ensured innovative change.
- An effective media recruitment campaign was rolled out across multiple platforms and was effective in attracting nearly 1000 extra staff to the organization.
- The quick establishment of HECC made the coordination of response to COVID19 manageable and structured.
- The adoption of regular meetings across BCU were appropriate and responsive and allowed for effective problem solving and dynamic response arrangements to be implemented.
- The Work stream structure worked well, with ownership of actions cascading throughout the organisation.
- Public Health were involved, visible, responsive and effective right across work streams and the Health Board. Their early engagement in the response phase provided benefits to the organisation at every level.
- The collaboration between partner agencies within North Wales was reflected during this process and recognised as best practice.
- Information Governance relaxation at a national level to continue to allow increase data sharing between organisations.
- Overall, the whole clinical pathway response and clinical engagement in producing innovative care pathways was extraordinary and made the BCU response to COVID possible. Setting up the clinical pathway work stream has demonstrated, as a health board that we were forward thinking.
- During COVID, the Communications team began sending a daily briefing, including over the weekends, to partners and key stakeholders. This was well received and has continued.
- The support from the PMO team has been highlighted as invaluable within this process. The support has contributed to the success of the work streams allowing key players and decision

makers to facilitate change while the PMO team worked on the planning and governance elements.

Areas for Improvement

The following section reflects on areas for improvement based on experience of the initial covid-19 response:

- The command and control structures was a consistent theme raised within discussions. It became apparently quite early on in the response that the existing major incident structures would not work for a long protracted response. Many of the roles allocated to operational managers within major incident plans could not be carried out by those individuals due to conflicting pressures, there was a need for those experienced senior managers, particularly at a silver level to be focusing on their own specific areas of responsibility.
- It was felt that there was some confusion in relation to decision making at a senior level and there was a lack of understanding in some of the work streams in relation to the HECC Commander and the Gold Commander decision making role. The work streams were identified as tactical groups and therefore at the same level as HECC, however, the decision making process become unclear particularly in whether HECC Commanders should be making decisions for the work streams or whether the final decision should have been made by the Gold Commander.
- There was a lack of understanding around the roles and responsibilities of the work streams within the wider organisation and if implemented again, it would be beneficial if structures, roles and responsibilities are communicated to a wider audience.
- During this process, a lack of clarity around decision making was recognised as an issue. A command and control framework was drafted which included a decision making protocol written by the information governance work stream. However, this document was not circulated.
- Each debrief raised the issue of duplication of requests for action / response from a number of workstreams and control centres. Similar requests or the same request was on occasions raised numerous times from different sources causing delays and an increase in workload. Another issue raised was the closing down of actions and requests. Work streams would feel confident a request had been actioned and closed but it would continue to circulate – there appeared to be no formal closure of requests/actions and as everything was done via email this contributed to the confusion.
- Related to the above point (and raised at the majority of the debriefs) were the numbers copied into email trails, this resulted in significant difficulties in understanding who had responsibility.
- The recording of actions and decisions proved to be an extremely complex task. This is one area of work that needs to be reviewed. The unprecedented nature of the enormous task at hand and in particular the continuous stream of emails and phone calls into the control centres and work streams necessitated the rapid establishment of an electronic process to record actions and decisions. The existing major incident process of logging was not suitable and as a result a number of excel spreadsheets were established for HECC and other control centres to record emails, phone calls, meetings and actions.

- During the initial response, guidance from various sources both internally and externally was received daily. This resulted in updates to pathways and plans on a continuous basis. During the debrief process, it has become apparent that there is no central repository for guidance which resulted in an email trawl to understand where it originated from.
- Some of the work streams and control centres relied heavily on a small number of individuals to function which resulted in protracted hours without rest periods and no resilience in the event of illness.
- Reference was made to the decommissioning process required for the field hospitals. This was highlighted as an extremely complex and far reaching process that will require the support of partner agencies. The responsibility of the field hospitals was transferred to the Health Board, this process will need to be reviewed when decommissioning takes place.
- Whatsapp is continually recommended following responses to incidents as an effective way of teams communicating.
- Work streams highlighted the need to plan in very uncertain circumstances and the need to acknowledge this and stakeholder expectations. There needs to be some acknowledgement within the organisation of the rapid and consistent changes that were experienced during the COVID response at all levels, and an understanding that expectation may not always meet reality, namely in terms of developing clinical, financial and staffing models.
- Initially, there was a delay with liaising with partner agencies around field hospitals, who felt that they should have been involved within discussions sooner. Problems were also encountered sharing information between agencies due to IT.
- Prior to the initial response to Covid, the care home sector was not included within the health board planning arrangements. A dedicated team has now been established within BCU which is already beginning to improve the interface between BCU and care home network. However, there needs to be an improved and more timely communication interface between BCU and Welsh Government directly into the care home work stream, removing the need for all correspondence to be directed through the Chief Executives office.
- The number of requests made to certain teams within the health board became very difficult to manage. Informatics were receiving requests from all areas of the organisation on a daily basis and were unable to fulfil each and every request within the suggested timeframe.
- There is a strong appetite among staff to participate in major incident exercises and training. One of the difficulties within the organisation is a lack of resourcing within the resilience team and within area and acute teams. Exercises and training is scheduled and is then postponed due to conflicting commitments that take priority.

The following section sets out the urgent and proposed action/ lead director and timescales in response to the findings identified above.

	ACTION	LEAD DIRECTOR	TARGET DATE
1.	Review and refresh the Major Emergency Plan	Director of Planning and Performance	31/10/20
2.	Develop an influenza pandemic plan for primary care and community services aligned to the current secondary care influenza pandemic plan	Director of Primary and Community Services / Director of Planning and Performance	31/10/20
3.	<p>Perform a full review of the existing COVID Command & Control structures as follows:</p> <ul style="list-style-type: none"> • Executive team to raise the profile of the work within the organisation and identify leads to support. • Operational Control Centre plan to be developed inclusive of clear responsibilities and training requirements for each designated role. • SOP to be developed to support Operational Control Centre Plan. • HECC structure and mobilisation arrangements staffing skillset, roles, responsibilities and rotas. • A HECC Coordination Group to coordinate actions at a tactical level between the HECC and the Work Streams to be included within the structure. • A streamlined process for the request of information or actions to be developed for all control centres and work streams. 	COVID-19 Lead Director / Director of Planning and Performance	15/11/20
4.	<p>Divisional and corporate teams to identify a widened pool of staff that can attend relevant training sessions to fulfil roles during an emergency response.</p> <p>Training package to be delivered by Resilience Team.</p>	Executive Team	<p>09/10/20</p> <p>30/10/20</p>
5.	Incorporate revised structures into the Command & Control Framework and ensure this is appropriately disseminated within the organisation.	Director of Planning and Performance	15/11/20

6.	The decision making protocol developed as part of the Command and Control Framework to be reviewed ensuring clarity at each level of the response.	Acting Board Secretary / Assistant Director Of Information Governance & Risk	15/11/20
7.	Identify who at a strategic, tactical and operational level will fulfil roles during a second wave. To include consideration of the role of an archivist.	Executive Team	31/10/20
8.	Staff welfare to be considered for anyone carrying out a role within the command and control structures. Wherever possible staff to be released from business as usual duties to focus on this role.	Chief Operating Officer / Director of Primary and Community Services	30/11/20
9.	Perform a systematic review of how actions and decisions are recorded. Electronic platforms to be explored with support from the Informatics team. (North Wales Police have a system called Hydra which time stamps and dates all decisions).	Director of Primary and Community Services	31/10/20
10.	An electronic repository to be established for all guidance (similar to that of PHW) that is easily accessible and can be archived in accordance with legislation.	Director of Primary and Community Services/ Assistant Director Of Information Governance & Risk	31/10/20
11.	Primary and secondary care surge plans to be reviewed to fully inform temporary field hospitals surge capacity requirements / de-commissioning. Due to the complexity of the task at hand, a multi-agency group to be established to determine the process for the decommissioning of field hospitals.	Chief Operating Officer Director of Planning and Performance	15/10/20 TBC

12.	Select an electronic platform that facilitates access and sharing of documents throughout the incident, with multi-disciplinary teams and partner agencies. Resilience Direct / Share point to be explored as potential solutions.	Director of Primary and Community Services/ Chief Information Officer	30/10/20
13.	<p>Maintain the progress made with the care home sector through the BCU care home cell.</p> <p>Explore the creation of an NHS email address for care homes. If feasible this will support the sharing of secure information and improve the support provided.</p>	Director of Primary and Community Services/ Chief Information Officer	30/10/20



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 1.10.20				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	Childrens Right's Approach				
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Chris Stockport Executive Director Primary Care & Community Services				
Awdur yr Adroddiad Report Author:	Liz Fletcher Assistant Area Director Children's Services (West)				
Craffu blaenorol: Prior Scrutiny:	Assistant Director Primary and Community Services				
Atodiadau Appendices:	Nil				
Argymhelliad / Recommendation:					
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • approve the paper; • support the continuation of a training awareness programme for staff, leading to the development of an action plan to ensure that children's rights are prioritised in all that we do; • endorse the recommendation to identify an Executive Lead for Children's Rights. 					
Please tick as appropriate					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion	✓	Ar gyfer sicrwydd For Assurance	
Sefyllfa / Situation:					
The paper provides an overview of the progress made to date to embed a Children's Rights Approach within the Health Board, outlining the next steps required.					
Cefndir / Background:					
<p>In February 2020 the office for the Children's Commissioner for Wales delivered an introductory session to the BCUHB Executive Board based around the Principles of and becoming familiar with Children's Rights under the United Nations Convention on the Rights of the Child (UNCRC). This was the start of an initiative to embed the principles of Children's Rights within BCUHB.</p> <p>The Right Way: a Children's Rights Approach is a core document published by the Children's Commissioner in 2017. It is intended to ensure the rights of every child in Wales are met.</p> <p>In the July 2019, at the commissioner's annual child health seminar, BCUHB children's services pledged:</p>					

- To take lessons from the seminar from other health boards regarding their progress with embedding Children's Rights into their core activity;
- To develop a plan for embedding a Children's Rights Approach within BCUHB;
- To organise staff training sessions supported by the office for the Children's Commissioner for Wales (CCfW).

The training for the Health Board members in February 2020 was planned to be the initial session and was to be followed by awareness training for other senior stakeholders from within all BCUHB services. This awareness training will enable an action plan to be developed to ensure a Children's Rights Approach is ultimately embedded in every BCUHB department and service.

Due to the Covid-19 pandemic, the roll out of training plans has been delayed and needs to be revised as services are reset. It is currently difficult to determine a suitable timescale, particularly with a potential second covid wave predicted during the winter pressures period. Achieving further awareness training might be possible in the current year, particularly if this can be provided virtually. It will also be possible to re-establish the working group, so they are ready to progress the work on the action plan if Covid and winter pressure allow.

In Health Boards where children's rights are further prioritised they are working towards the development of a **Charter for Children** and a **Children's Panel or Forum** to advise on children's issues in health care and when working with partners. These will be our aims as we develop an action plan for the Health Board to embed Children's Rights in all that we do.

In order to achieve these plans it is essential that there is leadership and support from the Health Board and that an Executive Lead is identified to champion this important initiative.

Summary Plan

Action	Who by	Timeframe (Subject to covid pressures)
Awareness training for BCUHB Executive board members	Provided by the office of the Children's Commissioner for Wales	Completed February 2020
To identify and confirm an Executive Lead for Children's Rights within BCUHB	In discussion with Children's Executive Lead and/or the Strategy, Partnerships and Population Health Committee meeting on 1 st October 2020	October 2020
Awareness training for senior BCUHB Stakeholders	To be provided by office of the Children's Commissioner for Wales in conjunction with BCUHB	By March 2021
Recommence the Children's Right's Working group	Asst Area Director Children's Services (West) to lead initially	By March 2021
Develop an Action Plan to embed a Children's rights approach within all departments within BCUHB	Working Group	During 2021/22

Asesiad / Assessment & Analysis

Strategy Implications

A Children's Rights Approach fits with the long term strategy for Children's Services and for the Health Board as a whole, to ensure we meet our core values of Putting People First, Working Together and Communicating Openly and Honestly, while Valuing, Respecting and Learning from children and their families. It enables us to fulfil our obligations under the UNCRC and to make human rights a reality for all children in North Wales.

The principles of a Children's Rights Approach are:

- **Embedding children's rights** – putting children's rights at the core of planning and service delivery.
- **Equality and non-discrimination** – ensuring that every child has an equal opportunity to be the best they can be.
- **Empowering children** – enhancing children's capabilities as individuals so they are better able to take advantage of rights, and engage with and hold accountable the institutions and individuals that affect their lives.
- **Participation** – listening to children and taking their views meaningfully into account.
- **Accountability** – authorities should be accountable to children for decisions and actions that affect their lives.

A Children's Rights Approach means that:

- Organisations will prioritise children's rights in their work with children and families to improve children's lives;
- All children are given the opportunities to make the most of their talents and potential;
- All children are given access to information and resources to enable them to take full advantage of their rights;
- Children are provided with meaningful opportunities to influence decisions about their lives;
- Authorities and individuals are accountable to children for decisions, and for outcomes that affect children's lives.

Investing in children's rights has real benefits for organisations:

- It will help public bodies to meet their statutory duties;
- It contributes to enabling more children and young people to be better involved in public services; leading to better decision making;
- It ensures there's a real focus on the particular needs of children whose voices can be lost or silenced;
- It helps to create an environment where public services are accountable to all of its service users.

Policy and legislation about children in Wales is underpinned by the UNCRC. *The Rights of Children and Young Persons (Wales) measure 2011*; *Social Services and Well-being (Wales) Act 2014* and the *Well-being of Future Generations (Wales) Act 2015* all established duties on public bodies that contribute towards the realisation of children's rights.

Financial Implications

Any awareness training programme has cost implications for staff time, but the initial training resources will be worked with the commissioner's office and will be minimal, especially with people's new found interest in virtual training opportunities. As an action plan to embed a Rights Approach in the Health Board is developed, a costed plan will be included.

Risk Analysis

The risks of not embedding a Children's Rights Approach within the organisation relate to our reputation and our ability to meet our statutory obligations. They also relate to children's well being and the right of every child and young person to have an equal chance to be the best they can be. The risks will be mitigated as we develop and implement an action plan to embed the approach.

Impact Assessment

Prioritising children's rights should have a positive impact for children and young people. Any service changes as a result of our initiative will need to be assessed to ensure that children's protected characteristics are acknowledged and other service users not disadvantaged.

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Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 1.10.20					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Strategic Programme for Primary Care					
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Chris Stockport Executive Director Primary Care & Community Services					
Awdur yr Adroddiad Report Author:	Clare Darlington Asst Director Primary Care & Community Services					
Craffu blaenorol: Prior Scrutiny:	The responsible director and assistant directors of primary care lead and support the work associated with the Strategic Programme.					
Atodiadau Appendices:	Refreshed workstream priorities 2020/21					
Argymhelliad / Recommendation:						
It is recommended that the Committee:						
<ul style="list-style-type: none"> • Notes the work to date of the all Wales Strategic Programme for Primary Care, and the outputs delivered; • Notes the alignment required with the Health Board's strategic and operational plans; • Advises on the future reporting requirements in relation to the Programme. 						
Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion	√	Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information
Sefyllfa / Situation:						
<p>The national Strategic Programme for Primary Care was established in November 2018. The Programme coordinates the workstreams required to lead the delivery of the Primary Care Model for Wales.</p> <p>The following paper provides a high level summary of the work of the Strategic Programme to date, how the Health Board contributes to the associated workstreams, and the Programme priorities going forward.</p>						
Cefndir / Background:						
<p>In January 2018, the '<i>Parliamentary Review of Health and Social Care in Wales</i>' was published. In June 2018, Welsh Government provided a response: '<i>A Healthier Wales: our Plan for Health and Social Care</i>' which called for bold new models of seamless health and social care at the local and regional level.</p> <p>To support the vision set out within '<i>A Healthier Wales</i>', a transformational Primary Care Model for Wales was developed. As part of implementing this Model, a set of key priorities emerged:</p> <ol style="list-style-type: none"> 1. Establishment of specific, All Wales primary care work streams 2. Addressing seamless working in Health Boards and with partners 						

3. Reform of the primary care contract.

To address the first priority (the need for specific, primary care work streams), an all Wales Health Board led national programme of work was established in November 2018: the Strategic Programme for Primary Care.

Primary care encompasses those services which provide the first point of care, day or night, for more than 90% of people's contact with the NHS in Wales. General practice is a core element of primary care, but it is not the only element – primary care includes many more health services, such as, pharmacy, dentistry, and optometry. Importantly it is about coordinating access for people to the wide range of services in the local community to help meet their health and wellbeing needs. These community services are delivered by a very wide range of staff, such as community and district nurses, midwives, health visitors, mental health teams, health promotion teams, physiotherapists, occupational therapists, podiatrists, phlebotomists, paramedics, social services, other local authority staff and all those people working and volunteering in voluntary organisations which support people in our communities.

Key to the success of the Programme is support, engagement and collaborative working across all independent contractors, clusters, Health Boards, social and wellbeing providers, and other stakeholders; sharing local initiatives, products and solutions that could add value to the delivery of primary care services on a 'once for Wales basis'.

The Programme aims to bring together and develop all previous primary care strategies and reviews at an accelerated pace and scale, whilst addressing the priorities highlighted within *A Healthier Wales*.

At the heart of the Programme is:

- shifting the focus to a 'social model of care'
- ensuring timely access to primary care services across Wales
- working closely with partners to strengthen services and achieve seamless working across the whole system
- working on a 'once for Wales' basis. For example, this could be either: championing and 'scaling up' of local initiatives across Wales or identifying solutions and enabling functions at a national level.

It features six key workstreams, all designed to develop and deliver an increased pace and scale of previous work, and address new, emerging priorities. The workstreams are:



It is not a 'top down' programme or approach, and does not stifle any work at a local level, by clusters, Health Boards or Regional Partnership Boards. Furthermore, the programme does not operate a performance management function. This remains the responsibility of Welsh Government, and existing local lines of governance and accountability.

There are a wide range of organisations and stakeholders who contribute to the Programme and provide input and outputs, including: Health Boards, Welsh Government, NHS Wales Shared Services Partnership, Health Education and Improvement Wales, Public Health Wales, Social Care Wales, 111 Programme, Welsh Ambulance Service NHS Trust, NHS Wales Informatics Service, and NHS Delivery Unit.

Leading and coordinating the national Programme of work are: the National Director and Strategic Lead for Primary and Community Care, the Directors of Primary and Community Care of the Health Boards, Welsh Government and a Programme Management Office (PMO), who come together to form the Strategic Programme Board. This Board oversees programme delivery, and which in turn reports into the National Primary Care Board.

Each workstream is led by one of the Health Board Primary Care directors, supported by WG lead contacts and Health Board primary care leads. All six work streams identified, scoped and committed to deliver an initial set of deliverables.

In relation to BCUHB contribution, the Executive Director Primary Care & Community Services chairs the Communications & Engagement workstream, and to date Assistant Directors Primary Care have provided particular support to a number of the workstreams, namely; 24/7 Model, Transformation & Vision for Clusters, Workforce & Organisational Development. In addition Assistant Directors are also members of the GMS and Pharmacy contract reform groups.

The Strategic Programme outputs and products include:

- National Workforce reporting tool for GP Practices to capture and maintain demographics of their multi-disciplinary workforce. This, in turn, will provide a single source from which to analyse and report primary care workforce at practice, cluster, health board and all Wales levels;
- Technical group established to develop an 'in-house' demand and capacity tool, resulting in a business case being submitted to Welsh Government;
- The first Cluster IMTP template and supporting guidance. This resource responds to the identified challenges of clusters. It is designed to raise the profile and reinforce how integral cluster planning is, within Health Board planning;
- Review of prevention & wellbeing work across Wales (via Cluster IMTPs);
- Continuous improvement of the Primary Care Needs Assessment tool – a national template for prioritised topics and functionality to deliver a more consistent approach to assessing and responding to identified needs;
- Development of the winter planning framework (a co-ordinated consensus view from across all Directors of Primary Care on the key themes to improve winter planning), and testing winter initiatives;
- The publication of the Cluster Year Book, providing a wealth of information and recognising the work of the cluster teams on the ground.

For more detailed information, a library of all programme resources & products, and regular programme updates, please visit the Strategic Programme web pages (hosted at www.primarycareone.wales.nhs.uk/strategicprogramme)

Asesiad / Assessment & Analysis

At the start of the Covid-19 pandemic, the Strategic Programme switched to an emergency response and has provided immediate and continuous support throughout the period, whilst capturing the learning and intelligence to inform a refreshed programme of work. Workstream meetings were suspended, deliverables prioritised, and emerging needs identified.

Some specific early outputs during this period have included:

- Toolkits to support the contractor professions – dental, optometry and community pharmacy;
- Covid data hub including primary care and community services information;
- All Wales summary of primary care plans (from a GMS perspective) to implement the primary and community COVID-19 pathway, particularly in relation to home, GP practice or cluster hub multi-professional team responses to their cluster populations;
- Escalation levels and reporting process in place for Community Pharmacies and GP Practices. An online platform to support consistent recording of pressure levels and escalation across Wales;
- All Wales Locum Hub which includes a range of features to support GP Practices, Health Boards and locums in temporary work requirements and includes a locum booking feature;
- Primary Care Operating Frameworks for quarters 1 and 2 2020/21.

Six revised priorities have also been agreed which will underpin the Primary Care Operating Framework for quarters 3 and 4; key actions are identified, with Strategic Programme resources to support delivery.

- *Delivery of Essential Services* – in line with the World Health Organisation five categories of essential healthcare. But also specifically noting, the priorities of delivering the flu & COVID vaccination programmes, and management of individuals with long term conditions.
- *Management of COVID patients* – including delivery of services in response to surges and outbreaks which may include the re-establishment of COVID hubs, urgent and emergency centres and field hospitals.
- *Care Homes* – primary and community care service provision support, noting the fragility of the care homes sector.
- *Rehabilitation* – recognising the increased demand for rehabilitation.
- *Step-up and step down bedded community services* – to address the issues identified in *Right Sizing Community Services* (Delivery Unit).
- *Urgent Primary Care* – definition and models of urgent primary care within the context of the winter protection plan.

All six work streams have been retained and the deliverables for each workstream have been refreshed and agreed by the National Primary Care Board. (see Appendix 1 for further detail).

For 2021/22 planning purposes, a cluster annual plan template has been developed. The timeframes for completion are being revised so that there is maximum opportunity for the cluster plans to inform the Health Board IMTP.

Information about the refreshed programme of work will be made available via the refreshed Strategic Programme webpages and promoted via the social media channel Twitter.

Progress reports will be available (via the website) on a quarterly basis (to coincide with National Primary Care Board reporting).

Strategy Implications

The Strategic Programme for Primary Care provides a robust direction to inform priorities for both strategic and operational plans across all primary care and community services within the Health Board; ultimately supporting the delivery of '*A Healthier Wales*'.

It provides a platform for the Health Board to engage and support all Wales strategy and related developments, whilst ensuring local delivery to best meet the needs of the people of North Wales.

Options considered

Not applicable to this paper

Financial Implications

The financial implications of the Strategic Programme for the Health Board are reviewed as part of the planning cycle of the organisation. In the main, the core allocation must be used to deliver local plans, with some initiatives supported by additional funding streams such as the Community Transformation Fund and Primary Care grant allocations.

Risk Analysis

The Health Board has an identified risk relating to the sustainability of primary care contractor services, in particular GP practices. There are also concerns regarding Community Pharmacies.

The work undertaken alongside the Strategic Programme will be a significant contribution in the sustainability of services.

In addition the priorities contribute to the over improvements required in the delivery of unscheduled care and planned care.

Legal and Compliance

The delivery of the National Operating Framework and associated delivery milestones will form part performance and accountability framework developed to review the delivery of the Health Board's operational plans.

Impact Assessment

Impact assessments are undertaken as necessary for individual priorities and associated actions, at a local and national level.

APPENDIX 1

Refreshed workstream priorities 2020/21

Work Stream 1: Prevention & Well-being

Key activities and products planned:

- Learning from COVID-19, a review of:
 - cardiovascular risk factors, including pre-diabetes, diabetes and obesity/healthy weight
 - improving respiratory health
 - rehabilitation
- Supporting the delivery of the national Help Me Quit programme, via coordination and roll out of a pro-active approach to increasing self-referrals, via a targeted text message campaign.

Work Stream 2: 24/7 model

Key activities and products planned:

- Framework for care homes.
- Framework for rehabilitation.
- Definition of 'step-up/down bedded community services'.
- Guidance on demand modelling.
- Urgent / same day primary care model.

Work Stream 3: Data, Digital and Technology

Key activities and products planned:

- Primary care data and digital priorities for 20/21
- Tool to measure 'essential services' recovery
- A minimum data set and plan for collection of patient activity from GP system providers.
- Statements of IT system requirements required to support Cluster level working.
- An enhanced Access Reporting Tool.
- Consistent measures to report WG milestones.
- 'Time spent at home' reporting measures.

Work Stream 4: Workforce and OD

No major changes to the pre-COVID work stream review of deliverables (Feb 2020).

Key activities and products planned:

- Demand capacity tool and supporting guidance.
- Production of templates, guidance and training packages to support workforce planning.
- Recommendations on the AHP employment model.
- Primary care AHP credentials and learning framework.
- General practice nurse career framework.
- Revised/new online compendium of job descriptions & competencies.

Work Stream 5: Communications and Engagement

Strategic messaging for providers, workforce and patients is on pause until after the operational, immediate COVID communications are completed.

Once restarted, previous focus' will apply:

- Promotion: Changes and range of services
- Awareness: Different functions offered by each provider
- Awareness: Importance of choosing the right service
- Awareness: Workforce and stakeholders.

Currently working with WG Communications team on messaging for Q3 & 4.

Work Stream 6: Transformation & Vision for Clusters

Key activities and products planned:

- Supporting cluster IMTPs/annual planning.
- A review of Enhanced Services.
- Review of the Effectiveness, Safety and Harm of remote triage in Primary Care.
- Governance Framework.
- Measuring the delivery of essential services.
- Progressing the register of cluster challenges.
- Introducing an outcome measure approach.
- Primary Care Model for Wales Operating Frameworks (Q3 & 4).

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 1.10.20
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Test, Trace and Protect (TTP) – SPPH update (Number 2)
Cyfarwyddwr Cyfrifol: Responsible Director:	Teresa Owen, Executive Director of Public Health / Deputy Chief Executive
Awdur yr Adroddiad Report Author:	Teresa Owen, Executive Director of Public Health Jane Paice, Senior PMO support
Craffu blaenorol: Prior Scrutiny:	No prior scrutiny.
Atodiadau Appendices:	1: TTP Oversight Group Terms of Reference 2: Role of the Regional Hub

Argymhelliad / Recommendation:

The Committee is asked to

- **note** the status of the multiagency response programme for the North Wales TTP programme.
- **note** the summary of achievements during the start-up of the tracing service through the Regional Planning Group.
- **approve** the TTP Strategic Oversight Group Terms of Reference.

Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	X	Er gwybodaeth For Information	
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Sefyllfa / Situation:

The Test, Trace and Protect (TTP) programme in North Wales went live on 1 June 2020. It is a multiagency activity with BCUHB as the lead agency driving the programme forward.

During the set up time for the programme, it was agreed that the programme would report formally through the SPPH committee of the Health Board given the clinical element of the programme. This was agreed with members of the North Wales Strategic Coordinating Group (NWSCG). The SCG stood down on Monday 27 July 2020, and a North Wales Recovery Coordinating Group (NWRCG) is now in place. Update reports will be provided to the NWRCG.

Progress reports have been provided to Board members since set up, and an overview paper went to Public Board on 23 July 2020. This SPPH paper builds on that Board paper, and key documents which underpin the programme are attached for information.

Cefndir / Background:

On Monday 23 March 2020 the Prime Minister announced that the UK was under lockdown to prevent the spread of COVID19. People were only to leave their home for essential travel, all non-essential shops were closed, and people were instructed not to socialize with those outside their households. These lockdown and social distancing measures have been successful at decreasing the transmission of COVID19 in the community. However, there are still significant numbers of new cases and COVID19 related deaths in the UK, and there is still widespread transmission of COVID in the community.

Public Health Wales submitted its “Public Health Protection Response Plan” (PHRP) to Welsh Government on 5 May 2020. This advised on a next phase of the Public Health COVID19 response in Wales which would enable Wales to enter a recovery phase and uplift of the current COVID19 related restrictions. This plan contained three key pillars - Contact Tracing and Case Management, Population Surveillance, Sampling and Testing.

Welsh Government (WG) subsequently released their “Test, Trace, Protect” strategy on 13 May 2020. This was based on the Public Health Wales (PHW) advice.

The North Wales response plan, referred to as the NW TTP Programme, is being managed on a regional footprint under the leadership of the Executive Director of Public Health. A multi-agency regional planning cell comprising members of the Health Board, Local Public Health Team and the Six Local Authorities was set up to operationalise the response plan within the Region.

In summary, the strategy is in the interests of protecting people’s health, and currently works by:

1. **Testing** people with coronavirus symptoms, asking them to isolate from wider family, friends and their community whilst waiting for a result.
2. **Tracing** people who have been in close contact with anyone who tests positive, requiring them to take precautions through self-isolation for 14 days.
3. **Protecting** the vulnerable or those at risk from the virus, providing advice, guidance and support, particularly if they develop symptoms or have been identified as a contact through the contact tracing process.

Asesiad / Assessment & Analysis

GOVERNANCE

The Test, Track, Protect (TTP) service had a short period to mobilise. Through the summer the programme of work has evolved and moved to a business as usual operation. The governance has progressed from a focus on start-up to one of oversight. Effective during September, a TTP Strategic Oversight Group has been formed to oversee the strategic and tactical delivery of TTP across north Wales. This Forum will be chaired by the Executive SRO, Teresa Owen, Executive Director of Public Health. The forum will report to the SPPH Committee with updates provided to the North Wales Recovery Coordination Group (RCG) and Welsh Government (WG). Sub-groups for antigen testing, antibody testing, tracing, protect and surveillance will report into this forum where decisions about the north Wales approach will be determined.

The proposed terms of reference for this Forum can be found in Appendix 1 for review by this Committee. The Committee is asked to approve the Terms of Reference.

TESTING

- **Antigen Testing**

Antigen testing is currently the primary form of testing in relation to Covid-19. The population is asked to report symptoms, test anyone in the community who is showing symptoms of COVID-19. Testing is rapidly deployed to help manage outbreaks and clusters. The aim is to have test results turned around and communicated within 24 hours to most effectively manage the spread of COVID-19. The Antigen Performance and Operations Group meets weekly and is chaired by Dr Glynne Roberts.

Capacity to test has increased across North Wales during the last three months:

Community Testing Units (CTUs): resourced and run by BCUHB. There are four CTUs serving North Wales, one each in Alltwn, Bangor, Glan Clywd and Wrexham. These units test keyworkers and patients prior to planned care. Swabs undertaken in the CTUs are processed in the North Wales lab. Until a month ago, the CTUs undertook all care home testing and this has since been transferred to the Lighthouse Labs (LHL) through UK.GOV. Due to significant challenges arising in the LHLs in the last two weeks related to capacity and turnaround times, increased capacity is being explored across the CTUs.

Care Home testing moved to the clinical portal (LHL) effective from August.

In the four weeks to 20 September, in excess of 6,000 tests were completed by the CTU teams.

Mass Testing Units: North Wales is served by two mass testing units run by UK.GOV – tests are processed through LHLs. One is based in Deeside and one is based in Llandudno. These units serve the testing of the general public. Efforts are being made to improve communications with these units to optimise the service across North Wales. This service is currently impacted by the LHLs capacity and therefore we understand that testing slots have been reduced.

Mobile Testing Units (MTUs): until August, these units were supplied by the military who supported BCUHB in a response to three outbreaks. In August, these units transferred to a private provider, Mitie. There are three MTUs for use across north Wales to support testing across the region, more remote communities and efforts when large volumes of testing is required. It is planned that swabs will be sent to LHLs although it is expected in the current circumstances that these will be diverted to the North Wales lab.

Local Testing Sites (LTSs): There will be two LTSs established in North Wales; one based on the university campus in Bangor and one based in Rhyl. These units are WG managed and tests processed through the LHLs. Each unit can swab approximately 250 tests per day.

Home Testing Kits: These kits are requested on line and collected by a courier. Availability is currently restricted at the moment due to the LHLs capacity issue.

BCUHB was advised by Welsh Government (WG) about the emerging issue with LHLs and turnaround times on 15 September. This has been caused by increased demands; increased movement, greater socialisation, returning holiday makers from foreign destinations and schools returning. Capacity is subsequently being capped. Current indications are that the cap will be in place for three to four weeks. The resulting risk is that citizens cannot reliably access a test when symptoms emerge. Action taken: BCUHB is working with WG to maximise the number of tests available for the residents of North Wales through allocation of LHL slots and maximising the testing available through local CTUs. Prioritisation is being put in place; keyworkers, patients undergoing planned care, care homes, followed by symptomatic members of the public. The CTUs do not have the capacity to absorb all the latter demand. A communications plan will include clear messaging on seeking a test on the development of symptoms only and adhering to the isolation period advised.

• Antibody Testing

The antibody testing work follows guidance from Welsh Government and Public Health Wales. Since starting on 15 June 2020, antibody testing has focused on the testing of health workers and a cohort of teaching staff. The target for teaching staff was a 10-15% cohort as a random sample across North Wales. Effective 23 September 2020, a cohort of 1,500 social care staff will be tested. This will again be a randomised sample of staff from across the region. Testing has been offered to all BCUHB staff.

As at 20 September, a total of 13,453 antibody tests have been completed, of which 1,464 tests have been positive – a positivity rate of 10.9%.

The Antibody Operations and Performance Group meets weekly and is chaired by Mr Adrian Thomas.

CONTACT TRACING (CT)

Contact tracing is an established mechanism for managing disease. The contact tracing service in response to Covid-19 went live 1 June 2020 on a scale not previously experienced. This is a multi-agency partnership approach with high-level responsibilities outlined in the table below.

<i>National Tier</i> <i>[PHW led]</i>	<i>Regional Tier</i> <i>[BCUHB led]</i>	<i>Local Tier</i> <i>[LA (x6) led]</i>
<ul style="list-style-type: none"> National Expertise Once for Wales Coordinated Support 	<ul style="list-style-type: none"> Preparing for and responding to small local clusters Leading the operational delivery including the local contact teams. 	<ul style="list-style-type: none"> Local contact tracing teams, with EHO support

The service is governed through the Tracing Operations and Performance Group which meets twice every month and reports to the TTP Strategic Oversight Group.

- The local tier was established through the utilisation of redeployed staff during the lockdown period. Through August there has been a period of recruitment to move to an employed and more stable model. Local authorities are now in the process of training these new recruits. There is a risk during this transition period of a dip in performance as the new staff gain knowledge and understanding. However the local authorities are adopting an interim blended model to ensure there is an overlap of the outgoing experienced team whilst the new staff are established.
- The local tier recruitment is being led and hosted by Flintshire County Council (FCC). This supports efficiency in the recruitment of the teams and ensures equity of roles across the region.

FCC are also coordinating the bank to support the delivery of the service. This arrangement is underpinned by an Inter Authority Agreement.

- The Regional Hub continues to be a busy space responding to citizens who do not engage, complex cases, identification and management of clusters. The team is resourced by a very competent team and recruitment is ongoing to provide resilience to this team. However, this continues to be a challenge and poses a risk if recruitment is not now quickly addressed ahead of an anticipated surge in activity. A case study of the hub is outlined later in this paper.
- Surveillance is an important function to support the management and response to Covid-19. This is being developed and is in the process of being strengthened.
- The CT system is based on a robust IT system (A national CRM system has been deployed). Some teething issues continue with this system, however BCUHB continue to feedback all issues through to NWIS and the TTP national system. The feedback has led to improvements in the system.
- From a finance perspective the WG have now approved a funding envelope of £11.2m to deliver the tracing service across North Wales. The reporting of the internal financial position needs to be strengthened.
- Our communications and engagement cell continues to be busy sharing national messages. We recognise opportunities to further strengthen this work to support the region.
- There is a Joint Controller arrangement as part of the Data Sharing Agreement. In early September, there was a data breach by Public Health Wales in relation to data held within their laboratory being inadvertently published on a public website. This was identified and removed within hours and an investigation instigated. This does impact North Wales residents and we are liaising with PHW to understand the full extent of the impact.
- In the last four weeks, confirmed cases for Covid-19 have started to increase again across Wales. The impact of greater movement, travellers returning from foreign holidays, socialising and schools returning. This in turn leads to a much higher ratio of contacts for each confirmed positive case and therefore the need for staffing levels to be maintained.
- There have been 528 confirmed index cases across North Wales in the last four weeks generating 2,449 contacts. Contacting each and every positive case, identifying their contacts, and in turn contacting those contacts is time critical to effectively contain the spread of the virus. North Wales has achieved an 89% success rate for index cases and 82% success rate for contacts and we continue to focus on improvements to these success rates.
- There is a strong partnership relationship at a local and regional level.

PROTECT

An initial mini workshop was held in August and very positively received by the large number of North Wales partners who joined. This work will build on the regional assets and overseen by Dr Glynne Roberts.

NEXT STEPS:

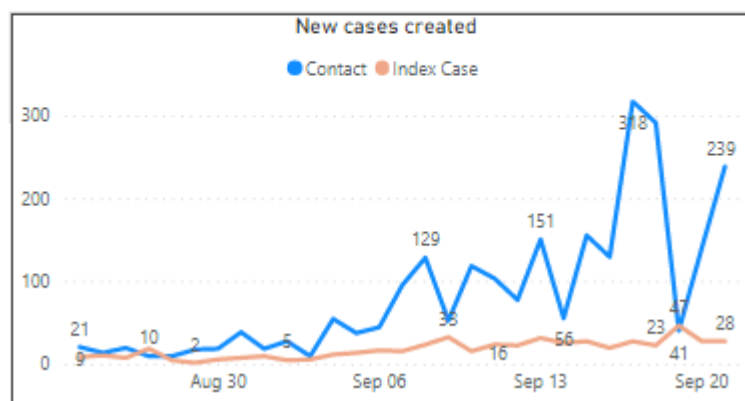
This is a fast moving programme of work. The following areas are the key development areas for the TTP team regionally.

(i) PERFORMANCE REPORTS.

We are working with the Health Board Planning and Performance team to develop a performance dashboard for all aspects of TTP. Currently we provide weekly updates on testing to Board members,

and to RCG and tracing updates to the Board (as per Board updates) and to RCG. The new dashboard will be informed by the new TTP standards, which we await. These are being developed by the Welsh Government TTP Team, under the leadership of the new Chief Operations Officer – Mr Jeremy Griffith. As outlined above, for the period 24 August to 21 September, there have been 528 cases across North Wales as illustrated in the table below. This has generated 2,449 contacts.

New Index cases identified	Index cases eligible for follow up	Eligible Index Cases followed up	% Eligible Index Cases followed up
528	427	379	89 %



(ii) OVERSIGHT MODEL

We have moved aim to an oversight model which reports into this committee and links effectively with the RCG and a number of national forums. This new approach will enable us to streamline the meetings being held, and focus on the future monitoring and surveillance. The frequency of meetings will flex to respond to emerging needs across the region.

(iii) STAFFING

This is an urgent priority. We need to strengthen the system by ensuring staff are recruited and trained within the local and regional tiers.

- *Local Tier* – We need to ensure that all staff are secured and fully trained with appropriate triggers in place
- *Regional Tier* – We continue to work with LA Environmental Health Officers (EHOs), and PHW to further refine the model as complex case demand continues to grow (as easement continues). Staff are being recruited and we require a more rapid response from our workforce colleagues. The Regional Tier is pivotal to keeping this model afloat.

(iv) IT (CRM system)

We need to be able to use the TTP process to support local arrangements for the surveillance of Covid19 to recognise potential risks in their communities. This relies on a robust CRM system that we can interrogate easily from a programme perspective. We continue to support the work on developing

the Local Covid19 Prevention and Response Plan for North Wales (Activity is being led by the Executive Director of Planning).

(v) *FINANCE*

From a financial perspective, whilst the financial envelope for Contact Tracing has been agreed for the region, no financial envelope has been agreed for the testing and protect aspects of TTP. We will continue our dialogue with WG on these elements.

(vi) *TESTING*

Access to timely antigen testing is crucial to understand the development of this virus and inform the tracing elements. We are working with WG to address the current issues faced with the UK.GOV LHL issues.

A CASE STUDY – A DAY IN THE REGIONAL HUB

The Regional Hub (RH) provides a pivotal functional in the TTP response. The RH is a link between the local and national tiers and its daily workload extremely varied. The role of the RH is extensive and therefore outlined in more detail in appendix 2. The RH is resourced with a blend of PHW consultants and principals and their medical counterparts. There is an operational team who support with the running of the hub and liaison across the region. It is not uncommon for 50% of all cases across the region to flow directly to the RH.

This summary is simply to provide a flavour of what the RH manages. It is reasonable to share that no two days are the same and it is not possible to predict what issues might be raised. The RH has developed a number of effective standard operating procedures to support their response and the operation of this seven day service which inevitable means the team changes.

One day during the last one month period:

Daily meetings include a RH meeting to agree the working for the day, a multi-disciplinary meeting (MDT) with partners; one to focus on the management of Care Homes and a second to address an emerging issues with schools. Any issues arising will be actioned during the day.

Special arrangements are made to contact patients in hospital who are confirmed positive. Close working with the Hospital Infection Control Team. The dedicated Inpatient tracing team support this work.

There is an outbreak. A member of the RH attends the outbreak meeting to advise/ bring information back to the RH for further action where appropriate.

Incidents and clusters are identified through the monitoring of identified cases and liaison with the local tier and through the MDTs. The RH advises and resulting actions are progressed. Exposure locations are recorded and monitored to support this process.

Test results flowing from England often have inadequate information and RH investigates these to enable the important tracing to be initiated.

Issues with the CRM are identified and coordinated from RH on behalf the region.

A small number of citizens cannot be contacted, following further attempts by the RH, letters are issued.

Complex cases are contacted and appropriate advice followed.

Eight further cases require RH first contact with additional referrals from the local tier.

Three flights have arrived and positive cases identified. Tracing is commenced.
Full handover notes are prepared for the team to pick up the following day.

Strategy Implications

As already noted, TTP is about containing the virus and breaking the cycle of transmission. This work supports the Health Board plan, and TTP actions are included in the quarterly plans.

Options considered

N/A

Financial Implications

As described in the paper.

Risk Analysis

The TTP work programme maintains an overarching risk register.

Legal and Compliance

A data protection agreement has been reached (across Wales) in principle. We await the signed documentation.

Impact Assessment

Supporting the most vulnerable in our society is a key element of the TTP process (PROTECT).

Terms of Reference

TTP STRATEGIC OVERSIGHT GROUP

BACKGROUND

At the request of the Chief Medical Officer, in early May Public Health Wales prepared the Public Health Protection Response Plan to provide advice to Welsh Government for the recovery phase.

The Welsh Government Test Trace and Protect (TTP) Strategy was first published on the 13 May and updated on the 4 June. The Test, Trace, Protect Strategy is to enhance health surveillance in the community, undertake effective and extensive contact tracing, and support people to self-isolate where required to do so. This will mean asking people to report symptoms, testing anyone in the community who is showing symptoms of COVID-19, and tracing those they have come into close contact with. Contacts will be advised to self-isolate in order to stop further spread among family, friends and the community. Contact tracing is a long established public health approach to containing the spread of many infections and has proven effective in controlling coronavirus in other countries. The Strategy acknowledged that the approach in Wales will bring together and build on the existing contact tracing expertise of our local health boards and our local authorities to delivery this strategy on the ground.

Since the announcement, the Health Board, Public Health and Local Authority partners across north Wales have worked collaboratively to establish an integrated and resilient response to establishing a multi-partner, multi-layer tracing service. This has been underpinned by a national guidance.

With the component parts of TTP now established; Antigen and Antibody Testing, tracing and Protect, the TTP Oversight Group will oversee and guide the delivery of the TTP service across north Wales at local and regional level in line with national guidance.

PURPOSE

The primary purpose of the TTP Oversight Group, hereafter referred to as “the Oversight Group”, is to provide:

- Strategic oversight of the delivery of testing, tracing and protecting the population of north Wales in accordance with the national guidelines
- The Oversight Group will understand the issues and risks to the delivery of the service and identify resolutions
- Ensure proposed national and regional changes are reviewed and appropriately reflected in the north Wales model
- Provide assurance on performance to the Oversight Group
- Ensure a seamless TTP delivery model to limit the spread of coronavirus in north Wales

- Develop surveillance to support the response across the region.

ACCOUNTABILITY, RESPONSIBILITY AND AUTHORITY

The Oversight Group will oversee the performance and delivery of the TTP service across north Wales to ensure that the population of north Wales is protected against the spread of the coronavirus.

To achieve this, the Oversight Group's work will be designed to ensure that,

- The established level of service is maintained, with clear, consistent strategic messaging in line with the national framework.
- Trends and forecasting are considered to ensure responsiveness of the end to end service and resourcing appropriately matches requirements to respond effectively.
- There is good inter-service working, collaboration and partnership working across the region.
- Risks are actively identified and robustly managed and mitigated.
- A proactive approach with surveillance to limit the spread of the virus.

The Oversight Group may establish workstreams or task and finish groups to carry out on its behalf specific aspects of business.

There are also a number of national forums; the attendees will report updates to this forum through their formal reports.

MEMBERSHIP

Chair	Executive Director of Public Health
Vice Chair	Strategic Lead Public Health
Members	Chair of Antigen Group Chair of Antibody Group Chair of Tracing Ops & Performance Group Chair of Protect One TTP Lead/ EHO representative from each Local Authority: <ul style="list-style-type: none"> • Wrexham • Flintshire • Denbighshire • Conwy

	<ul style="list-style-type: none"> • Gwynedd • Anglesey <p>Regional Hub Lead – tracing Consultant in Communicable Disease Control TTP Programme Lead, BCUHB Director of Performance Comms & Engagement Lead Finance Lead(s) Strategic Business Analysis</p>
Secretariat	BCUHB

By invitation The Oversight Group Chair may extend invitations to attend meetings, as required.

COMMITTEE MEETINGS

Quorum

To ensure the Oversight Group is quorate, the following must apply:

- The Chair or Vice Chair must be present.
- At least one BCUHB, one PH and three of the six Local Authorities must be present.
- A nominated representative from Antigen, Antibody, Tracing and Protect

Frequency of Meetings

Meetings shall be held once per month, and otherwise as the Chair of the Oversight Group deems necessary.

REPORTING AND ASSURANCE ARRANGEMENTS

The Oversight Group Chair shall:

- report formally, regularly and on a timely basis to the SPPH sub-committee of BCUHB, RCG and other national forums as required. This includes verbal updates on activity and written reports.
- bring to the SPPH sub-committee of BCUHB, RCG and other national forums specific attention any significant matters under consideration by the Oversight Group;
- ensure appropriate escalation arrangements are in place to alert

- any urgent/critical matters that may affect the operation and/or reputation of the TTP service to the appropriate forum.

Local Authorities will follow their own reporting arrangements.

REVIEW

These terms of reference and operating arrangements shall be reviewed after three months by the TTP Oversight Group and SPPH.

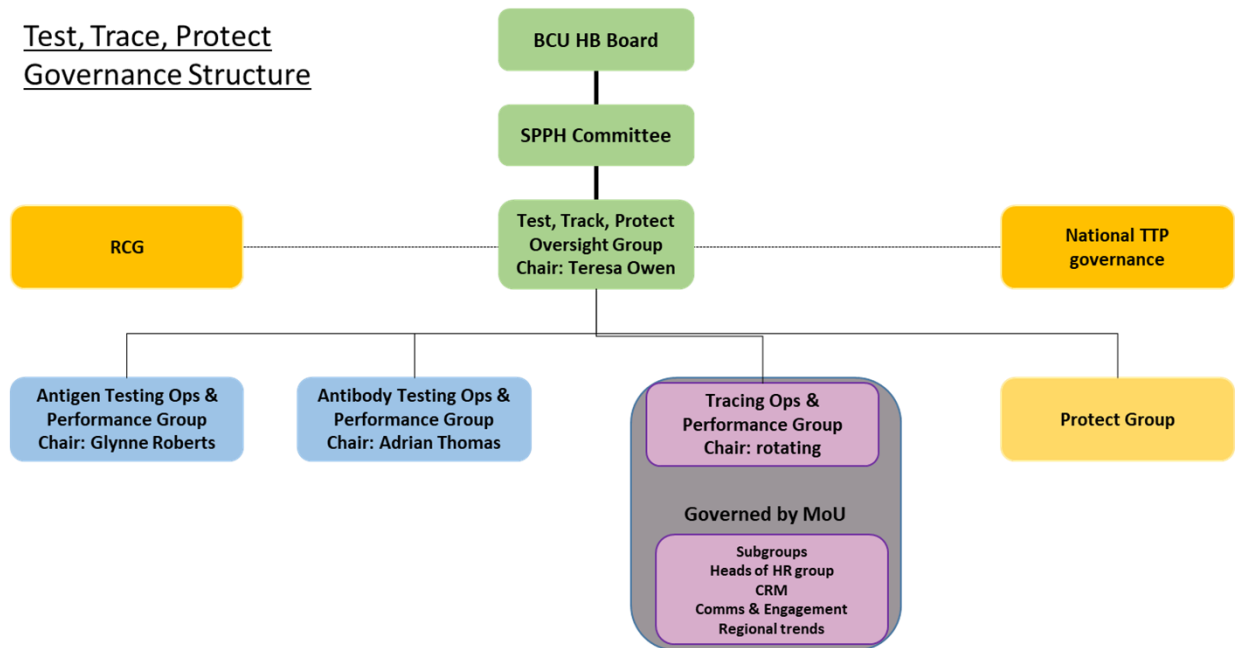
Date Terms of Reference Approved:.....

Signed:.....(Chair)

Date:.....

APPENDIX 1

Test, Trace, Protect
Governance Structure



Appendix 2 – the Role of the Regional Hub

1 Role of the TTP Regional Hub

The roles of the TTP Regional Hub are detailed in figure 2. This shows the interlinked dependencies on all components of the TTP model. The role of the Regional Hub within the TTP in receiving escalations, managing complex issues, providing expert Health protection advice to LA and BCHB colleagues and knowing when to seek specialist advice and support from partners.

The Regional Hub roles include:

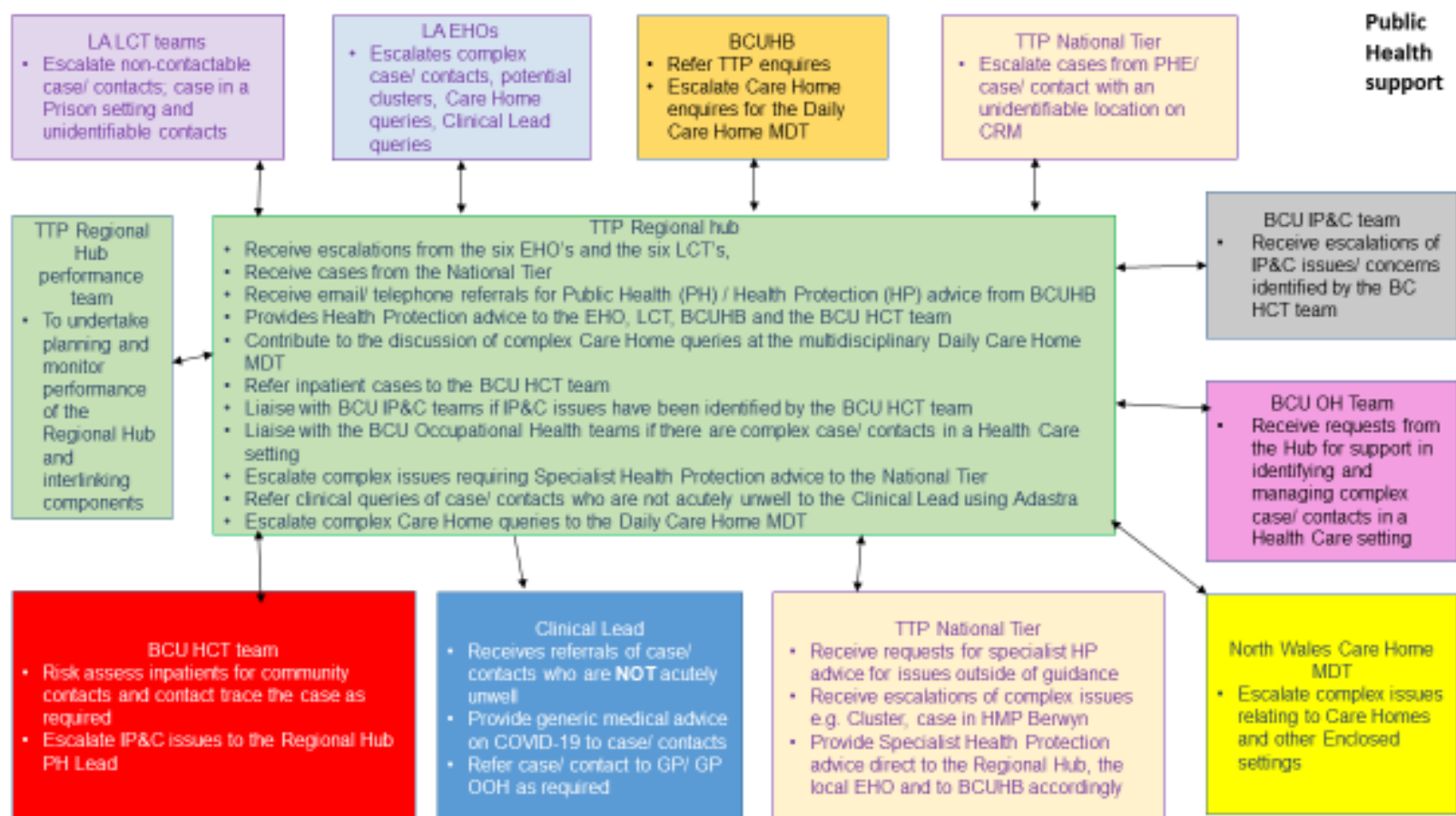
1. Receive and manage escalations to the Regional Hub from the 6 LCTs, 6 EHOs and the BCU HCT team

- Case/ contacts who are non-contactable
- Case/ contacts who are abusive or non-compliant with the advice provided
- Cases which have unidentifiable contacts e.g. a case has travelled on public transport
- Case/ contacts of men residing in HMP Berwyn
- Calls where the contact refuses to comply with the advice provided, they disagree with the assessment of them as a contact of the case or the contact refuses to participate in the call.
- Calls where the case become aggressive or abusive to the call handler
- Case/ contacts live outside of Wales (including England and other areas of the UK)
- Case/ contacts who are **not** acutely unwell and request generic medical advice from the Clinical Lead
- Complex PH/ HP or contact tracing queries that arise during a call with a case/ contact of COVID-19 that cannot be managed within the LCTs or by the LA EHO
- Complex scenarios involving a case/ contact within an Enclosed setting, Workplace or Educational setting
- Complex contact tracing of case/ contacts who work/ have visited a Healthcare setting (including Enclosed settings) and those scenarios when there are unidentifiable contacts in a Health and Social Care setting
- Potential Clusters/ Incidents of COVID-19 in North Wales in any setting or community, including hospitals
- Cases who are inpatients
- Complex contacting tracing issues/ queries of a case who is an inpatient
- BCU HCT team concerns over IP&C issues in a hospital setting

2. Refer inpatient cases to the BCU HCT team

- BCU HCT team risk assess the likelihood of the case having community contacts and contact trace community contacts in the period prior to their admission
- 3. Refer case/ contacts who are not acutely unwell and have requested generic medical advice to the Clinical Lead**
- At present this is to SICAT clinicians but the model is being reviewed
- 4. Provision of expert Health protection/ contact tracing advice**
- Provide advice to the LCT/ EHO/ BCU HCT teams on complex HP and contact tracing issues
 - Review and investigate complex cases and review current guidance to ensure the appropriate HP advice is provided by the Regional Hub
 - Review potential Cluster of cases and work with the EHO and relevant partners to implement IP&C actions as required
 - Provide briefings to partners on TTP e.g. Primary and Community Care, BCUHB, LAs, SCG partners and AMs/ MPs
- 5. Request specialist advice from partners**
- Request CCDC advice on complex issues which fall outside of the published guidance, including advice on the 28 day rule for Care Homes
 - Request advice and discuss with the BCUB IP&C team any IP&C concerns raised by the BCU HCT team or other HB colleagues
 - Request support from the BCUHB OH team on complex case/ contacts who work in the hospital settings e.g. support is required to identify contacts
- 6. Escalate complex issues to partners**
- Escalate complex Care Home issues to the daily Care Home MDT, where the query falls outside on National guidance and if a multidisciplinary approach is required to answer/ resolve the issue
 - Escalate complex TTP issues to the National Tier in line with the Regional to National Tier Escalation SOP
 - Escalate to BCUHB colleagues TTP issues relating to HB staff, including concerns over social distancing between staff
 - Escalate to the National HP team concerns over Clusters and potential outbreaks that require an Incident Management Team (IMT) or an Outbreak Control Team (OCT) to be convened

Figure 1: Role of the Regional Hub





Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 1.10.20					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Joint Update on Covid 19 Research and Innovation (R&I) 13/08/20 – 21/09/20					
Cyfarwyddwr Cyfrifol: Responsible Director:	Adrian Thomas, Executive Director of Therapies and Health Sciences					
Awdur yr Adroddiad Report Author:	Lynne Grundy, Associate Director R&I					
Craffu blaenorol: Prior Scrutiny:	None – Update requested by SPPH					
Atodiadau Appendices:	None					
Argymhelliad / Recommendation:						
<ul style="list-style-type: none"> To note the requested update 						
Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information X
Sefyllfa / Situation:						
<ul style="list-style-type: none"> SPPHC requested an update on the joint work undertaken between BCUHB and Bangor University between 13/08/20 – 21/09/20 						
Cefndir / Background:						
Update note for SPPH Committee						
Date of meeting: 13 th August 2020						
<p>Following presentation of items SP20/45 - University Health Board status review update and SP20/46 - Covid 19 Research and Innovation report at the SPPH meeting of the 13th August 2020 the Chair requested that a meeting was arranged between BCUHB and Bangor University colleagues to discuss the queries that arose.</p> <p>The meeting was held on 7th September, and attended by Adrian Thomas, Prof. Nicky Callow, Lynne Grundy, Chris Drew, Prof. John Parkinson, Prof. Robert Rogers and Prof. Fay Short.</p>						
Asesiad / Assessment & Analysis						
<p>Areas covered in the meeting on the 7th September included:</p> <p>Discussion regarding the UHB status review and the revised plan regarding reviewing the criteria and the review aligning with our IMTP. It was noted that as previously advised, the review process is not a re-assessment of University status, and it is not intended that organisations should 'renew' or potentially 'lose' their current designation. The review process will now be changed to an annual</p>						

cycle, better aligned to the IMTP process. This change will be implemented through a collaborative approach and as part of the 2020/21 triennial review process, workshops for all nominated leads will be held. It was agreed:

1. John Parkinson will attend the workshop with WG on 25th September.
2. That previous BCUHB planning documents would be circulated.

Discussion on the C19 research paper requested by SPPH. This original request was for an update on BCU C19 research. Nicky Callow made BCUHB us aware of the waste materials study BU are currently undertaking.

There was discussion on the role of the Research, Innovation & Improvement Co-ordination (RI&IC) Hubs in the coordination of Research, Innovation and Improvement across North Wales, and their role in pulling together Research and Innovation. It was agreed that:

1. John Parkinson to be invited to the Research and Innovation Partnership Group - in addition to current BU membership
2. The research and innovation enablers were to be circulated to the group.

A further meeting is to be arranged after the Welsh Government meeting of the 25th September (UHB status review workshop)



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 1.10.20				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	Engagement Update September 2020				
Cyfarwyddwr Cyfrifol: Responsible Director:	Mrs Sue Green, Executive Director of Workforce and Organisational Development				
Awdur yr Adroddiad Report Author:	Mr Rob Callow, Head of Public Engagement				
Craffu blaenorol: Prior Scrutiny:	Executive Director of Workforce and Organisational Development and Assistant Director ~ Communications				
Atodiadau Appendices:	None				
Argymhelliad / Recommendation:					
Committee is asked to note the progress detailed in this paper.					
Please tick as appropriate					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	Er gwybodaeth For Information ✓
Sefyllfa / Situation:					
To provide the Committee with an update on key public engagement activity since June 2020					
Cefndir / Background:					
<ol style="list-style-type: none"> 1. <u>Introduction</u> <ol style="list-style-type: none"> 1.1 This report provides an update on the Public Engagement Team's recent engagement programme called "Covid Conversations" and details some of the key areas of engagement being undertaken to support service improvements and strategy developments. 2. <u>Covid Conversations</u> <ol style="list-style-type: none"> 2.1 In order to understand more about people's experiences during lockdown, the Public Engagement Team has undertaken both a public survey and a series of informal conversations with partners. 2.2 The objectives of our "Covid Conversations" engagement programme are to capture high level feedback about some of the Health Board's service changes, access to health care 					

and the new ways of delivering services during the pandemic. The themes emerging from this work will provide us with insights and additional information as we gradually start to open up services. This feedback will also support reviews of key areas for improvement.

2.3 Public and stakeholder feedback

2.3 The public perception survey was undertaken online from 22nd June 2020 to 24th July 2020. It was promoted through the Health Board's social media platforms, namely Facebook and Twitter and was shared widely by third and community sector networks and groups. It was also shared in the Engagement Team's Covid Conversation newsletter which has a wide distribution. The survey was also available in British Sign Language (BSL) format. In total, 556 people completed the survey, with 59 completing the BSL version. Respondents were broadly representative of the six local authority areas with a slightly higher response rate coming from Conwy (101) and the fewest number of responses coming from Flintshire (74). Respondents were largely between aged 35 and 64.

2.4 During June, July and August, the Public Engagement Team also undertook a number of semi-structured partner conversations by telephone and online. Around 35 different stakeholders participated, including statutory, third sector, charities and the private sector. The team also took part in several virtual health and wellbeing networks and community events where they could capture feedback about the health impacts of COVID-19 on communities.

2.5 Both engagement exercises provided feedback on a range of issues including:

- Changes to health appointments
- Impacts on health of postponed or cancelled appointments
- Access to health services
- Mental Health and wellbeing
- Communications and access to information
- Pharmacy services
- Concerns and anxieties about COVID-19
- Hospital visiting

The key survey findings and the partner conversations insights are both available in separate papers. Outlined below are examples of some of the feedback and experiences about two topical issues during lockdown, health appointments and mental wellbeing.

2.6 Health appointments

2.7 During lockdown many health appointments started to be undertaken by telephone or video. Of those people who experienced a telephone or video consultation, 148 agreed or agreed strongly that this was a positive experience. A snapshot of the comments received reflected this positive experience and included:

“A very good system that should be continued after the pandemic, saves a lot of time for my family ... as parents that work full time with a four year old.”

“Quick and easy. None of the usual lengthy delays waiting in a doctor’s surgery.”

This was also reflected in our partner conversations with reported key benefits of telephone consultations including:

- Not needing to travel to appointments, especially as community transport services were limited
- Patients with mobility issues found it less stressful using telephone/video technology
- Good way to conduct routine follow up appointments
- Quick and easy process, which should be continued

- 2.8 In response to the public survey, 47 people stated that they disagreed or disagreed strongly that this was a positive experience. Some of the reasons expressed in the comments included:

“Not personal, unable to read the person’s body language or facial expression.”

“Very difficult trying to explain to a GP over the phone how I am feeling with multiple symptoms.”

- 2.9 Partners also highlighted some potential challenges with telephone or video consultations. As with the feedback from the public survey, a number of partners suggested telephone consultations could be an impersonal way of conducting a consultation for some patients. Other challenges raised included that IT may be difficult for some to use and problems accessing the internet, especially in the more rural areas. Some reported that digital exclusion for older people meant there was a reliance on family members to make any appointments on their behalf. They also pointed out that accessing and using technology can also be problematic for some individuals especially if they have hearing or eyesight difficulties.

- 2.10 Where appointments had been postponed or cancelled, 137 people stated that this had affected their condition. In terms of the impact of this, 106 agreed or agreed strongly that their symptoms had worsened. For those respondents who had a planned operation that was cancelled or postponed, 48 people agreed or agreed strongly that their symptoms had worsened. Although respondents mentioned a number of conditions and symptoms, it is notable that there were a lot of references to dental problems due to reduced dental services.

2.11 Emotional Support and Wellbeing

- 2.12 COVID-19 created a high level of anxiety and worry for many people. The survey asked about the emotional support that people may have needed or accessed during this initial phase. 140 stated that they needed support during this period.

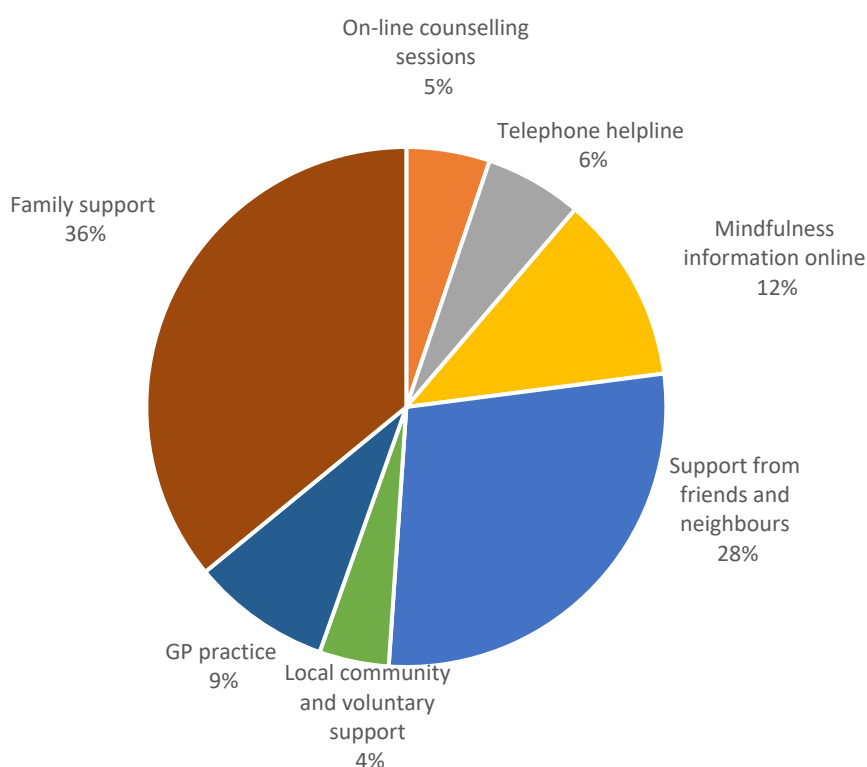
When asked what support people had used, family was the top response, followed by friends and neighbours. Emotional wellbeing was reported as being affected in a

number of ways and a snapshot of people's experiences is captured in some of the comments made below.

"Before lockdown, neighbours called in to make me a cup of tea, but after a week they couldn't as lockdown was announced so it was pretty hard."

"Anxiety at the start of lockdown combined with sadness at loss of friend (non Covid related). Living alone..."

This pie chart illustrates the main sources of support accessed.



2.13

Partners also highlighted how lockdown had caused a rise in social isolation for many people and this was raised as a significant concern by many. Some of the issues included:

- The long term effect on people's mental health due to lack of face to face contact
- Potential safeguarding concerns due to lockdown
- A reduction in referrals being taken by mental health services
- The impact of lockdown on young people's mental health.

- 2.14 These examples of the impact of COVID-19 on health appointments and wellbeing provide just a glimpse of the range of issues and feedback the Public Engagement Team received. The wider findings will be shared across the Health Board and will be part of a broader suite of quantitative and qualitative feedback that will help us learn from people's experiences.
- These findings are being shared with leads working on a number of programmes including:
- The impact and future use of telephone and video technology being undertaken by primary care and outpatient services and the Regional Integrated Services Board
 - The Pharmaceutical Needs Assessment (PNA) which will be engaging on the current and future pharmacy services across North Wales
 - Patient experience and improved capture of patient and carer feedback
 - Mental Health services and the delivery of the Together for Mental Health in North Wales
 - Dental services
 - Corporate and service communications
- 2.15 This feedback will also assist services in identifying and prioritising stakeholder issues or themes that may need further engagement. Several partners indicated their interest in working with us to support future engagement and help facilitate conversations between our services and patients. This will be an area the Public Engagement Team will develop as we go forward into the next phase.
3. Continuous and future engagement activity
- 3.1 An important programme currently being delivered across North Wales is the Test Trace and Protect programme (TTP). The Public Engagement Team has been supporting the TTP programme in ensuring information and key messages are shared with as wide an audience as possible. The team has strong links with many stakeholders from third sector and community groups and those representing protected characteristics groups such as Portuguese, Polish, Refugees, Gypsy Roma Traveller and LGBT. This has been important in supporting engagement, particularly during the recent COVID-19 outbreaks in Wrexham and Anglesey.
- 3.2 Engagement with partners also enables us to understand barriers people may face in fully participating in the TTP programme. We have been able to give advice on accessible information and resources to ensure that materials are offered in appropriate languages and alternative formats such as easy read. A lesson learnt is that we know that spikes or future outbreaks in community infections will be ongoing. The Public Engagement Team is now looking to identify areas where we can undertake targeted engagement to help prevent future rises in infection rates in communities.
- 3.3 The COVID-19 pandemic has highlighted the need to ensure that all communities can engage with us through appropriate or new channels. There is evidence and concern that COVID-19 is having a disproportionate adverse impact on Black, Asian and Minority Ethnic (BAME) people. The Public Engagement Team has made efforts to establish new partnerships to help extend our reach into communities and identify solutions.

- 3.4 An example of this is the partnership working with the Community Cohesion Forums. A joint awareness event was held in September focusing on barriers to engagement and sharing ideas.
- 3.5 The Health Board's Public Engagement and Equalities Teams have also formed a new collaboration with Ethnic Minorities and Youth Support Team Wales, EYST. A joint event is being planned for late October/November to explore how the Health Board and partners can improve communication and involvement with BAME communities.
- 3.6 Other key areas of engagement that we are or will be supporting include:
- Promoting and raising awareness of the 2020/21 flu campaign, and wider immunisation programme
 - Digital strategy
 - Co-ordinating the engagement plan for the End of life/Palliative Care Needs Assessment and Strategy
 - Nuclear medicine service reconfiguration which is planning a stakeholder options appraisal session in October
 - Supporting the engagement on North Denbighshire Hospital Project
 - Using virtual platforms to continue partnership engagement. We have held three Engagement Practitioners Forums via Skype and Zoom and supported a joint event with Denbighshire Voluntary Services Council in August.

Strategy Implications

Public and stakeholder engagement is a critical element of strategy development and implementation. This report outlines how through continuous engagement and involvement of the public and stakeholders the Health Board complies with these responsibilities.

Options considered

No options required

Financial Implications

There are no specific financial implications associated with this report

Risk Analysis

There are no service specific risks associated with this report

Legal and Compliance

There are no legal implications other than noting that all public services in Wales have a duty to engage and consult with citizens. This has been strengthened through a range of UK and Welsh Government policies and legislation such as the NHS (Wales) Act 2006

Impact Assessment

It is important that we seek and understand the views of representatives of those from protected characteristic groups and the seldom heard. This intention runs through all of our engagement plans and activities.

We have continued to engage with a wide range of groups and people to ensure we are listening and offer opportunities for them to influence services, strategies and policies.



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 1.10.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	WP8 Equality, Diversity and Human Rights Policy WP7 Procedure for Equality Impact Assessment						
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Green, Executive Director of Workforce and Organisational Development						
Awdur yr Adroddiad Report Author:	Steve Dooré, Equality and Inclusion Manager						
Craffu blaenorol: Prior Scrutiny:	Interim Equality Group Workforce Policies and Procedures Group						
Atodiadau Appendices:	App1 WP8 App2 WP7						
Argymhelliad / Recommendation:							
<p>The SPPH Committee is asked to:</p> <ul style="list-style-type: none"> Note WP8 and WP7 were approved by the Committee Chair following the Committee meeting held on 13.8.20 							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	<table border="1"> <tr> <td>Er gwybodaeth For Information</td> <td>x</td> </tr> </table>	Er gwybodaeth For Information	x
Er gwybodaeth For Information	x						
Sefyllfa / Situation:							
<p>The current Equality, Diversity and Human Rights policy and Procedure for Equality Impact Assessment were due for review. These documents were provided for consideration at the SPPH Committee on 13.8.20 however the revisions were not identified within the document. It was agreed that the amendments be provided for the Chair to consider for approval on behalf of the Committee.</p> <p>The amendments are provided in tracked changes for the Committee's information.</p>							
Cefndir / Background:							
<p>Betsi Cadwaladr University Health Board (BCUHB) is committed to advancing equality and protecting and promoting the rights of everybody to achieve better outcomes for all. The legislative framework requires us to promote equality in everything that we do. Incumbent within this are equality duties which must be undertaken. Strategies, policies, practices and procurement processes within BCUHB must adhere to this policy and ensure that services and employment practices are designed and delivered fairly and in accordance with equality and human rights legislation.</p>							

Equality Impact Assessment (EqIA) is not optional. It is a structured process set out in statute which enables the organisation to consider the effects of its decisions, policies or services on different communities, individuals or groups. It involves:

- anticipating or identifying the impact of our work on individuals or groups of service users/employees;
- making sure that any negative effects are eliminated or minimised; and
- maximising opportunities for promoting positive effects.

Asesiad / Assessment & Analysis

Strategy Implications

All strategy decisions made by the Health Board have to comply with this policy and require an Equality Impact Assessment.

Financial Implications

There are no financial implications attached to this policy and procedure

Risk Analysis

There is a risk of non-compliance with the Public Sector Equality Duty if the policy is not approved.

Legal and Compliance

This policy and procedure helps support the Health Board to meet its legislative duties under The Equality Act 2010.

Impact Assessment

An Equality Impact Assessment has been completed for these documents



Equality, Diversity and Human Rights Policy

Date to be reviewed:	June 2023 30	No of pages:	3
Author(s):	Mike Townson <u>Steve Dooré</u>	Author(s) title:	Senior Equalities Manager <u>Equality and Inclusion Manager</u>
Responsible dept / director:	Executive Director of Workforce & Organisational Development		
Approved by:	Equality and Human Rights Strategic Forum <u>Strategy, Partnerships and Public Health Committee</u>		
Date approved:	August 2020 <u>June 2017</u>		
Endorsement by:	Finance and Performance Committee <u>tbc</u>		
Date endorsed:	25th July 2017 <u>tbc</u>		
Date activated (live):	2nd August 2017 <u>tbc</u>		

Date EQIA completed:	1 st October 2010 (reviewed April 2012 and April 2017)
Documents to be read alongside this policy:	Strategic Equality and Human Rights Plan WP5c All Wales Dignity at Work Process & Flowchart WP7 Procedure for Equality Impact Assessment WP27 Guidelines of the Fair Treatment of Disabled People at Work in BCUHB WP43 Guidelines to Support Transgender Staff in BCUHB WP42 Guidance on Dealing with Hate Incidents and Crimes Against BCUHB Employees WP1 Policy for Safe Recruitment & Selection Practices

Review	Purpose of Issue/Description of current changes:
A	Initial Issue
B	Legislative changes – Equality Act 2010
C	Three-year review including further legislative changes
D	Repeal of provisions relating to Third Party Harassment
E	Three-Year Review

Summary:

Betsi Cadwaladr University Health Board (BCUHB) is committed to advancing equality and protecting and promoting the rights of everybody to achieve better outcomes for all. The legislative framework requires us to promote equality in everything that we do. Incumbent within this are equality duties which must be undertaken. Strategies, policies, practices and procurement processes within BCUHB must adhere to this policy and ensure that services and employment practices are designed and delivered fairly and in accordance with equality and human rights legislation.

First operational:	October 2009				
Previously reviewed:	Oct 2010	Oct 2012	Mar 2013	April 2017	<u>August 2020</u>
Changes made yes/no:	Yes	Yes	Yes	Yes	<u>Yes</u>

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1. Policy Statement

Betsi Cadwaladr University Health Board (BCUHB) is committed to advancing equality and protecting and promoting the rights of everybody to achieve better outcomes for all. The legislative framework requires us to promote equality in everything that we do. Incumbent within this are equality duties which must be undertaken.

Equality, diversity and human rights are embedded in all aspects of the NHS in Wales through the Values and Standards of Behaviour Framework, Standard 2 of the Healthcare Standards for Wales and the Governance Framework. They are also terms used to define values of society, enshrined in UK Legislation, and UN Treaties. They seek to promote equality of opportunity for all, giving every individual the chance to achieve their potential, free from prejudice and discrimination, and the right to be treated with fairness, respect, equality, dignity and autonomy.

Strategies, policies, practices and procurement processes within BCUHB must adhere to this policy and ensure that both services and employment practices are designed and delivered fairly and in accordance with equality and human rights legislation.

2. Scope of the Policy

This policy applies to all employees and potential employees of the Health Board. It supports and complies with the provisions of the Equality Act (2010) and reflects the Agenda for Change statement on Equality and Diversity. It embraces all job related issues affecting individuals and groups whether they are actual or potential members of staff, consultants or contractors of the Health Board.

In line with the Equality Act (2010) the basic framework of protection includes direct and indirect discrimination, harassment and victimisation in services, functions, premises, work, education, associations and transport.

3. Background

The Equality Act 2010 places a duty on the public sector to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not;
- Foster good relations between those who share a relevant protected characteristic and those who do not.

And to have due regard for advancing equality by:

- removing or minimising disadvantages experienced by people due to their protected characteristics;
- taking steps to meet the needs of people from protected groups where these are different from the needs of other people;
- encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

It is the intention of BCUHB that no service user, job applicant or employee receives less favourable treatment than another or is disadvantaged by reason of any **protected characteristic** (as defined in the Equality Act 2010) which means: age, disability, gender, gender reassignment, marital status, pregnancy and maternity, race (including ethnicity and nationality), religion or belief (or non-belief), sexual orientation.

4. The Well-being of Future Generations (Wales) Act 2015

The Act requires all public bodies to change the way we work in order to improve well-being for the whole population, by acting in accordance with the sustainable development principle and meeting the 7 Well-being Goals. Sustainable development connects the environment in which we live, the economy in which we work, the society which we enjoy and the cultures that we share to the people that we serve and their quality of life. Working in this way means we can better meet the needs of our present population without compromising the ability of future generations to meet their own needs. The Act sets out the 'More Equal Wales' wellbeing goal which is defined as: 'A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio economic background and circumstances).'

5. Responsibilities

The Chief Executive, on behalf of the Board, has overall responsibility for ensuring that this policy is implemented, and that its effectiveness is monitored.

Executive Directors, Divisional Directors, Senior Managers and Line Managers have responsibility for the active and effective implementation of this policy.

Every member of staff, together with volunteers and other people working for, or on behalf of the Health Board has a responsibility to apply this policy and to observe standards of conduct that ensure the patient care environment and the workplace are free from discrimination of any kind and from any form of harassment or victimisation.

6. Training

Equality and Human Rights training is mandatory for all staff Equality and Diversity is one of the Core Competencies within the NHS Knowledge and Skills Framework (KSF). This defines the knowledge and skills that NHS staff need to apply in their work to deliver quality services, and staff should be able to demonstrate the application of equality and diversity skills appropriate to their post.

7. Recruitment

No employee or job applicant shall receive less favourable treatment on the grounds of their actual or perceived race, religion or belief, ethnic or national origin, sex, gender reassignment, marital status, pregnancy or maternity, WP1 Version No: 4 Page 5 of 8 Paper copies of this document should be kept to a minimum and checks made with the electronic version to ensure the version to hand is the most recent. sexual orientation, disability, domestic circumstances or social or employment status, health status, age, political affiliation or recognised trade union membership. In addition, the organisation must not use conditions or requirements, which cannot be shown to be justified.

7.8. Allegations of Discrimination, Harassment and Victimisation

Staff are actively encouraged to report discriminatory practices or behaviour, including those that could be regarded as hate crime, to their Line Manager, a senior member of the Workforce and OD Department or their Trade Union Representative. Such practices should also be recorded in the electronic reporting system Datix.

8.9. Implementation and Monitoring

BCUHB will ensure that this policy, together with its commitment to promoting fair treatment and protecting individuals from discrimination, is communicated to both existing and potential members of staff, partner organisations, contractors and the wider community. It is supported by

a programme of action within our Strategic Equality and Human Rights Plan (SEP), progress against which is provided on a regular basis to Board via the Strategy, Partnerships and Population Health Committee, Senior Management Teams and through our published Annual Equality Reports.

9.10. Complaints/Grievances

Should anyone have a concern about the implementation or application of this Equality, Diversity and Human Rights Policy, then this should be raised in accordance with the Grievance Policy and Procedure (for staff) or the NHS Wales 'Putting Things Right' process (for service users or other members of the public).

10.11. Statutory References

Statutory references which frame and influence this policy include:

- Equality Act 2010
- Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011
- Welsh Language Act and Welsh Language (Wales) Measure 2011
- Protection from Harassment Act 1997
- Human Rights Act 1998
- Part Time Workers (Prevention of Less Favourable Treatment) Regulations 2000
- The Well-being of Future Generations (Wales) Act 2015
- Social Services and Well-being (Wales) Act 2014



WP7

PROCEDURE FOR EQUALITY IMPACT ASSESSMENT

Date to be reviewed:	Sept 2019 <u>May 2023</u>	No of pages:	<u>15</u>
Author(s):	Mike Townson <u>Steve Dooré</u>	Author(s) title:	Senior Equalities Manager <u>Equality and Inclusion Manager</u>
Responsible dept / director:	Workforce & Organisational Development Director of Workforce and Organisational Development		
Approved by:	Strategic Equality & Human Rights Forum <u>Strategy, Partnerships and Public Health Committee</u>		
Date approved:	September 2016 <u>August 2020</u>		
Endorsement by:	Director of Workforce & Organisational Development		
Date endorsed:	13th September 2016 <u>tb</u>		
Date activated (live):	23rd September 2016 <u>tb</u>		

This document forms part of the implementation process for the Equality, Diversity and Human Rights policy. Staff should ensure they follow this procedure, with any deviation being risk assessed and the resulting rationale escalated to the appropriate manager.

Documents to be read alongside this document:	<ul style="list-style-type: none"> BCUHB Strategic Equality & Human Rights Plan 2016-2020 WP8 BCUHB Equality, Diversity and Human Rights Policy EqlA Guide for Board Members (NHS CEHR)
Review	Purpose of Issue/Description of current changes:
A	Initial Issue
B	Changes in legislation (Equality Act 2010).
C	Minor changes to wording and forms following user feedback
D	3-year review
E	Updated procedure following organisational change and user feedback
<u>F</u>	<u>3-year review</u>

Summary:

The aims of this Procedure are to provide a framework to ensure that equality and human rights principles are identified and considered in everything we do by embedding equality considerations into organisational decision-making and policy development processes. It also aims to ensure the organisation develops the necessary capability to undertake robust impact assessments.

First operational:	October 2009				
Previously reviewed:	Aug 2010	Dec 2010	Sept 2012	Sept 2016	<u>August 2020</u>
Changes made yes/no:	Yes	Yes	Yes	Yes	<u>Yes</u>

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WP7 Procedure for Equality Impact Assessment

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1. Introduction

~~Embedding equality, diversity and human rights into everything we do will enable Betsi Cadwaladr University Health Board to enhance individual and business performance, improving service delivery and developing a creative, innovative culture whilst attracting the best candidates, and retaining and developing our employees.~~

~~The Equality Act 2010 provides protection from unfair treatment for people who have 'protected characteristics', these are: race/ethnicity, sex, gender reassignment, disability, sexual orientation, religion or belief, age, marriage and civil partnership and pregnancy and maternity.~~

~~Regulations made under this legislation require BCUHB and all public sector organisations in Wales to assess the likely impact of proposed new or revised policies and practices on our ability to comply with the general equality duty (see Appendix 1).~~

~~The Human Rights Act 1998 helps to define the relationship between the citizen and the state (public sector) and how public sector organisations like the NHS are required to observe and deliver basic human values. These also featured strongly in the organisational Values that were developed within BCUHB by staff and other stakeholders, and will help us to define and develop our organisational culture. We have therefore included Human Rights in our assessment processes.~~

~~Understanding any potential impact upon Welsh language has always formed part of our Equality Impact Assessment and The Welsh Language Standards make this requirement more explicit by requiring us to ensure our processes identify what effects, if any, any policy decision would have on:~~

~~(a) Opportunities for persons to use the Welsh language: or~~

~~(b) Treating the Welsh language no less favourably than the English language~~

~~This procedure sets out the approach BCUHB has adopted to ensure we fulfil the duty to assess the impact of how people with protected characteristics may be affected by what we do, or what we are proposing to do.~~

Betsi Cadwaladr University Health Board is committed to providing excellent healthcare to the people of North Wales. The development of our plans for future services and delivery of board plans are based on listening to our population, partners and staff and understanding the health needs of our population. A foundation for this work is provided by the principles of Prudent Healthcare and a clear focus on our statutory duties in relation to Equality and Equity. This was key in informing the development of our 10-year strategy for Health in North Wales – “Living Healthier, Staying Well” where the first under-pinning principle states:

“In everything we do, we will promote equality and human rights”

We will pay due regard (i.e give appropriate consideration and weighting) to our public sector equality duties set out in the Equality Act 2010 in all of our activities and plans and ensure that equality and human rights are properly considered and influence decision-making at all levels.

We have a duty in relation to the appropriate and sensitive engagement with those communities described as seldom heard, vulnerable and disadvantaged groups. These

groups often have the greatest healthcare needs yet face additional barriers to accessing services and making their views understood. Listening to the views of these communities will give us insight about their needs and how to meet them. It will also empower them to make their views about service provision known.

All decisions relating to healthcare provision must take account of potential impacts on these groups. Through our planning and engagement work we will ensure that all protected characteristic groups have the opportunity to fully participate by making engagement accessible to them.

As far as possible, when we make a decision, develop a strategy or policy, or do anything else that affects our service users or staff, we will do so in a fair, accountable and transparent way taking into account the needs and rights of all of those who might be affected. One of the ways in which we do this is through a robust approach to **Equality Impact Assessment** as described in the following pages.

1.1 Scope

This Procedure applies to all the ways in which BCUHB carries out its activities and will therefore include the full range of functions, activities and decisions for which we are responsible, including those carried out in partnership with other organisations.

It is important to understand that this requires us to assess:

- corporate objectives and other strategies and strategic objectives
- new and revised written control documents (policies, procedures, guidelines)
- service plans
- service reviews
- patient pathways/integrated care pathways guidelines and protocols
- capital bids
- procurement and commissioning (and decommissioning)
- decision-making
- budget setting decisions and criteria for resource allocation
- day-to-day decisions where these may have a significant impact on equality and/or human rights

We may also need to assess the impact on protected groups locally of the implementation of a policy when it has been developed by another authority, for example a Welsh Government national strategy or other All-Wales policies.

1.2 Aims

The aims of this procedure are to provide a framework to ensure that equality and human rights principles are identified and considered in everything we do by embedding equality considerations into organisational decision-making and policy development processes. It also aims to ensure the organisation develops the necessary capability to undertake robust impact assessments.

1.3 Legal Context

The Equality Act 2010 provides protection from unfair treatment for people who have 'protected characteristics', these are: race/ethnicity, sex, gender reassignment, disability, sexual orientation, religion or belief, age, marriage and civil partnership and pregnancy and maternity.

Regulations made under this legislation require BCUHB and all public sector organisations in Wales to assess the likely impact of proposed new or revised policies and practices on our ability to comply with the general equality duty (see Appendix 1).

The Human Rights Act 1998 helps to define the relationship between the citizen and the state (public sector) and how public sector organisations like the NHS are required to observe and deliver basic human values. These also featured strongly in the organisational Values that were developed within BCUHB by staff and other stakeholders, and will help us to define and develop our organisational culture. We have therefore included Human Rights in our assessment processes.

Understanding any potential impact upon Welsh language has always formed part of our Equality Impact Assessment and The Welsh Language Standards make this requirement more explicit by requiring us to ensure our processes identify what effects, if any, any policy decision would have on:

- (a) Opportunities for persons to use the Welsh language: or
- (b) Treating the Welsh language no less favourably than the English language.

As of 1st April 2020 Welsh Government have issued guidance to public bodies on preparing for the commencement of the Socio Economic Duty. The duty is scheduled to commence on 1st April.

2. What is Equality Impact Assessment?

2.1 Equality Impact Assessment (EqIA) **is not optional**. It is a structured process set out in statute which enables the organisation to consider the effects of its decisions, policies or services on different communities, individuals or groups. It involves:

- anticipating or identifying the impact of our work on individuals or groups of service users/employees;
- making sure that any negative effects are eliminated or minimised; and
- maximising opportunities for promoting positive effects.

2.2 Equality impact assessment is crucial to improving the quality of local health services, and to meeting the needs of those using them and the needs of our employees, by ensuring that we consider the effects that our decisions, policies or services have on people on the basis of their 'protected characteristics' (see [introduction-“Legal Context”](#) above).

2.3 Care must also be taken when assessing the impact of policies, functions and services to include considerations of people with caring responsibilities as they may also be

protected under equality legislation by reason of their **association with** a person with a protected characteristic.

~~The Equality Act 2010 extends protection from discrimination to a person who may be associated with another person who has one of the above characteristics. Therefore, if someone is discriminated against because they are a carer for a disabled child or older person for example, then they will be able to claim disability discrimination by association. Similarly, if an employee is subjected to bullying and harassment because they are friends with a gay person, then they too will be protected under the Act.~~

~~Care must therefore be taken when assessing the impact of policies, functions and services to include considerations of people with caring responsibilities.~~

- 2.4 ~~Where the initial screening or other information indicates that people from one or more of the protected groups are likely to be affected by what we are proposing, then it is important that we engage and consult with the group(s) at the earliest opportunity.~~

~~These are known as the Engagement Provisions. Engagement is a broad term, but for the purposes of the engagement duty, it is clear that it refers to involving certain people (as a requirement) and consulting certain people (as appropriate). The distinction between involvement and consultation may not always be clear cut. Consultation is often understood to be a formal exercise undertaken by organisations to gather views on a particular proposal. Involvement indicates active participation of stakeholders – an open dialogue where those involved have a demonstrable influence on the decision-making process and any resulting decision.~~

3. Consultation and Engagement

- 3.1 Where the initial screening or other information indicates that people from one or more of the protected groups are likely to be affected by what we are proposing, then it is important that we engage and consult with the group(s) at the earliest opportunity. These are known as the Engagement Provisions. Engagement is a broad term, but for the purposes of the engagement duty, it is clear that it refers to involving certain people (as a requirement) and consulting certain people (as appropriate).

- 3.2 The distinction between involvement and consultation may not always be clear cut. Consultation can be described as a formal exercise undertaken by organisations to gather views on a particular proposal. Involvement indicates active participation of stakeholders – an open dialogue where those involved have a demonstrable influence on the decision-making process and any resulting decision.

- 3.3 Consultation and engagement is very important and key to demonstrating that you are meeting the requirements of the equality duties, but it also needs to be proportionate and relevant. Make sure you also consider the scale and degree of consultation. These are the key considerations, because you do not want to over-consult on a small policy or practice and you don't want to under-consult on an important policy. Consultation can add evidence to the assessment; it is also consistent with good management practice particularly around areas of service change.

43. When Do We Undertake Equality Impact Assessments?

- 4.1 An EqlA should form part of the development of any new or amended policy or practice and be factored in as early as possible in the same way as for other considerations such as environmental, financial or health and safety risks.
- 4.2 Timing is important – case law tells us that an Equality Impact Assessment must not be used to justify decisions that have already been made, or policies that have already been written.
- 4.3 The important thing is that they are being done as part of the governance of BCUHB. Not everything will need a full impact assessment; sometimes you will only need to undertake a screening. If the screening indicates that your policy or practice is not relevant to equality, or that there is no evidence of adverse impact, then you should make a note of this in the screening outcome report.

~~The purpose of an Equality Impact Assessment is to ensure equality considerations are taken into account as part of the decision-making and policy development processes. It is therefore important that the assessment takes place during these processes i.e. from the outset which may be during the drafting of a new or revised policy, or as part of the initiation of a new project or review of service. It **must not** be considered as an additional task to be undertaken after the policy has been developed or as a means of justifying decisions that have already been made.~~

~~Equality Impact Assessment means adopting the principles of “...evidence-based policy development, not policy-based evidence gathering”~~



Good practice:

To ensure that Equality Impact Assessment was embedded within all service review projects from the outset, specific guidance was drafted in collaboration with senior Planning colleagues which meant that EqlA became part of the Terms of Reference for all service reviews and was considered as part of their work from their first meetings (**see section 5**).

45. Why Do We Undertake Equality Impact Assessments?

EqlA is a good practice method of developing a better understanding of the effects of what we are proposing to do, with the different protected groups as the main focus. As well as being a specific legal requirement (see case law examples in Appendix 4), there are a number of positive aspects of EqlAs. These include:

- Service improvement: by focusing on meeting the needs of disadvantaged groups, we actually make improvements that benefit everyone;



Good practice:

BCUHB used EqIA to help inform the development of an access control systems to paediatric and maternity wards at Glan Clwyd hospital which had been a barrier that prevented deaf service users from accessing the wards. We used the EqIA to bring together deaf services users with ward and estates staff to come up with a range of solutions to improve communications including deaf awareness training for staff on those wards.

- Helping BCUHB to identify whether we are excluding different groups from any of our current or proposed policies or practices;
- Identifying and eliminating any direct or indirect discrimination, including institutional discrimination;
- Assisting BCUHB in considering, policy adjustments, alternative policies or measures that might address any adverse impact;
- Identifying potential improvement areas that enable staff and managers to make better informed decisions about policy, practice and service delivery;
- Incorporating Equality into our everyday policies and practices;
- Giving BCUHB a better understanding of the needs and aspirations of our employees and the communities we serve.

5. ~~Service Change and Equality~~

~~Specific guidance to support managers and project teams to build equality considerations into service review projects has been developed jointly between Planning Managers and the Corporate Equalities Team. The latest version is available on the BCUHB intranet page that also contains other documents, information and links designed to ensure equality is considered from the outset of any project (see <http://howis.wales.nhs.uk/sitesplus/861/page/63804>).~~

~~We also have guidance that has been issued to Local Health Boards by the Older People's Commissioner for Wales (OPCW) under s12 of the Commissioner for Older People (Wales) Act 2006. This is designed to ensure a best practice approach to engagement and consultation with older people on changes to health services in Wales. This guidance is available on our intranet or directly from the OPCW website at: http://www.olderpeoplewales.com/en/publications/guidance/13-02-06/Guidance_issued_to_Health_Boards_on_Reorganisation.aspx~~

~~A robust and thorough approach to EqIA as described in this procedure provides substantial assurance that we are meeting the requirements of the Specific Equality Duties with regard to Equality Impact Assessment for service changes, including engagement with relevant stakeholders.~~

6. How Do We Undertake Equality Impact Assessments?

6.1 It is important to understand that Equality Impact Assessment **two** specific legal requirements:

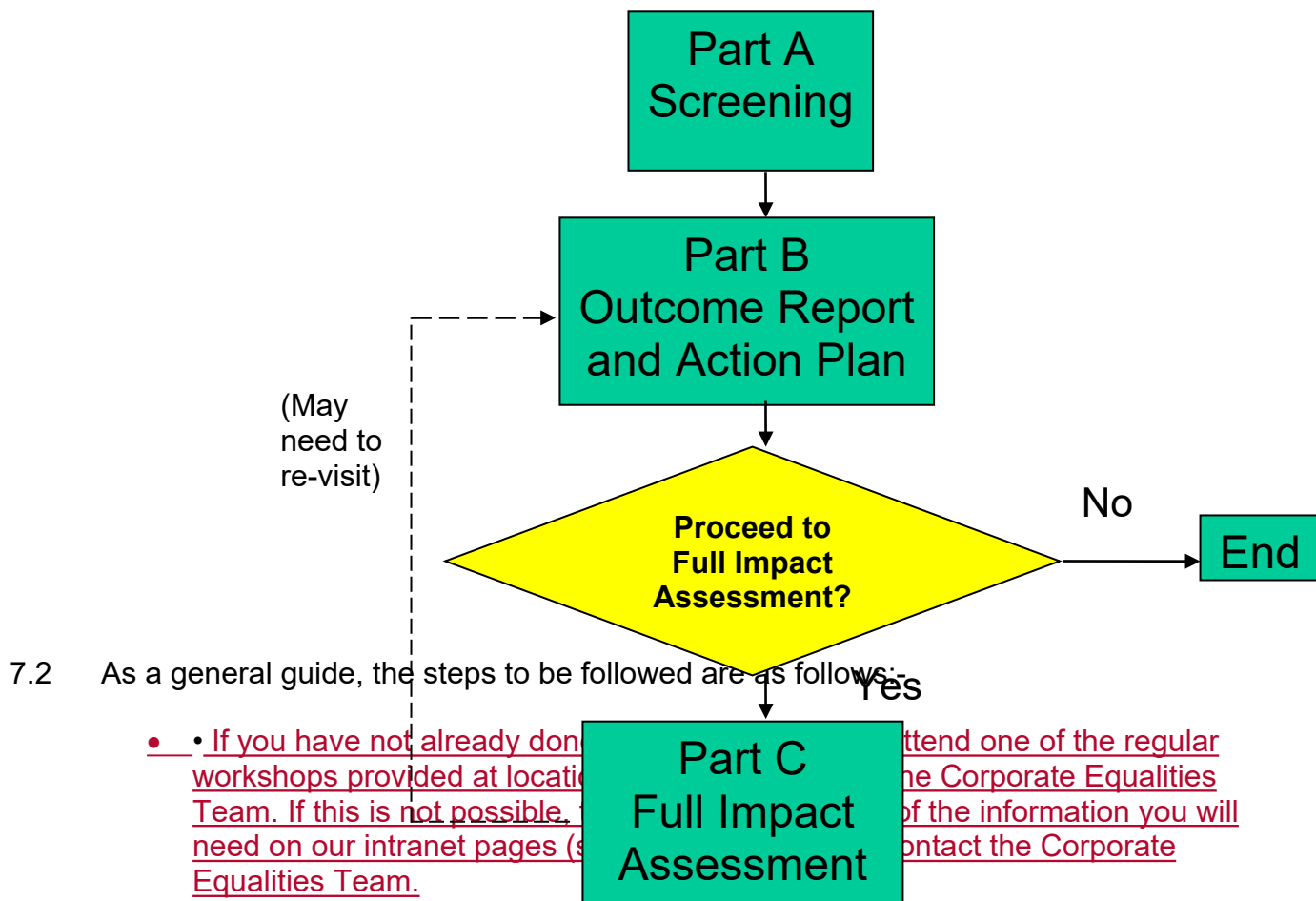
- First, we are required to carry out the assessment.
- Then having carried out the assessment, we must also have 'due regard' (i.e. give 'due consideration' and appropriate weight) to the results of the assessment. This requires us to consider taking action to address any issues identified, such as addressing (reducing or removing) negative impacts, where possible.

6.2 The diagram below shows an overview of the process we have adopted at BCUHB: more detailed instructions on how to proceed are included in 7.2 below.

BCUHB has adopted the principles contained in the NHS Centre for Equality and Human Rights Toolkit. The Toolkit can be accessed through the following link and is a valuable supporting resource:

http://howis.wales.nhs.uk/sites3/Documents/836/cehr_eqia_toolkit_1210.pdf

The diagram below shows an overview of the process we have adopted: more detailed instructions on how to proceed are included in 6.2 below.



- Visit the BCUHB intranet page for EqlA which is located at: <http://howis.wales.nhs.uk/sitesplus/861/page/47193>. This includes a step-by-step “Getting Started” guide and all the documents and forms you will need. Always download your EqlA Forms from the website as these will always be the latest versions and are supported by ‘Step-By-Step Guidance’ which can also be downloaded.
- Visit the BCUHB intranet page for EqlA which is located at: <http://howis.wales.nhs.uk/sitesplus/861/page/47193> This includes a step-by-step “Getting Started” guide. More detailed guidance is contained in the NHS CEHR Toolkit. Use this for reference and detailed guidance on procedural steps, where to access information etc
- Familiarise yourself with the getting started guide, the NHS CEHR Toolkit (see link above) and other documentation including the forms you need to complete
- Policy Authors and project managers are advised to identify and establish a sub-group to progress the Equality Impact Assessment commencing at the beginning of the policy development/project. Where the policy or decision/proposal is likely to affect service users, consideration should be given as to how they can be engaged and represented on this sub-group (see Appendix 1 for further details of the requirements around Engagement). If the scope of what you are assessing does not necessitate the establishment of a sub-group, then you should always involve at least one other person with a good understanding of whatever is being assessed to help with the EqlA.
- Support is available from the Corporate Equality team or department Equality Leads
- The latest version of the forms to be completed can be found on the intranet at <http://howis.wales.nhs.uk/sitesplus/861/page/47193> and detailed guidance on completing the forms is contained in the [Toolkittemplates](#).



Good practice:

BCUHB has developed the Equality pages within the intranet site as a resource to support and inform all aspects of Equality, Diversity & Human Rights, including Equality Impact Assessment. This includes a step-by-step “Getting started” guide, specific guidance aimed at service reviews, examples of good practice in completed EqlA’s, and lots of information and links to documents and websites for those seeking information and evidence.

Once the initial screening has been completed, a full assessment will be required if you answer yes to one or more of the following:

- Is the impact potentially discriminatory under equality or anti-discrimination legislation?

- Are any equality groups or communities identified as being potentially disadvantaged or negatively impacted by the policy or function?
- Is the policy or function assessed to be of high significance?

If you answer 'no' to all the above, you do not need to complete a Full Impact Assessment but should still complete your outcome report (Form 4).

- A completed Equality Impact Assessment Screening (and Full Impact Assessment if completed) must accompany the policy/strategy when it is submitted for approval. This will enable those responsible for approving your policy or proposal to satisfy themselves that the requirements of our legal equality duties have been properly considered.
- ~~A completed Outcome Report and Action Plan (see Form 4) from the Impact Assessment must accompany the policy/strategy when it is submitted for approval.~~

7. Roles and Responsibilities

- 7.1 Responsibility and ownership of the EqIA process, including any actions that arise from the assessment rests with the originator(s) of the particular policy or work-stream and will include managers and staff who develop new, or modify existing, policies (authors), strategies, procedures etc. EqIA is therefore an organisational responsibility.

7.2

- 7.2 Approval of new or amended policies, strategies and other proposals including service changes and developments, for example, will only be given subject to the provision of relevant evidence that an Equality Impact Assessment has been completed. This will normally be satisfied by submitting a copy of the EqIA alongside the document or proposal to the approving person or forum/committee, together with any necessary (Board or Committee) cover sheet.

~~Approval of new or amended policies, strategies and other proposals including service changes and developments, for example, will only be given subject to the provision of relevant evidence that an Equality Impact Assessment has been completed.~~

8. Training

- 8.1 Guidance on assessing impact has been published by the Equality & Human Rights Commission (EHRC) and is available from their website at <https://www.equalityhumanrights.com/en/advice-and-guidance/equality-impact-assessments>
- 8.2 This guidance stresses that it is important to train staff on assessing impact, and that the training should be appropriate to the particular responsibilities of the staff, to their area of work, and to the organisation's chosen method for assessing impact. This will include senior decision-makers (such as Chief Executives, Chairs and Board members) to help equip them in their scrutiny role to ensure that equality is properly considered within the organisation, and that the assessments influence decision-making at all levels.

- 8.3 Staff required to undertake or scrutinise Equality Impact Assessments should have successfully completed:

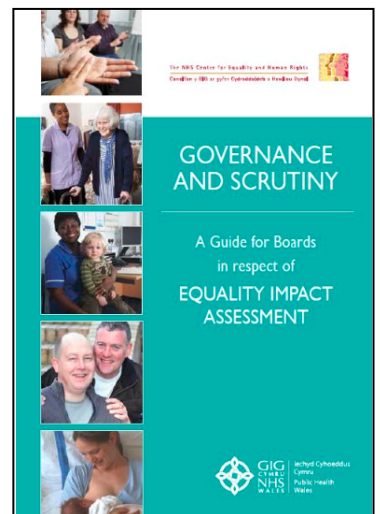
(a) Mandatory Equality Training e-Learning package (or attended equivalent face-to-face training); and

(b) further, specific training on the EqIA Procedure which is being provided through a series of 90-minute workshops held regularly across the organisation. Full details are published on the BCUHB intranet pages for EqIA.

- 8.4 Further guidance for Board Members across NHS Wales on their role in providing scrutiny around Equality Impact Assessment has been published by the NHS Centre for Equality and Human Rights and is available from our intranet pages at:
<http://howis.wales.nhs.uk/sitesplus/861/page/47193>

~~Staff required to undertake or scrutinise Equality Impact Assessments should have attended Equality Awareness training or have successfully completed the Mandatory Equality Training e-Learning package, and further, specific training on the EqIA Procedure which is being provided through a series of 90-minute workshops held regularly across the organisation. Full details are published on the BCUHB intranet pages for EqIA.~~

- ~~8.4 Further guidance for Board Members has been published by the NHS Centre for Equality and Human Rights and is available from their website at:~~
~~www.wales.nhs.uk/equality~~



9. EqIA and Financial Decision-Making

- 9.1 As mentioned in "Scope" (1.1 above) it is important to understand that our Financial Decision-Making will be subject to external scrutiny and possible challenge.

- 9.2 The Equality and Human Rights Commission reinforced this when writing to all public sector Chief Executives and Finance Directors in August 2010. At the same time, they published guidance **“Public Sector Equality Duties and financial decisions - a note for decision makers”** and a document called **“Using the equality duties to make fair financial decisions”**. Both of these documents are available via the BCUHB intranet site or direct from the Equality and Human Rights Commission website.
- 9.3 It is clear that the Commission will be scrutinising public sector financial decisions to ensure that they are being made in a “...fair, transparent and accountable way...” and they will be gathering information on how we have used Equality Impact Assessment to help reach good decisions. EqlA will help us to ensure that any decisions do not unfairly or disproportionately impact upon the most vulnerable groups in the communities we serve.

EqlA helps us to understand how our policies and decisions affect different groups in society. Many of our current services are aimed at those who are already disadvantaged or vulnerable e.g. older people, children or people with sensory or physical impairments. The application of a uniform reduction in funding or services across all groups will therefore potentially affect these groups in a disproportionate way and we will be expected to demonstrate, if challenged, how we have identified this impact (i.e. through the application of robust EqlA processes) and have taken steps to mitigate the effect on them.



Good practice:

In publishing the Welsh Government's Annual Budget for 2012-13, Minister for Finance Jane Hutt stated in her written statement dated 29/11/2011 that “We have placed the equality assessment at the centre of our budget processes when developing our spending plans.”.

Appendix 1 Statutory Equality Duties

The government believes that public bodies such as NHS organisations, local authorities, universities and Government departments can play an important role in creating a fair society in the way they provide services, through the jobs and training they offer, and the money they spend.

Building on the success of the former duties, the Equality Act created a new single public sector Equality Duty which covers all protected characteristics' – these are:- race/ethnicity, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender-reassignment and marital status.

The Equality Duty requires public bodies to consider the needs of diverse groups in the community when designing and delivering public services so that people have access to fairer opportunities and better public services.

In emphasising that equality should be at the heart of what the public sector does – not an 'add on' or an after thought - the Equality Duty requires public bodies to pro-actively consider how they can eliminate discrimination, advance equality of opportunity and foster good relations for all the protected groups.

Within Wales, the Equality Act 2012 (Statutory Duties) (Wales) Regulations 2011 came into force on 5th April 2011 and require all public sector organizations in Wales to:

- assess the likely impact of proposed policies and practices on our ability to comply with the general duty
 - assess the impact of any policy which is being reviewed and of any proposed revision
 - publish reports of the assessments where they show a substantial impact (or likely impact) on our ability to meet the general duty
 - monitor the impact of policies and practices on our ability to meet that duty
- In addition, when assessing for impact on protected groups, we must:
- comply with the engagement provisions (see below)
 - have due regard to the relevant information we hold

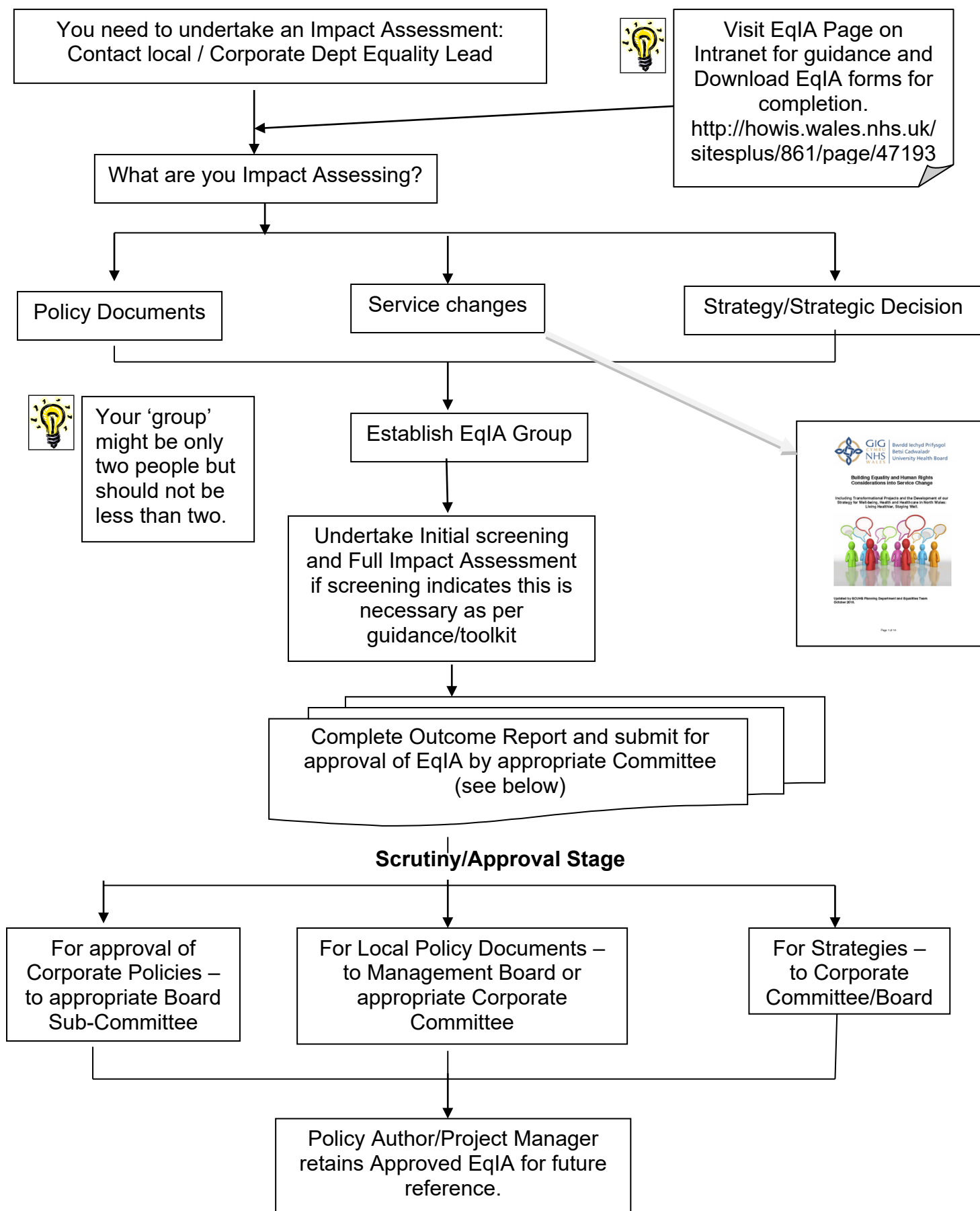
What the duties require on engagement in relation to EqIA are that we **must** “....involve people who we consider representative of one or more of the protected groups and who have an interest in how we carry out our functions” when we are “.....assessing the likely impact on protected groups of any policies or practices being proposed or reviewed”.

The duties do not require us to engage with every protected group on every decision. We will therefore need to decide how relevant any policy or decision is for each protected group before deciding on whether or how we need to engage with them.

Further guidance on the duties in relation to assessing impact and engagement are available from the Equality pages of the BCUHB intranet site at:

<http://howis.wales.nhs.uk/sitesplus/861/page/42122> and from the Corporate Engagement Team who can be contacted via their intranet site at:
<http://howis.wales.nhs.uk/sitesplus/861/page/44085>

Appendix 2: EqlA Process Overview



Support for this process is available from the Corporate Equalities Team

Appendix 3: Frequently Asked Questions (FAQ's)

Can I build equality impact assessment into other existing systems and processes?

Yes. We positively encourage managers to build equality impact assessment into existing business planning cycles, processes and service reviews. Examples include: commissioning plans, project management plans, health needs assessment, clinical governance action plans and impact assessments on service developments.

I am not writing a Policy. Do I still have to do an Equality Impact Assessment?

The short answer to this will usually be 'yes', because the law relating to Equality Impact Assessment uses the term 'policy' to describe all the ways in which an organization carries out its decisions, and its functions and activities. So this will include:

- strategies and strategic objectives
- operational plans
- service reviews/developments
- corporate objectives
- policies, guidelines and protocols
- procurement and commissioning /decommissioning
- decision making

How do I carry out an Equality Impact Assessment?

A step-by-step guide is provided within guidance contained on the EqIA pages of the BCUHB intranet site. The intranet also includes a helpful "Getting Started" step-by-step guide. There are also a number of supporting documents that can assist you in carrying out an impact assessment.

For quick reference, the EqIA process has also been summarised in a one page flowchart diagram in Appendix 2.

Where can I get information to help me when I carry out an Equality Impact Assessment?

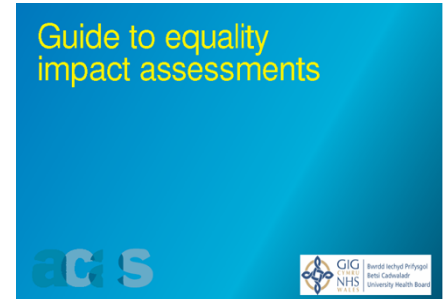
Information to "inform" the EqIA process is difficult to define as it will differ from policy to policy and will be different again for every service development. There are many sources of information from basic statistics about our workforce to detailed information on the physical health inequalities faced by people with learning disabilities and mental health problems. A simple "Google" search will often help.

Your Equality Lead can advise on sources of information but a useful starting place will be "Is Wales Fairer? (2018)" published by the Equality & Human Rights Commission. You can find it here:- <https://www.equalityhumanrights.com/en/publication-download/wales-fairer-2018>

You may also find the following document useful:

<https://www.equalityhumanrights.com/sites/default/files/research-report-11-equality-issues-in-wales-research-review.pdf>

We have also developed, in partnership with ACAS, an interactive 'Manager's Guide to Equality Impact Assessments' which is available on the BCUHB intranet pages.



Appendix 4: Case Law

There is an emerging body of case law that has helped to clarify how the courts and tribunals are interpreting the provisions of the Equality Act 2012 in relation to assessing impact. It is also helping to inform the development of our own processes.

The following is a summary of the most relevant cases, from which we are able to see that most legal challenges are succeeding on failures of process, and not the decisions themselves; although it is also clear that if a decision is reached via a process that does not follow statutory guidelines, then it is more than likely the decision will also be declared illegal.

Fuller details of each of the cases can be found with the BCUHB intranet Equality Diversity & Human Rights pages at:- <http://howis.wales.nhs.uk/sitesplus/861/page/46291>

Birmingham City Council and Social Services Judgement:

An application of the duty concerned Birmingham City Council and their decisions to restrict eligibility for adult social care to those with “critical” needs. Despite producing several impact assessments, the judge held that they had not shown ‘due regard’ and described the impact of the proposed changes upon disabled people as “potentially devastating”.

Birmingham City Council were also the subject of another successful challenge to their decision to cut funding for legal advice services. In this case, the impact assessment was found to have been driven by the hopes of the benefits to be gained from a new policy, rather than focusing on an assessment of the degree of disadvantage to existing users of the service.

Brown –v- Secretary of State for Work and Pensions:

This was an important case which established a number of principles involved in showing ‘due regard’ including the need to ensure decision-makers are aware of the equality duties, and that any assessment is carried out “..in substance, with rigour and an open mind.”

Kaur –v- London Borough of Ealing:

Another important case that demonstrates how important it is to follow a robust and fair assessment procedure and also emphasised the need for public sector organisations to adopt the principles of “...evidence-based policy making, not policy-based evidence gathering”. We must not regard EqIA as an additional task or a means of justifying decisions that have already been taken.

Other examples of the courts quashing public sector decisions:

Watkins-Singh –v- Governing body of Aberdare Girls High School (wearing religious symbols)

Lunt and another –v- Liverpool City Council (licensing of particular types of taxi)

Harris –v- London Borough of Haringey (planning permission)

Gloucestershire & Somerset County Councils (proposed closure of libraries)