Strategy & Delivery Committee

10 November 2020, 09:00 to 12:00
Nant Fawr 1 & 2, Woodland House

Agenda

1. Standing Items

1.1. Welcome & Introductions

Michael Imperato

1.2. Apologies for Absence

Michael Imperato

1.3. Declarations of Interest

Michael Imperato

1.4. Minutes of the Meeting held on Tuesday 15th September 2020

Michael Imperato

1.4_Draft Sept Minutes checked SR.pdf (15 pages)

1.5. Action Log of the Meeting held on Tuesday 15th September 2020

Michael Imperato

1.5_ Action Log - SD 15.09.20 - Public.pdf (2 pages)

1.6. Chair's Action taken following meeting held on Tuesday 15th September 2020

Michael Imperato

2. Items for Approval

2.1. Performance Framework Dashboard Update

Verbal — David Thomas

3. Items for Review and Assurance

3.1. CAMHS Update:

a) Neurodevelopmental Situation
b) Early Intervention Position
c) Appointment of Clinical Posts

Steve Curry Scott Mclean

b) Verbal c) Verbal

3.1 a Neurodevelopmental Situation.pdf (2 pages)

3.1 a Presentation.pdf (8 pages)

3.2. Strategy - Shaping Our Future Wellbeing

a) Existing Strategy, commitments & forward look — Abigail Harris
b) Primary Care Development Strategy — Steve Curry

3.3. Planning

General Planning Update to include — Abigail Harris
a) Q3-4 Plan
b) Winter Protection Plan

3.3 Planning Update - Oct 2020.pdf (5 pages)

3.3 a Q3_4 plan_FINAL.pdf (64 pages)

3.3 b CAV_RPB_Winter Protection Plan_final draft_22.10.20 (2).pdf (19 pages)

3.4. Board Assurance Framework

a) Sustainable Culture change — Nicola Foreman

3.4 BAF Covering Report.pdf (3 pages)

3.4 a Leading Sustainable Culture Change.pdf (2 pages)

3.5. Social Care and Well Being Act – Partnership with Local Authorities & RPB Update

Abigail Harris

3.5 Regional Partnership Board Report Oct 2020 FOR INFORMATION.pdf (3 pages)

3.5 Appendix 1 Cardiff and Vale of Glamorgan PRB Annual Report 2019-20 FINAL.pdf (25 pages)

3.6. Performance Reports

a) Organisation Key Performance Indicators
b) Workforce Key Performance Indicators — Steve Curry Martin Driscoll

3.6 a 2020-11 SD Tier 1 Final.pdf (6 pages)

3.6 b Strategy Delivery Committee November 2020 - Workforce KPI Metrics.pdf (3 pages)

3.6 b Appendix 1 Copy of WOD KPI Report Sep-20.pdf (1 pages)

4. Items for Noting and Information

4.1. Leadership Engagement

Martin Driscoll

4.1 Leadership - October 2020.pdf (4 pages)

5. Review of the Meeting

Michael Imperato

6. Date & Time of Next Meeting:

Michael Imperato

Unconfirmed Minutes of the Strategy & Delivery Committee
Tuesday 15th September – 9:00am – 12:00pm
Nant Fawr 2 & 3, Woodland House / Via Skype

Chair:		
Michael Imperato	MI	Committee Chair
Members:		
Rhian Thomas	RT	Independent Member – Estates
Charles Janczewski	CJ	UHB Chair
Gary Baxter	GB	Independent Member – University
In attendance:		
Martin Driscoll	MD	Executive Director of Workforce & Organisational Development
Nicola Foreman	NF	Director of Corporate Governance
Fiona Kinghorn	FK	Executive Director of Public Health *(for part of the meeting)*
Steve Curry	SC	Chief Operating Officer
Caroline Bird	CB	Deputy Chief Operating Officer
Abigail Harris	AH	Executive Director of Strategic Planning
Kiethley Wilkinson	KW	Equalities Manager
Ruth Walker	RW	Executive Nurse Director
Stuart Walker	SW	Executive Medical Director
David Thomas	DT	Director of Digital Health Intelligence
Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences
Scott Mclean	SM	Director of Operations – Children & Women
Apologies:		
Sara Mosely	SM	Committee Vice Chair & Independent Member – Third Sector

S&D 15/09/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the public meeting, which was now being chaired by Michael Imperato having taken over the role as Committee Chair from Charles Janczewski UHB Chair.	**Action**
S&D 15/09/002	**Apologies for Absence** Apologies for absence were noted.	
S&D 15/09/003	**Declarations of Interest** There were no interests declared.	
S&D 15/09/004	**Minutes of the Committee Meeting held on 14th July 2020** The Committee reviewed the minutes of the meeting held on 14th July 2020.	

	Resolved – that: (a) the Committee approved the minutes of the meeting held on 14th July 2020 as a true and accurate record.	
S&D 15/09/005	**Action Log following the Meeting held on 14th July 2020** The Committee reviewed the action log and the following comment and update was made: UHB Chair pointed out for accuracy that the Tertiary Service update would be for 2021 not 2020. **Resolved – that:** Subject to the above amendment; (a) The Committee reviewed the action log following meeting held on 14th July 2020 and noted the updates provided.	**RK**
S&D 15/09/006	**Chair's Action taken following the meeting held on 14th July 2020** There had been no Chair's Actions taken following the meeting held on 14th July 2020.	
S&D 15/09/006	**Developing a Performance Framework Update** The Director of Digital & Health Intelligence (DDHI) introduced the report and the CC confirmed that the paper be taken as read. The DDHI discussed the key points around the Performance Management Framework and advised that it should be considered in principle as the relationship with Welsh Government (WG) was changing and therefore it was not yet clear what measures and performance targets we would be measured against as a result of Covid. DDHI stated that the report outlined the purpose of the Performance Management Framework, what it set out to achieve and the scope of the Framework. He referred to section 2 of the report which highlighted the need to support key frameworks which underpin the performance of the Health Board such as Shaping Our Future Well Being, Integrated Medium Term Plan (IMTP), Clinical Board/Corporate Directorate plans, Operational Plans and Strategies. The DDHI also mentioned that the document, which had been published by WG to enable reporting against the Delivery Framework Reporting Guidance 2020/21, was not currently being used in full given the situation we were in. The DDHI then discussed the principles the UHB had adopted in terms of how the Performance Framework should be managed, which had been	

	shared with the Executive team and was based on work carried out in other Health Boards to provide consistency. Section 4 referred to measuring success within the Framework. With regards to internal reviews, the Board and Committees were reviewing performance across the board from individual level up to Clinical Board level performance and with external reviews around service specifications, quality standards, monitoring arrangements and reporting requirements. There was also a role for audit in terms of internal/external audits and any clinical audit plans. DDHI advised that all staff have the responsibility to promote a culture of high performance and that the role of the Board is set out, as well as the roles of the CEO and Executive Directors. He added that there was a clear role for Clinical Boards and that the role of the HSMB could be one of reviewing how performance is managed right across the individual and collective Clinical Boards. Section 6 referred to the arrangements for Clinical Boards and Corporate Departments, recognising that it was not just the Clinical Boards that had to report on performance. Section 7 referred to the performance requirements for the Board and Committees. The DDHI pointed out that information played a key role in ensuring that performance was supported through dashboards and various data pulled through our information systems. The DDHI concluded with the Escalation and Assurance process and described how information should flow from the individual right up to the Board and that accountability comes from Board level down to the individual. The Independent Member - Estates queried how we were ensuring consistency across Clinical Board's whilst implementing this. The COO commented that there were a couple of items within the Framework that would relate to consistency however there were areas that needed refinement particularity around outcomes and measuring the right things, that matter to people. He concluded that the Tier 1 harder line measures such as waiting times, were in a state of flux due to them not being currently reported upon and also due to the fact that this would all change bearing in mind the current discussions with WG. The final point was a cultural one with regards to Covid in the context of this Framework, and how we were currently on a journey of supporting and empowering teams to take ownerships of issues and deliver rather than performance managing them, although both had a part to play. He concluded that as a Board and as Executive teams there was a need to find the high trust low bureaucracy balance to allow us to have empowered enabled teams to deliver and yet operate within the Framework. The DDHI advised that the Delivery Framework had a number of measures that would be reported on specifically such as the percentage of staff having a performance appraisal.	

	The UHB Chair thanked the DDHI for his report and wanted to know how the Committees of the Board in particular could give assurance to the Board in the delivery of performance. The Committees now had a clearer remit to manage and oversee performance on behalf of the Board, but there were only two instances of Committees engaging with the performance of Clinical Boards at present, the Finance Committee and QSE Committee and therefore we would need to look at how this information could be fed through. The UHB Chair expressed that his main concern was that if we were allocating different areas of responsibilities to different Committee's then it would have to be co-ordinated to ensure that the correct information was supporting the data coming through and that the Board gets the necessary assurance. The CC echoed the comments made by the UHB Chair and added that he would like to see a streamline dashboard, providing a quick output on progress and preview of key warning signs and issues, enabling Committees to investigate further areas of interest/concern. The CC also commented that a traffic light system could allow tracking against the IMTP. The DDHI responded that there were ongoing discussions with Committees to understand what they would find useful in terms of performance metrics. Previous work done with QSE would be expanded upon for others. The DDHI agreed to work up what mini dashboards would look like and bring an update to the next Committee meeting. The Executive Medical Director (EMD) commented that a similar piece of work was underway with the DCG, looking at how performance dashboards may look in regards to QSE, Finance, Workforce and so on but felt that a strategy one could be harder to define. It was agreed that the EMD, DDHI and DCG meet to discuss and avoid replication of work. The Executive Director of Strategic Planning (EDSP) added that a link across to the Outcomes Framework would be helpful to drive things forward via the partnership lens when thinking about progress in terms of outcomes for our population. **Resolved that:** (a) The Committee noted the report.	**DT** **NF / DT / SW**
S&D 15/09/007 Saunders.Nathan 11/03/2020 16:38:11	**Strategic Equality Plan** The Executive Director of Workforce & Organisational Development (EDWOD) updated the Committee that since the first draft of the Plan, significant challenges around Covid-19 and the disproportionate impact on our disadvantaged communities had highlighted the work needed with risk assessments for BAME colleagues and patients. Each characteristic had an Executive lead sponsor, action plan and specific objectives to achieve. The Plan needed to be endorsed by the Equality Rights Commission by 1st October 2020.	

	At the previous Committee meeting there were comments about adding in items regarding agenda pay report which was now included, strengthening the area around equality health impact assessment, and Welsh language issues. The Executive Director of Therapies and Health Sciences (EDTHS) highlighted that there was more work to be done with health improvement for people from minority ethnic communities. The Independent Member - University queried whether the action plan table required more thought in terms of specific measures or targets and that the timeline for the action plan could apply a time point for some of the objectives which could be brought back to a future meeting. The Equalities Manager (EM) agreed to produce the next iteration of the plan for a future meeting would develop a framework around the comments made in regards to monitoring and timelines. The IM-University further queried the gender pay gap increase and whether there was any obvious cause to that. The EM confirmed that this would be investigated in the coming months. The EDWOD further commented that the main disparity was due to female staff working reduced hours but would still investigate further. It was clarified that the UHB had gone beyond the statutory requirements in producing the report. The Independent Member - Estates queried whether there were any issues that could be tackled now i.e. more women being in lesser paid roles. She also queried the intentions and actions of the new Equality Strategy Welsh Language Steering Group. The EM confirmed that in terms of gender pay, it was hoped that a third party contractor would be secured to look into this issue. The Equality Strategy Welsh Language Steering Group was holding its first meeting in October to be chaired by the EDWOD, and the Group would ensure a culture change in regards to equality and Welsh language issues. **Resolved that:** (a) The Committee noted and considered the content of this report; (b) The Committee endorsed the revised Strategic Equality Plan – Caring about Inclusion 2020-2024.	**KW**
S&D 15/09/008	**Update on CAMHS Strategy** The Director of Operations – Children & Women (DOCW) advised the Committee that the specialist CAMHS service, that was with Cwm Taf 18 months ago, was now firmly patriated. Significant work was undertaken prior to lockdown to deal with a backlog of cases and deliver performance against the Part 1 WG target, the service had met the 80% Part 1 target consistently since May 2020,	

against a backdrop of 0% compliance 12 months previously, it now sits at 80-95%.

The pandemic had impacted the services and a member of staff was lost to Covid.

The services adapted and made use of tele/video communications although there was a reduction in referrals in April and May at 80% of the pre-Covid rates. Although it was more straightforward to do an assessment via tele/video communications, providing treatment was more difficult so whilst assessment performance had increased, treatment performance had decreased.

The DOCW summarised delivery against performance targets:

1. Primary Mental Health
    - there were no longer young people waiting for long periods for assessment or intervention
2. Specialist CAMHS
    - service remained non-compliant against the referral to assessment target of 28 days
    - on transfer from Cwm Taf the waiting list was approximately 180 patients with a >12 week wait. This was reduced to 85 with an >8 week a year later, however Covid impacted on this meaning the waiting list for assessment currently stands at 130 with a >12 week wait
    - the service was currently running with a waiting list for treatment: this stands at 74 patients waiting for >24 weeks – this is significant during this time patients and families were not at school.

With regards recruitment, at the point of transfer, the service had 10.5 vacancies, there was only now a Speciality Doctor Post remaining.

There had been an increase of referrals for eating disorders, this was a specialist area that they were currently not equipped for so there would be a mixed phase of recruitment focusing on that skill set.

Next Period Actions:

- Improve performance and waiting times for Specialist CAMHS services
- Fully operational SPOA wih clinical posts in place
- Finalise School/Locality Offer and agree with partners

The Independent Member – Estates queried whether due to Covid we were likely to see an increase of referrals and what would be the plans to manage the potential bottleneck.

The DOCW replied that we were not ready to see, neither expected to see a significant spike in children's mental health, unlike adult mental health.

Similar to many services, in terms of capacity, they were confident that they could continue to assess via VC however this may not be

	sustainable as more families were waiting for face to face consultations. Finally to assure that there was no growing harm, they had implemented some hard stops, so in the case of a patient waiting 28 weeks a clinician should review the case at various time points to consider if a patient on a waiting list was at risk of harm, providing governance around the waiting list. The UHB Chair queried when the triage and consultation elements would be progressed and when progress would be seen with the digital options and website. The DOCW stated that with regards triage/consultation, posts are currently out to advert. The timescale for the website was not clear and therefore he would bring back an update to a future Committee meeting with the COO. The UHB Chair advised that the Committee should keep an eye on the neuro developmental situation which would relate to young children, it was agreed that this be included in the CAMHS update for the next Committee meeting together with concerns around waiting lists and capacity management. The CC commented that he would like to be kept up to date with regards all such key developments. **Resolved that:** • The Committee noted the status of the CAMHS service inherited by the UHB and the impact of Covid-19; • The Committee noted the improved performance for Part 1 services and continued challenges to delivery of Specialist CAMHS services; • The Committee noted the progress made to develop new service models and recruit to vacancies.	**SM/SC** **SM/SC** **SM/SC**
S&D 15/09/009 Saunders,Nathan 11/03/2020 16:38:11	**Integrated Medium Term Plan (IMTP)** The Executive Nurse Director (END) reminded the Committee that the aim of this item was to bring together performance, money and quality and demonstrate how we were impacting all those agendas at the same time. The report was based on the Quality Patient Experience Framework, Health and Care Standards and the key deliverables in the IMTP that focused on the Quality and Safety agenda. The END confirmed with regards to Infection Prevention & Control, improvement had been made in all key areas, although not hitting targets, a reduction had been seen. The END informed the Committee that we came from a position in Wales where we were ranked: • C. difficile – Ranked First • Klebsiella spp bacteraemia – Ranked First • S. aureus bacteraemia - Ranked Second • E.coli bacteraemia - Ranked Second	

	More work was required to ensure progress in all IP&C agendas however this had been impacted considerably by Covid. In addition the END was pleased to report how there were no hospital acquired Covid cases for the following number of days in: • UHW – 72 days • Llandough – 65 days • Barry – 93 days • St David's – 125 days • Rookwood – 148 days Since completion of the report, 10 serious incidents were closed in August, closure and learning remained a priority area for the QSE teams. There was particular focus on and support of Mental Health which had the highest number of open and serious incidents. Performance against response in 30 working days in concerns was now at an all-time high of 90% whilst the quality still remained. The work done by Patient Experience around bereavement during Covid was highlighted, this included chatter lines, virtual visiting and feedback from patients around PPE. The message to loved ones had been extremely powerful along with the bereavement hotline. The EMD added that the mortality review process was changing nationally with the introduction of a medical examiner but this had been delayed by Covid, the first medical examiner service was due to open 05/10/2020. The Independent Member - Estates queried about the type of feedback received and whether it had changed being more virtual. The END replied that the systematic feedback that would normally be received had not been brought back at the moment due to difficulties and the main feedback had been direct compliments to staff and the wards, the chat line and bereavement helpline had been most impactful. **Resolved that:** (a) The Committee noted the contents of the report and progress made against the actions outlined in the UHB IMTP.	
S&D 15/09/010 Saunders.Nathan 11/03/2020 16:38:11	**Board Assurance Framework Update – Sustainable Primary and Community Care** The DCG highlighted that she had looked into what this Committee had done in terms of Sustainable Primary and Community Care throughout the year which was supported by the report and which would impact on the mitigation and management of this risk which was also a risk on the BAF being presented to Board. The COO added that these risks were part of longer term challenges. Their approach in terms of primary care strategy was still based around the framework of SOFW, National PC Strategy, Issues of Sustainability,	

	improving access, and aligning ourselves to new ways of working i.e. Canterbury. He added how the key actions would be pursuing of multi-disciplinary teams in terms of sustainability, improving GMS access for patients, and moving services closer to home. A Primary Care Framework was being developed in terms of the approach to the pillars of the strategy and then the pathways around Mental Health, musculoskeletal, urgent care, chronic conditions and child health and frailty as being the main pillars of moving this forward. He concluded that resolving primary care resilience would require direct approaches as mentioned in the BAF as well as collateral approaches referenced in the strategy. The CC had brought to the attention the role of the pharmacy in this strategy landscape and queried if they were involved in this strategy. The COO confirmed that they were involved and that there were a number of granular level plans included in the actions and how multi-disciplinary would include pharmacies although on the BAF it would not detail every action. The DCG confirmed that not every action would be detailed just the key actions in relation to mitigating risk. **Resolved that:** a) The Committee reviewed the attached risk in relation to Sustainable Primary and Community Care to enable the Committee to provide further assurance to the Board when the BAF was reviewed in its entirety.	
S&D 15/09/011	**Other significant plans**: Infrastructure and Estates The EDSP confirmed that this was a regular update in relation to the capital programme in terms of the overarching schemes, what the risks were, and any changes to the programme. The CC was happy for the report to be taken as read and invited questions from members. The Independent Member – Estates questioned meeting the statutory obligations and mandatory obligations, what the differences were and risks faced. The EDSP responded that some are statutory and laid out in legislation i.e. being regulated by the Human Tissue Authority and statutory requirements around medical gasses. The mandatory ones did not necessarily have the same legal framework around them but were things we should still be doing. The EDSP highlighted that there were many competing priorities with the capital programme. The Executive team had close oversight over this and balanced decisions about a particular risk verses the risk of slowing down and not delivering the work programme associated with statutory compliance. **Resolved that:**	

	a) The Committee noted the content of the paper and supporting documentation b) The Committee was assured that the capital programme was being closely monitored to ensure the UHB meets its statutory and mandatory obligations referred to within the report.	
S&D 15/09/012	**Performance Reports:** Key Organisation Performance Indicators The COO highlighted that the waiting list position for planned care continued to age. Since the dip in unscheduled care attendances from April, it was now back up by 3000 per month and there was an increase in mental health activity from 300 to 900 referrals. There were positive outcomes in cancer with a V shaped recovery with 1500 referrals back in July, the single cancer pathway is back at 81% and the number of cancer treatments are back to 170 a month. The COO advised that we had been working under an operating model of being in a Covid ready state and that the relaxation of reporting and targets was still in place. The Deputy Chief Operating Officer (DCOO) provided a presentation and spoke about the scale of the challenge faced in terms of RTT and waiting list times. This was only of the components in terms of risk and there were higher categories in outpatient follow ups. Since June the waiting times had started to deteriorate and the waiting lists had started to grow. The DCOO then spoke about the second lens which was “Age”; analysis showed that while the waiting lists were static up to June and starting to increase, waiting times had significantly deteriorated across the board but had been impacted by Covid. The “Stage of Pathway” was then discussed i.e. what patients on a waiting list were actually waiting for: • Outpatients – represented 60% of the waiting list - biggest and growing problem • Inpatients and diagnostics – represented a 1/3 of the waiting list. The DCOO then touched on “Risk”, in terms of what was recorded on systems. The risks found were not based off prioritisation, neither were they systematic showing a crude measurement between urgent and non-urgent risks. The COO summarised that there were 280,000 patients in total, whilst our waiting lists remained largely static to June, they were starting to grow plus waiting times had deteriorated. 50,000 of patients on RTT pathway at outpatient stage plus 174,000 outpatient follow-ups. The COO discussed how strategically they could implement a framework going forward but there was significant work required to manage risk within the system as any model put in place would be a process not an event and would need managing.	

	He advised in treatment terms they were trying to safely regrow activity which faced challenges of logistics and confidence to improve the amount of activity whilst keeping things safe. The aim with outpatients wass not to re-establish what we used to do but instead re-establish something different. The DCOO gave a breakdown of the structure of the outpatient programme and the order of care model it was thought patients should sit in, in terms of Primary & Community Care and Secondary care. The COO concluded with the following considerations: • Do we default to a risk-based approach • How do we manage risk in transition • Do we think we can recover by working harder or commissioning more • How do we support clinical design and leadership but at pace • What is our 'phone first' moment for planned care. The COO then spoke about clinical design and what the first principles should be: • Designed by our Clinicians – so it is owned • Moving from time to clinical urgency • Hospital appointment as last resort. The CC asked about the Committee's role in terms of scrutiny of the process. The COO responded that the developments would be shared with the Committee every month together with progress against plans to return surgery and outpatients to pre Covid levels. The UHB Chair thanked both for the presentation and commented that it was key that the Committee be kept informed of progress. **Resolved that:** (a) The Committee noted the contents of the report (b) The Committee noted the presentation.	
S&D 15/09/013	**Performance Reports:** Key Workforce Indicators The EDWOD advised how the paper summarised the impact of Covid as headcount numbers increased due to extra recruitment and in turn increased employment costs, which also could be attributed to staff doing more overtime. Absence levels were at 10% which was lower than had been budgeted for but this had now decreased to 5% as expected even with the impact of Covid.	

	Formal training pieces had decreased due to no classroom training. Corporate inductions, were able to go ahead and training had now resumed with social distancing measures. The UHB Chair thanked the EDWOD and his team for producing the KPI table which clearly illustrated the Covid trends and was a major step forward from the previous report. **Resolved that:** a) The Committee noted and discussed the contents of the report.	
S&D 15/09/014 Saunders.Nathan 11/03/2020 16:38:11	**Influenza Vaccination Update 2019/20 and plans for 2020/21** The Executive Director Public Health (EDPH) highlighted that influenza vaccinations was one of the more important healthcare programmes that the UHB had and along with the Flu programme, would run alongside mass Covid vaccination, so was particularly important this year. The report provided a detailed status update on flu vaccinations: • Good progress was being made with patients over 65 and amongst frontline staff • Consistently exceeded national targets in frontline staff with flu uptake 63.5% last season • Primary school aged children numbers are increasing on a yearly basis since 2017 • Uptake in clinical risk groups under 65 has been a continuing challenge on a UK wide basis with other contributing factors i.e. people with asthma downplaying their actual flu symptoms with asthma symptoms. The EDPH added that the flu programme was always important as part of the winter plans as there was a range of key priorities that the programme included: • Increasing uptake amongst all risk groups, particularly those aged 65 or over with cardiovascular, respiratory, kidney or liver disease, diabetes and adults who are morbidly obese • Significantly increasing flu vaccine uptake in 2 and 3 year olds, and older children aged 11 to 17 years in clinical risk groups (delivered through Primary Care) • Maximising uptake in primary school children • Maximising uptake in health care staff with direct patient contact • Significantly increasing uptake in care home staff and staff providing domiciliary care. The EDPH further added that we had a more mobile population and higher levels than other areas of Wales of people from BAME communities which sometimes made it more challenging to increase vaccination uptake. **Resolved that:**	

	• The Committee noted the UHB's uptake of flu vaccination during 2019/20 (last season); the expansion of eligible groups for the 2020/21 flu programme • The Committee supported the implementation of actions to improve uptake in flu vaccination rates, in order to meet the expected increase in demand for flu vaccinations due to COVID-19.	
S&D 15/09/015	**Annual Update on Childhood Immunisation Uptake** The EDPH advised that during the Covid period, vaccination continued as an essential service although there was a decrease in uptake, normal levels were now returning. She highlighted uptake of most childhood vaccinations had increased in recent years with an increase in uptake of MMR for preschool children. Covid-19 had impacted on timeliness of the vaccination update. The EDPH highlighted some challenges in the available data systems, for example the Primary Care data system does not talk to the Child Health data system for vaccinations which still needed work on a national level. The Action plan priorities for 2020/21 in relation to childhood immunisations had been agreed by the Immunisation Steering Group in light of the Covid-19 pandemic and were pending approval by the Children and Women and PCIC Clinical Boards. These were: • An annual data cleansing and performance cycle for childhood immunisations (particularly at age 1, pre-school, and teenage). This will include an annual data cleansing process to ensure accuracy of data held on the Child Health Information System. • Improvements in the IT systems used by Primary Care and Child Health for documenting immunisations to improve efficiency and accuracy of data. • A regular cycle of escalation which identifies and supports Primary Care with low immunisation uptake to put in place evidence-based interventions. • Dissemination of quarterly Primary Care and cluster uptake profiles, which identify trends and compares C&V with national averages, together with follow-up discussions with localities, clusters and Community Directors to focus action. • Implementation of the Measles Elimination Action Plan for Wales to increase uptake of MMR across age groups. • Delivery of a communications package to raise awareness and provide evidence-based information. The UHB Chair commented that these were very important areas of work and voiced his support for the programme. **Resolved that:**	

	a) The Committee noted the UHB's current uptake of childhood immunisations and forthcoming changes to the immunisation programme; b) The Committee supported focused action on implementation of actions to deliver changes to the programme to improve uptake in childhood vaccination rates.	
S&D 15/09/016	**Move More, Eat Well Plan** The EDPH advised that this was launched late with the particular focus on workplaces, communities and healthy travel. They were now also looking to implement in schools where appropriate depending on the Covid-19 situation. It was highlighted that there was a question on how to support older people who did not have digital access and a guide was now available digitally and via a hard copy. It was a stay well whilst staying at home guide. This was accessible via council hubs, independent living housing scheme, Vale 50 plus forum etc. The EDPH added that it was a push to keep people healthy within the context of Covid and that good work was being done to include older people. **Resolved that:** a) The Committee noted the verbal update.	
S&D 15/09/017	**Committee Effectiveness Review** The CC had agreed the paper for noting. The UHB Chair queried that the action called for a more robust agenda setting but feels it could be a more deeper than just the agenda setting. He mentioned how the COO highlighted that we should deal with the work planning rather than the agenda setting to avoid time pressures towards the end of the period and feels that work plans should be included. The DCG agreed that out of the 18 questions asked that this area requires more work around the work plan. **Resolved that**: a) The Committee noted the results of the Committee's self-assessment Effectiveness Review for 2019-20; b) The Committee approved the action plan for improvement to be completed by March 2021 in preparation for the next annual self-assessment which will feed into the 2020-21 Annual Governance Statement.	

S&D 15/09/018	**Regional Partnership Board (RPB)** The CC stated that he would like to be more informed regarding the RPB as it fed into strategic and delivery issues. The EDSP agreed to meet with the CC. The Committee was asked to note that there was now a further year of ICF & Transformation funding and work was in process around the range of initiatives available. **Resolved that**: a) The Committee noted the update on the RPB.	
S&D 15/09/019	**Changes in Nursing and Midwifery Education** The CC asked the Committee to note the contents of the paper. The UHB thanked the END for the work involved. **Resolved that:** a) The Committee noted the contents of the report.	
S&D 15/09/020	**Review of the Meeting** The CC thanked everyone for their contribution during his first meeting. All confirmed it was a good meeting with an appropriate level of Independent Member challenge and scrutiny.	
S&D 15/09/021	**Date & Time of next Meeting** Tuesday 10th November 2020 9:00am – 12:30pm Via Skype	

Public Action Log

Following Strategy & Delivery Committee
Held on 15th September 2020

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/ COMMENT
Completed Actions					
S&D 20/03/011	Strategic Equality Plan	6 monthly update report be brought to the Committee	15/09/20	Martin Driscoll	**Complete**
S&D 20/03/012	Update on CAHMS Strategy	An update report be brought to the Committee in six months' time	15/09/20	Steve Curry	**Complete**
UHB 20/03/014	Move More, Eat Well Plan	Item for discussions from previous Board meeting on how we provide this information to older persons who may not have digital access	15/09/20	F Kinghorn	**Complete**
S&D 20/01/009	Excel at Teaching across the UHB	A paper on nursing and midwifery teaching across the UHB be brought to a Committee meeting	15/09/20	Ruth Walker	**Complete**
S&D 20/01/020	Workforce Key Performance Indicators – Themes and Trends	A 6 monthly report be provided that specifically identified themes and trends.	15/09/20	Martin Driscoll	**Complete**

Actions In Progress					
S&D 19/10/010	Leadership Engagement (previously Amplify Outcomes)	A paper be brought to Committee outlining how development will be monitored to ensure Leadership Engagement outcomes are delivered	**10/11/2020**	Martin Driscoll	On Agenda for November, item 4.1
S&D 20/01/016 **S&D 15/09/006**	Developing a Performance Framework Update	An update report be brought to the Committee meeting in May 2020 An update on the work concerning performance dashboards EMD, DCG & DDHI to meet regarding the performance indicators dashboard	15/09/20 **10/11/2020**	David Thomas David Thomas David Thomas / Stuart Walker / Nicola Foreman	Update was brought to the September meeting On Agenda for November, item 2.1 Oral update to be provided at November meeting
S&D 15/09/007	Strategic Equality Plan – Action Plan	To bring an updated action plan with set target/criteria as well as a timeline with set time points to a future meeting	09/03/2021	Keithley Wilkinson	Update to be brought in March 2021
S&D 15/09/008	CAMHS Strategy Update	To bring a final CAMHS update to Committee in relation to: • Neurodevelopmental situation • Early intervention position • Appointment of clinical posts	**10/11/2020**	Scott Mclean / Steve Curry	On Agenda for November, item 3.1
S&D 20/07/013	Tertiary Services Update & Presentation	A request that an update on Tertiary Services Progress be brought to a future meeting	12/01/2021	A Harris	Update to be brought in January 2021
	Integrated Medium Term Plan (IMTP)	An update to be brought on how to introduce milestones & how to deliver against these milestones	**10/11/20**	A Harris	On Agenda for November, item 3.3

Report Title:	**Requested update on Neurodevelopmental Assessment services for children**								
Meeting:	**Strategy & Delivery Committee**							**Meeting Date:**	**10/11/2020**
Status:	**For Discussion**	**X**	**For Assurance**		**For Approval**		**For Information**		
Lead Executive:	**Chief Operating Officer**								
Report Author (Title):	**Scott McLean, Director of Operations: Children & Women's Clinical Board**								

Background and current situation:

At its previous meeting the S&D Committee signed-off the mainstreaming of the SCAMHS transfer from CTMUHB to C&VUHB, i.e. – it was no longer a service who's transition required bespoke reporting and that its delivery would be situated in C&VUHB business-as-usual.

At that meeting, while Neurodevelopmental Assessment is a different service delivered by a clinical team, S&D Committee members requested an update on Neurodevelopment to come to the next meeting: the attached presentation provides that update.

Executive Director Opinion/Key Issues to bring to the attention of the Board/Committee:

The length of time children wait for Neurodevelopmental Assessment is increasing. This is a compound effect of a long-standing demand/capacity gap, and the impact of the COVID-19 pandemic.

The team have presented compelling transformation and performance management plans, however, it is unlikely that the pre COVID-19 target of 80% of children being seen within 26-weeks of assessment will be achieved for at least 12-18 months.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

There is pre-existing public, political and media interest in this area (across Wales and the UK as a whole). This is likely to increase as Neurodevelopmental waiting deteriorates across most of the UK.

Recommendation:

That the Committee **NOTE** the report and **ENDORSE** the transformation and performance management arrangements outlined.

Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
1. Reduce health inequalities	**X**	6. Have a planned care system where demand and capacity are in balance	**X**
2. Deliver outcomes that matter to people	**X**	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect	**X**	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	**X**
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	No

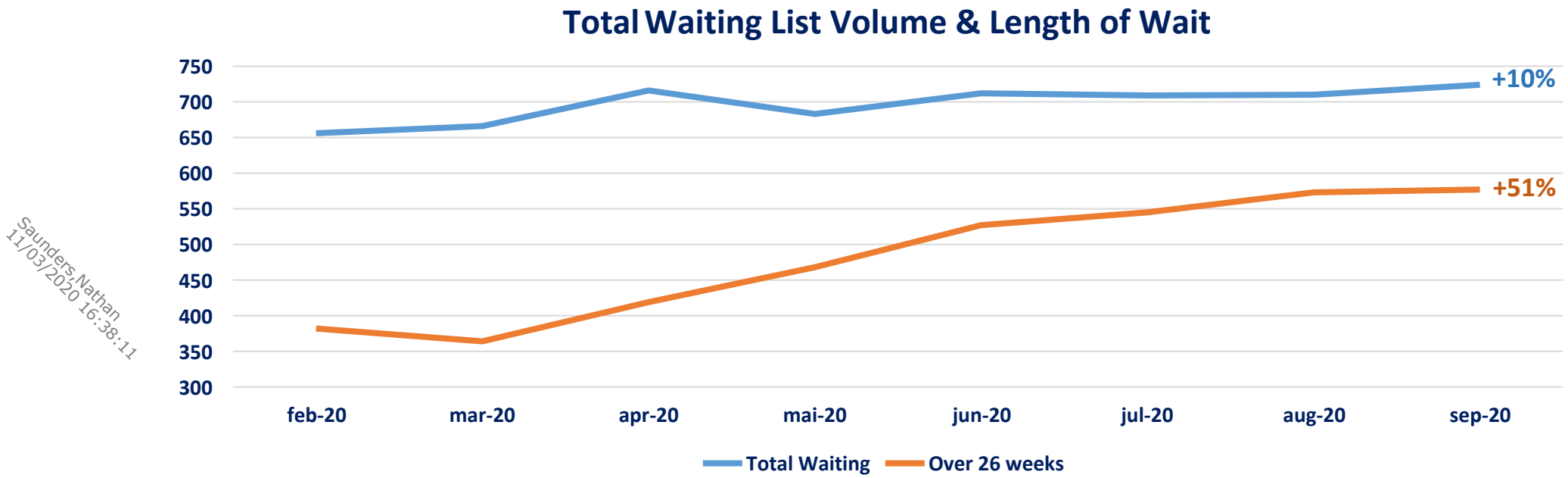
NEURODEVELOPMENT WAITING TIMES IN C&VUHB

S&D Committee Update

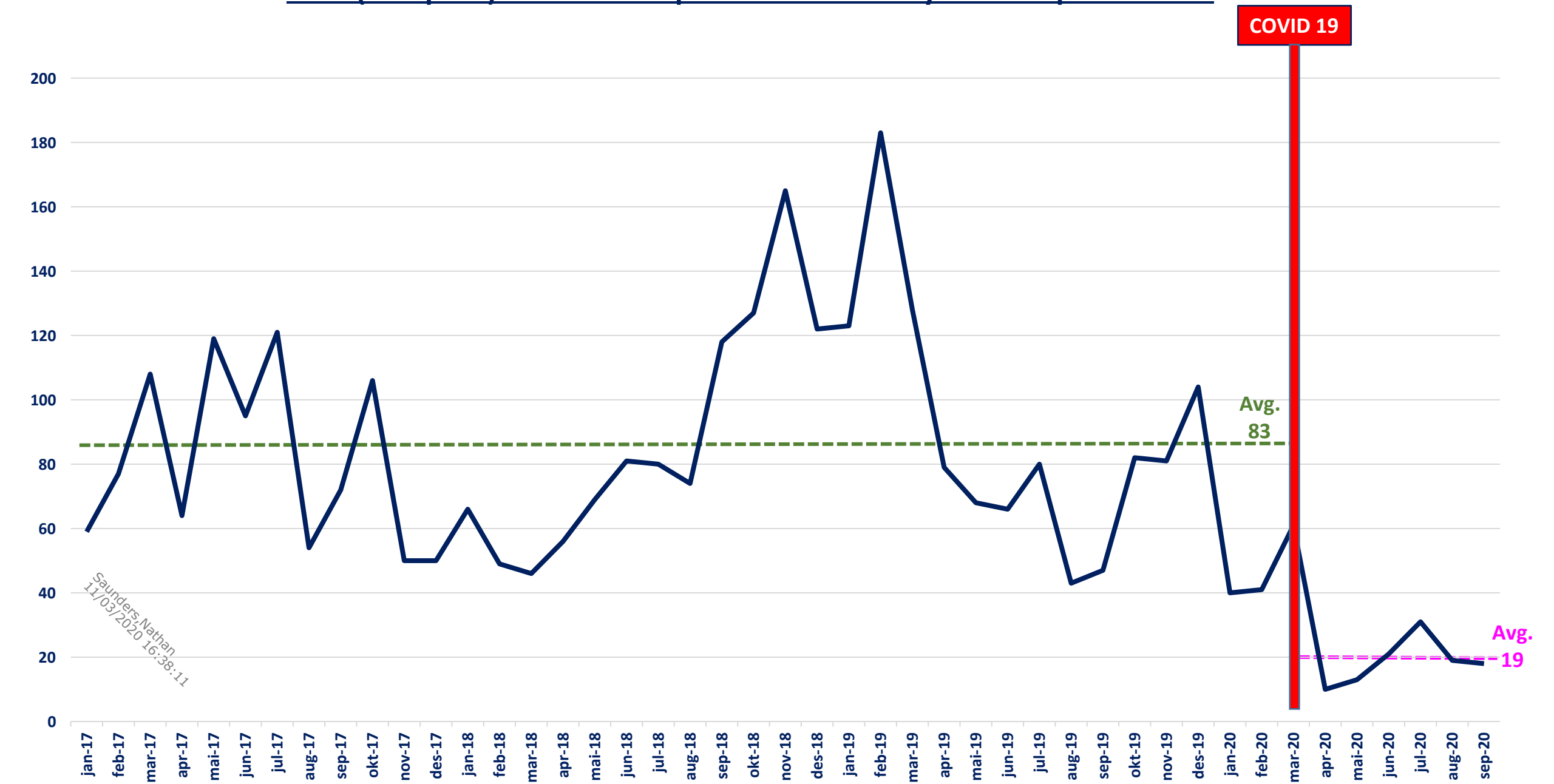
November 2020

PERFORMANCE

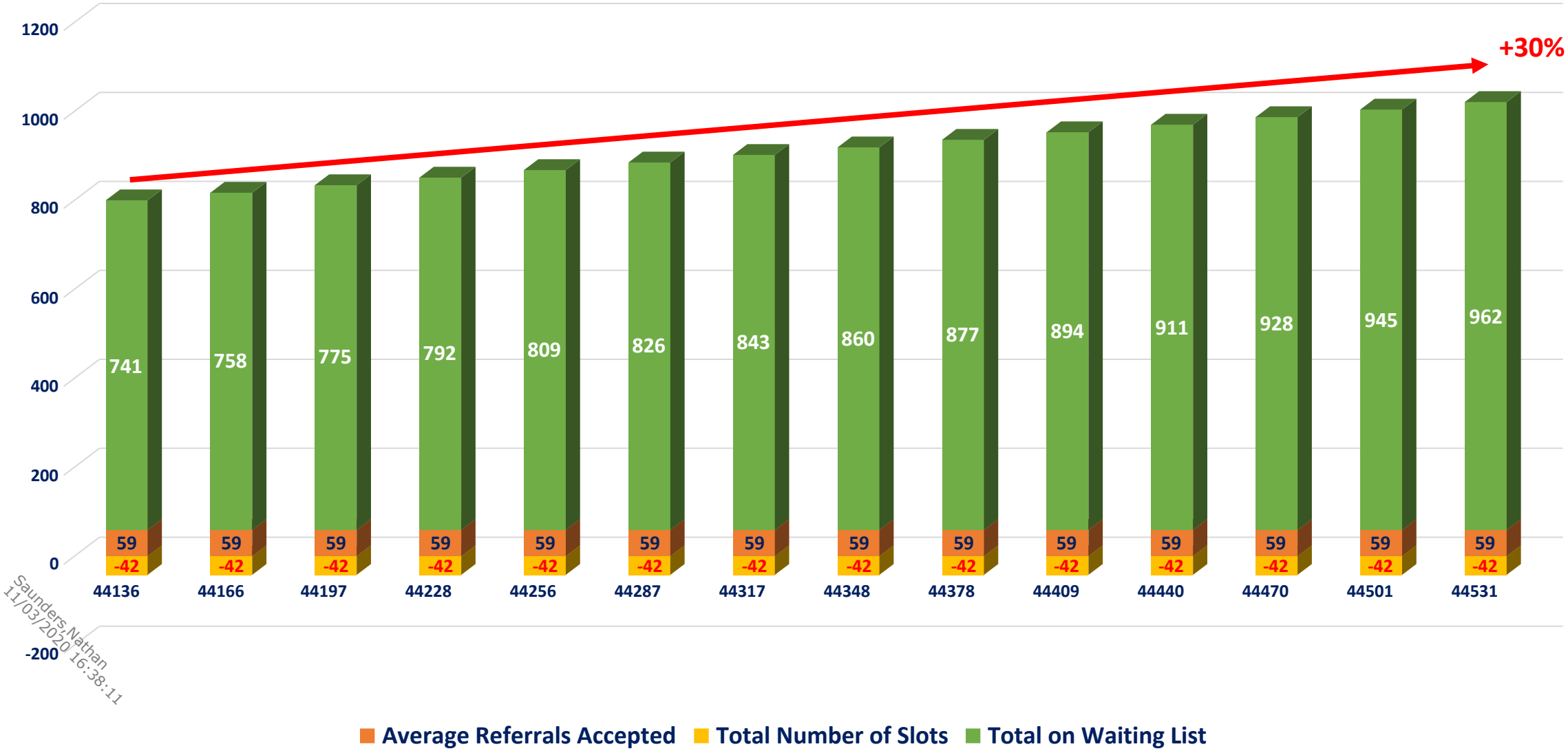
- The target is that 80% of newly referred patients should be seen & assessed within 26-weeks of referral
- Target compliance up until April 2019
- Local clinical decision in May 2019 to stop seeing new patients and focus on high-risk review patients
  - This decision, though appropriate for review patients, had unsatisfactory governance/escalation
- This created growing waiting lists: both volumes and length-of-wait
- COVID-19 has compounded the problem for length-of-wait. Volumes waiting for assessment have remained relatively constant because the team has reviewed all children on the waiting list during the last few months and performed assessments (either partial or total) where appropriate
- September 2020 performance against the 26-week target was **23%**



New (accepted) ND referrals per month: January-17 to September-20

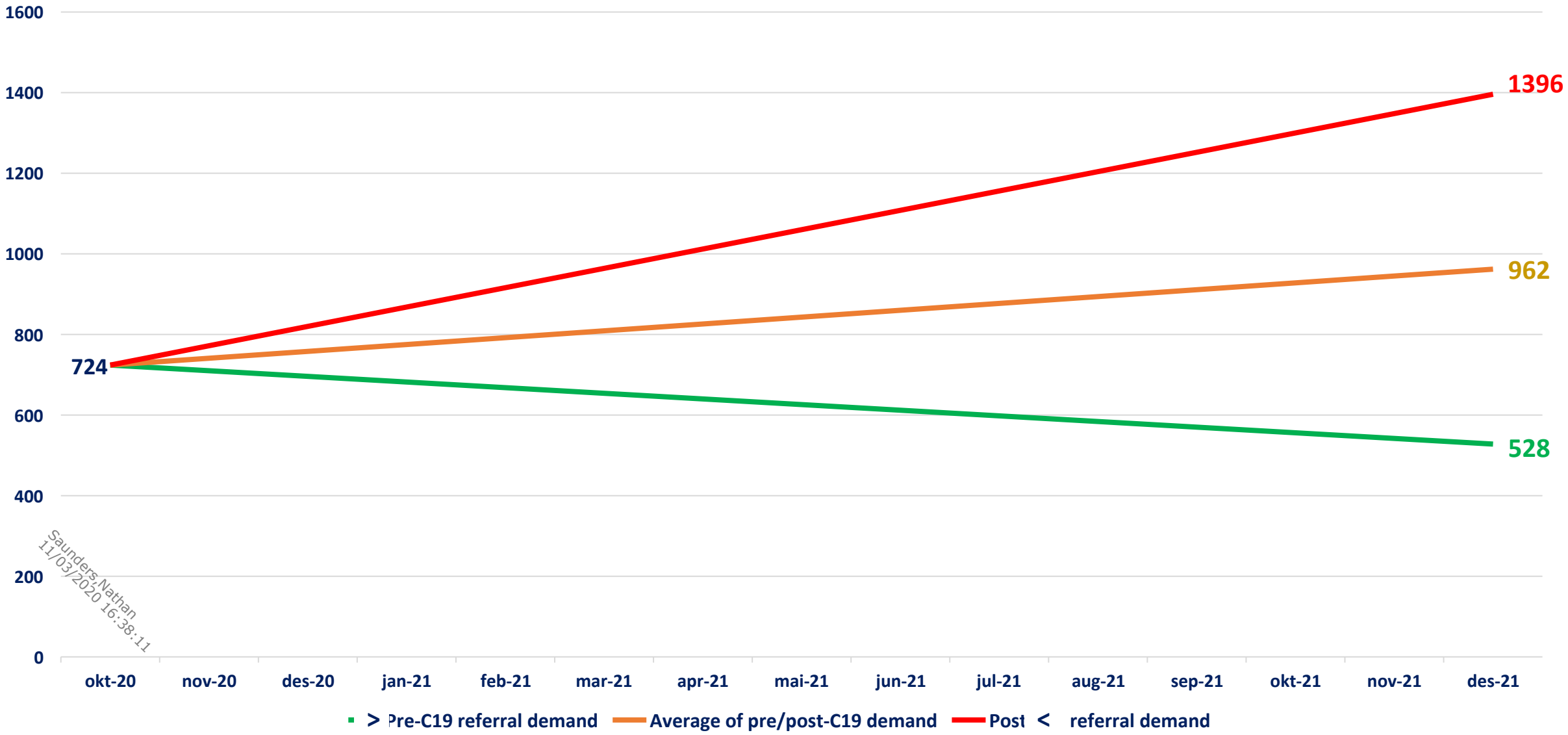


Predicted all-age waiting list volumes based on an average of pre-C19/post-C19 referral demand vs. current capacity*

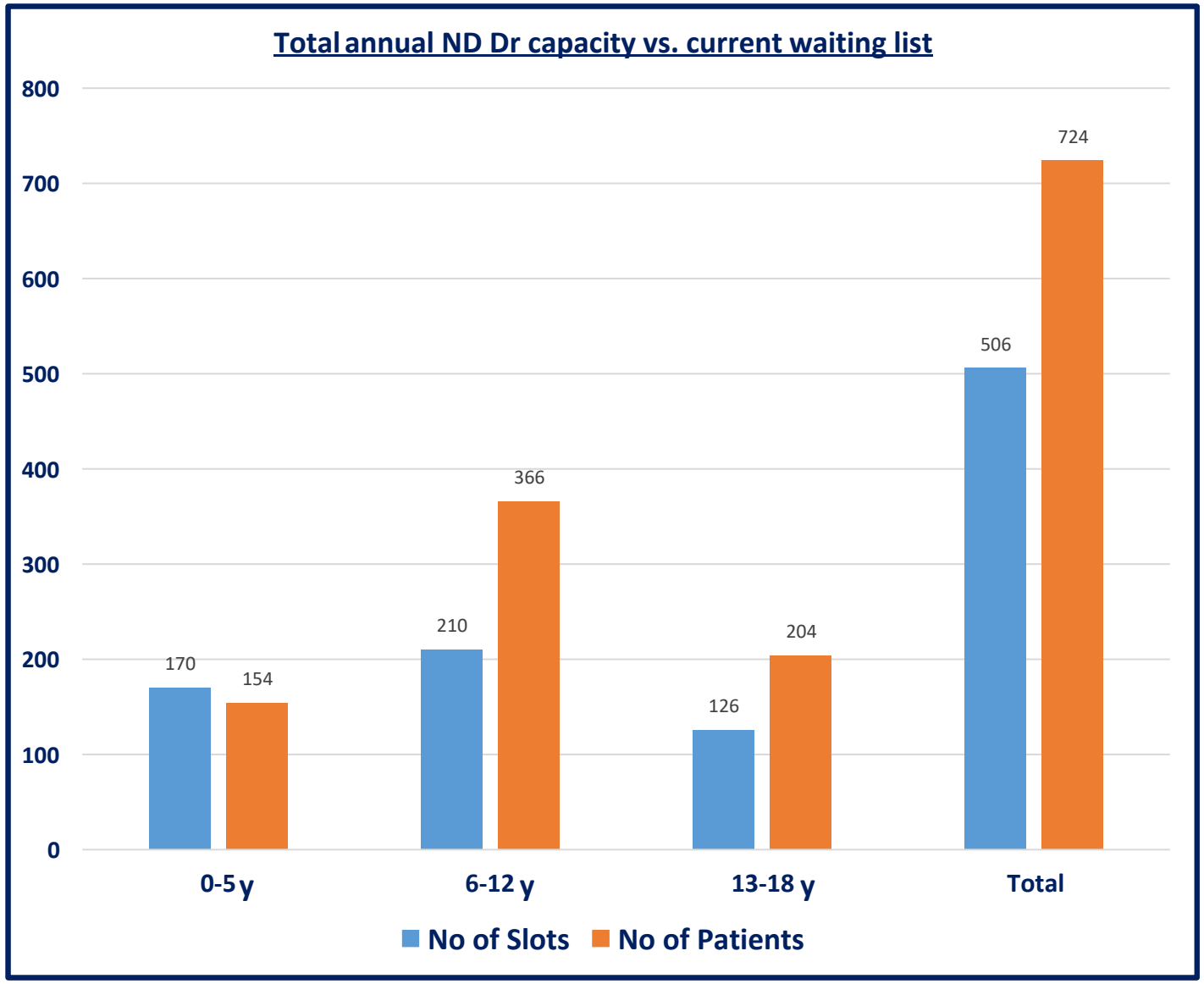


* accepted referrals

All-Age waiting list volumes based on: (i) pre-C19 referral demand, (ii) an average of pre-C19/post-C19 referral demand, and (iii) post-C19 referral demand vs. current capacity*



- Transformation work is underpinned by a realisation that the "Dr only" model will lead to further deterioration in ND waiting times.
- Analysis of the current waiting list has looked at the team of professionals required to assess all children.
- For children aged 1-5yrs there is adequate Dr capacity, and a preference that these children are seen by a Dr.
- For school age children, capacity for those requiring Dr input/and or medication is adequate, but inadequate for ASD assessment.
- For teenage assessments there is a gap in paediatric Dr capacity for ASD assessment.
- For the Dr capacity gap in 6-18yrs we are redesigning to an age-stratified risk-stratified MDT solution.



ND Transformation 2020

Clinical Psychologist-led Assessment

- Ages: 6 to 13 years
- Transformation work to change lead professional
- Triage: no health concerns or ADHD identified at referral
- Model: assessment, advice, support and di

School Age Team: Dr-led Assessment

- Ages: 6 to 13 years
- Joint working with other therapist as identified at outset
- Triage: possibility of ADHD (+/- ASD) possible outcome

Core ND team for additional support where MDT decision required with second opinion

Pre-school age joint SALT/Dr team

- Ages: 5 years and under
- Joint working with SALT (who have usually already started to see child) and Dr
- Joint decision on assessment outcome within MDT

Young Peoples ND team

- Ages: 14 years and over
- Joint working by ND CAMHS consultant and identified therapist as allocated in assessment triage

SUMMARY

CONTRIBUTORS

- May 2019: Concerns raised that children were not receiving timely follow-up when on medication.
- Clinical Team took the decision to prioritise their resource to make this clinically safe.
- This had unsatisfactory governance and resulted in decreased numbers of new referrals being assessed.
- March 2020 National Lockdown: face-to-face assessments put on hold and position deteriorated further.
- School Closures meant information could not be sourced from schools for assessment.

TRAJECTORY TO TARGET COMPLIANCE

- With current backlog, demand projections, capacity projections and mitigations/transformation we predict that target compliance will may 12-18 months to achieve.
- As per the Primary Mental Health Tier-1 improvement this will be performance managed on a fortnightly basis by the C&W Clinical Board.

MITIGATIONS & SOLUTIONS

- Community Paediatricians resumed seeing new patient referrals in October 2019 until March 2020
- All cases waiting were reviewed during the COVID-19 lockdown.
- Moves to an age-stratified risk-stratified model agreed with MDT.
- Capacity and Demand mapped based on the revised age-stratified risk-stratified model.

<u>Per discipline:</u>

- Dr job planning has identified capacity can be achieved for those requiring Dr input.
- Piloting MDT approach and identified SALT and psychology time to assess those waiting.
- Major gap identified for school age ASD assessment
  - pilot Psychology-led approach (using medical vacancy money) = +160 slots per year.
  - additional psychology time put in place until March 2021.
- Additional OT input utilising vacancy funding.

Report Title:	**Planning Update**								
Meeting:	S&D Committee						**Meeting Date:**	10.11.2020	
Status:	**For Discussion**	**x**	**For Assurance**		**For Approval**		**For Information**		
Lead Executive:	**Strategic Planning**								
Report Author (Title):	**Executive Director of Strategic Planning**								

Background and current situation:

The normal NHS planning process has been replaced by a quarterly process for 2020/2021, and we expect that an annual plan will be required for 2021/2022 rather than a three year plan due to the ongoing uncertainty created by the ongoing pandemic.

This briefing is to provide an overview of the planning requirements and key work programmes that the Strategic Service Planning Team will be progressing over the remainder of the year.

Executive Director Opinion/Key Issues to bring to the attention of the Board/Committee:

The Strategic Service Planning Team has a very busy six months ahead in terms of planning requirements. Support from the PMO will be required to support the work as the core Strategic Service Planning team is very small.

This is an important programme of work that will provide an important opportunity to engage with our staff and communities on how services need to be shaped in the future to meet changing demand and to respond to new drivers. The plan for next year will be key to outlining to the organisation and our stakeholders, including Welsh Government, what actions we are taking to deliver the priorities we have identified – both those required to achieve the milestones set out in our strategy, and the requirement of the Welsh Government. The health board leads the planning process for the RPB, with a small team funded from ICF funding working on behalf of the RPB partners. There is an expectation set by Welsh Government that the RPB takes an increasingly central role in planning of services in the local region.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

Strategy and Delivery Committee
Planning Update – October 2020

1. Q3/4 Plan

The Health Board submitted the plan to Welsh Government on 19th October as required and a final copy has been shared with the CHC. It was very helpful to have the CHC's comments on the draft plan.

In order to the address the requirements of Welsh Government the plan has been designed though the lens of the four harms associated with COVID-19 (below bold). Within these four harms the UHB then sets out its response to the issues raised by Welsh Government.

- **Direct harm of covid-19**
  - Bed Capacity

    - TTP
    - Mass vaccination preparations
    - Our workforce response
- **Indirect harm of covid-19**
    - Our approach to planned care – undertaking as much planned care as we can safely
    - Maintaining essential services including cancer, major trauma etc.
    - Primary care – building on the new ways of working introduced by practices and clusters during the first phase of the pandemic.
- **Preventing our system becoming overwhelmed**
    - Our 'in-extremis' plans
    - Our critical care plans
    - Our workforce 'in-extremis'
    - Working with our partners to protect the system
    - Our approach to winter
- **The wider harm of covid-19**
    - Mental Health
    - Long COVID
    - Service collaboration – working with local authority partners to address the medium to long impact of COVID in our communities.

The approach taken to develop the plan against this architecture involved the following:

Firstly, undertaking some detailed scenario planning which looked at understanding the worst case scenario, the best case scenario and the 'central ground'. This was subsequently followed by understanding the key risks which would face the UHB in the context of these scenarios. The key risks identified included;

R1: COVID-19 prevalence exceeding modelling
R2: The impact of R1 on system capacity
R3: The impact of R1 on finance (above funded plan)
R4: The impact of R1 on our workforce
R5: The additionality of a particularly harsh winter

It was then possible to develop a plan which considered these scenarios whilst mitigating the risks.

At the same time development of the plan ensured wider system alignment with key policies/frameworks/strategies such as - The Welsh Government Winter Protection Plan, A Healthier Wales as well as the UHB's own *Shaping our Future Wellbeing* strategy.

Finally work was undertaken to also ensure alignment with other proposals which the UHB were developing in relation to accessing a proportion of the £30m urgent and emergency care fund. The Q3/4 Plan is attached at Appendix 1.

2. Winter Protection Plan

Welsh Government published its Winter Protection Plan last month and required Regional Partnership Boards to develop local Winter Protection Plans setting out the actions that the RPB

partners would be taking to ensure that health and care services are able to respond to the expected winter pressures which are anticipated to be exacerbated by the second (and possible) third wave of COVID19. £1.3m has been provided to the RPB to support implementation of the Winter Protection Plan and is to be focused on discharge to assess and recovery. Specifically, the plan references how we can continue to support care homes.

The Plan has been finalised submitted to the Welsh Government on 30th October, with formally approved by the RPB on 3rd November. The Winter Protection Plan is attached at Annex 2.

3. Looking to the Future

Annual Plan 2021/22:
The Welsh Government has already signalled that an annual plan will be required for next year as it is highly likely we will still be operating in an environment of considerable uncertainty created by the ongoing pandemic. In developing the annual plan, we will need to ensure that we build on the COVID-ready approach we have taken in our quarterly plans for this year, so that we are prepared to respond rapidly to any sudden increases in COVID demand. We will also need to set out in our plan how we will continue to bring back more of our non-COVID activity, but doing this in a way that reflects the innovations and improvements we made in the early response phase to the pandemics. In many areas we were forced to make changes to the way we deliver services, but the majority of changes were already signalled in our strategy and emergency clinical services redesign programme. We have moved more services away from acute hospitals and delivered more services on a cluster basis in primary care, and we have seen a digital revolution which has enabled new approaches to delivering care to be implemented and accelerated. The IMTP approved by our Board in January 2020 set out an ambitious programme to continue to improve services - better outcomes for Wyn and better use of his time, and a continued shift to 'home first' and getting upstream to focus more on prevention and early intervention to reduce chronic diseases and tackle the stark inequalities that still remain between our communities. The plan also set out how, through this work we would also fully embed value based healthcare, which would contribute to us making significant inroads to us eliminating our underlying deficit.

Strategy review and refocus:
We have taken time as a Management Team to take stock of progress with the delivery of Shaping Our Future Wellbeing and are setting out the programme of work needed to deliver on the next key milestones over the next few years and how we will measure our progress. This will include our programme of development for community services, including primary care and integrated locality based integrated health and care services. (This will be presented to the Committee).

Shaping Our Future Clinical Services:
We are keen to progress work on shaping our future clinical services model, building on the work that commenced in earnest last year. We had intended to develop the engagement process in early spring ready to engage during the summer but this work was put on hold due to the need to focus on our response to the pandemic. There is agreement that we do need to progress this work, and take the learning from COVID and reflect how things will potentially look very different in a post COVID world.

We have appointed an Associate Medical Director for Clinical Strategy – Dr Nav Masani, and a programme lead for the Clinical Redesign Programme – Victoria LeGry who was our programme lead for Major Trauma and Dragon's Heart Hospital. We have a meeting scheduled with the CHC

Chief Officer to discuss the engagement programme and the outline shaping our future clinical services programme.

RPB Planning:
During the next year we will need to undertake the planning work to refresh the Area Plan developed by the RPB. We have made good progress with implementing the current plan, and have recently agreed strengthened planning and governance arrangements to ensure we further develop the agreed actions we need to take with RPB partners to deliver the outcomes described in our RPB Outcomes Framework. This work will need to include transition arrangements for the range of services and initiative resource through non-recurrent revenue funding which is due to come to an end in 2021/2022.

Sustainability Action Plan:
We will be taking a draft sustainability action plan to our Board meeting in November which sets out the action we will be taking to respond to the climate emergency. The delivery of healthcare carries a significant carbon and environmental footprint and we have committed to being an NHS exemplar on this. We are fortunate to have some leading clinical champions known on a national platform for their work on sustainable healthcare and we would be happy to come to a future CHC meeting to talk in more detail about this work. The outline of the Sustainability Action Plan is set out in the accompanying document.

Recommendation:

The Committee is asked to NOTE work on going in relation to planning over the next six months.

Shaping our Future Wellbeing Strategic Objectives
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant, click here for more information

Prevention	Long term	Integration	Collaboration	Involvement

Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

CARDIFF AND VALE UNIVERSITY HEALTH BOARD

SERVICE DELIVERY PLAN 2020-21

QUARTERS 3 and 4

Contents

EXECUTIVE SUMMARY

2020 has been a year like no other as we continue to tackle the unprecedented global challenge of Covid-19. Like others this pandemic has tested our organisation and our staff in all manner of ways. As this will unfortunately continue to be the case we have developed a plan for the remainder for 2020/21 which continues to address the challenge head on.

As it is neither possible nor desirable to set out a fixed plan for the coming six months due to the unpredictable nature of this pandemic. As such we have developed three broad scenarios (not predictions or projections) for the coming six months to support in our thinking and help us produce an agile and flexible plan. These scenarios were;

Covid-19 "worst-case"
Covid-19 "best-case"
Covid-19 "central"

For the purposes of writing this plan we have adopted the Covid-19 "central" scenario as our triangulation point. It remains vital though that this is seen within the context of the UHB continuing to adopt its approach to gearing and thus being ready to respond to any eventuality.

To ensure we continue to meet the needs of our local population over the coming six months and beyond whilst at the same time supporting our extraordinary staff we have used what these scenarios have told us to shape the description of our responses around the four harms associated with Covid-19 *(i) Harm from Covid-19 itself, (ii) the indirect harm of Covid-19, (iii) harm from an overwhelmed NHS and social care system (iv) harm from wider societal actions*.

Harm from Covid-19 itself

Our bed modelling shows;

- Total physical bed capacity is likely to be sufficient in all plausible scenarios once the full surge capacity is in place
- Prior to that there remains a theoretical risk that demand in a RWC scenario would exceed bed availability
- The greatest period of risk may well be during December & January, when the totality of the surge capacity is not yet available, in the event of a Covid-19 second wave 2-3 times larger than the first and coinciding with winter
- Specific bed demand and timing of that demand will be determined by both Covid-19 and the extent to which non-Covid-19 returns to normal (both of which are demand-driven and not predictable), with elective activity having a comparatively marginal effect on bed demand
- However modelling suggests that planning for up to 1600 beds will be adequate for all but the worst-case Covid-19 scenario

Harm from an overwhelmed NHS and social care system

Our plan describes the replacement field hospital to the DHH - a temporary modular build which will accommodate up to 400 beds known as 'the lakeside wing'. This capacity will be delivered in 2 phases with phase one due to deliver 166 beds by the 25th November and Phase 2 to deliver the remaining beds by the end of January 2021.

In addition we describe the work we are doing with our wider partners across social care to manage pressures and challenges being faced across 'test, track and trace' and care homes.

Our Workforce

Through scenario planning our plan shows that we understand what our workforce needs are and that workforce is the biggest issue facing us which must be effectively managed.

Covid-19 worst-case – this would involve staffing our internal additional surge capacity beds (106) across critical care and additional IP beds created in UHW, UHL, Barry & St David's. In addition, we would need to staff our additional field hospital capacity of 350 field hospital beds and further 50 IP beds in Lakeside Wing. This represents a total additional bed capacity of 506.

Covid-19 best-case – this would involve retaining existing staffing levels; recruiting temporarily into the 50 additional winter bed capacity; maintaining absence levels at around 5.5%; continuing to recruit permanent posts to manage turnover and; with a focus on returning non-Covid-19 (emergency and elective) to normal levels. This represents a total additional bed capacity of 156.

Covid-19 central scenario – this would involve retaining existing staffing levels; recruiting temporarily into the additional winter bed capacity; temporarily redirecting/redeploying staff from acute non ward areas and service closures to staff the internal additional surge capacity and a further 166 beds in the field hospital facility (116 field hospital beds and 50 IP beds in total). This represents a total additional bed capacity of 272 (50 + 106 + 116).

In-direct harm from Covid-19

In the context of our Planned Care strategic framework we are maintaining a focus through quarters three and four on two key elements of planned care –

Treatments: key activities to increase activity across- Orthopaedics, our second cardiac theatre, day Surgery at UHL and cataract activity
Outpatients: Key activities across Clinical Prioritisation, Adapted ways of working and configuration

In addition we have a plan that sets out how the range of essential services which we provide will be maintained over the coming period.

Harm from wider societal actions

We outline the actions we will be taking in regards to long Covid-19 and specifically our population's mental health and wellbeing along with how we are working with our health partners to deliver sustainable health services collaboratively where clinically appropriate.

Our other critical enablers

Finally we address the other critical enablers and associated actions which will underpin the success of this plan. These include;

- Effective management of our finances
- Our capital and estate
- Our approach to research, development, innovation and technology
- The effective management of winter

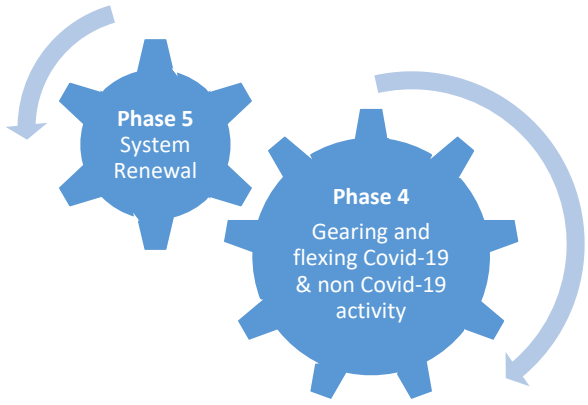
OUR APPROACH TO PLANNING

2020 to date

Our initial 2020/21 plan developed in quarter one and refined in quarter two indicated the UHBs immediate acute response to the pandemic and was described through a series of phases (below) underpinned by a *gearing* approach..

Phase 1	Repurposing capacity and zoning within UHB acute hospitals
Phase 2	Commissioning new infrastructure and additional capacity within UHB facilities
Phase 3	'In Extremis' planning- the commissioning short-term surge capacity outside UHB facilities
Phase 4	The ongoing response to the pandemic- our operating model and gearing approach to ensure that the UHB is able to continue to provide a flexible approach to developing and balancing our capacity to deliver essential services
Phase 5	our proposed approach to system renewal

Quarter 3-4 planning



Unfortunately Covid-19 is going to exist within society for some time and as such our system must adopt and further learn to operate within this context.

Whilst we have moved out of a period of emergency planning (phases 1-3) we now operate in a circular process in order to continually balance phases 4 and 5.

Our core aim in this quarter 3&4 plan has been to describe how we will do this to best affect. To deliver this aim our thinking had to go through a number of initial steps-

i. Scenario Planning

From an early stage in the pandemic the UHB has established the concept of 'gearing' reflecting the need for health services to be adaptable and respond differently depending on the prevalence of Covid-19 and the resulting impact on service provision. The original gearing levels remain extant (see table 1) but of course the breadth of each 'gear' means there are also multiple degrees within each of these levels. Consequently this approach sets the framework for our response and planning, but the position is reviewed multiple times per day with dynamic decision-making.

Table 1

	Post-COVID-19	Significant	Substantial	Severe	In extremis

COVID-19 daily attendances	0	0 – 50	50 – 100	100 – 200	> 200
COVID-19 daily admissions	0	0 – 25	25 – 50	50 – 100	>100
COVID-19 patients in hospital	0	0 – 250	250 – 500	500 – 1000	>1000
COVID-19 critical care	0	0 – 35	35 – 75	75 – 150	>150

The emergence of Covid-19 has brought unprecedented challenges and uncertainties to the operational delivery and operational planning of health services. To exemplify this the latest modelling indicates NHS Wales needs to be in a position to respond to a range of 0 – 68,000 Covid-19 infections per week and 0 – 2000 Covid-19 hospital admissions per week, with Welsh Government requiring the UHB to make up to 795 hospital beds available for Covid-19 patients.

The timing of a second wave (or indeed the reality that we are already in it given the consistent uptake in cases we are seeing within our local population) is uncertain and may coincide with non-Covid-19 winter pressures. In addition it is unknown what impact this second wave will have on non-Covid-19 emergencies, following a substantial drop in demand during the first wave. This uncertainty with emergency demand compounds a substantial backlog of elective work – at historically high levels – and an unquantifiable level of unmet demand resulting from the first wave.

Given this context it is clearly not possible or desirable to set out fixed plans for the forthcoming six months. Rather the task is to clearly articulate how we intend to respond at different levels of Covid-19, i.e. the *gearing* approach, and the potential implications for our service delivery, our workforce and our finances.

To that end we developed three broad scenarios (shown in table 2), representing the range of plausible circumstances (for Covid-19) over the coming months, to test thinking:

Table 2:

Scenario		Gear	Description
1	**Covid-19 "worst-case"**	**Severe**	Utilising the Swansea University RWC model for Covid-19 (although bed figures adjusted) plus typical effects of winter for non-Covid-19.
2	**Covid-19 "best-case"**	**Significant (lower end)**	Equivalent of the situation over the past few months persisting. Low prevalence of Covid-19 remains for the rest of the financial year but does not disappear entirely. IP&C controls still required and minimal Covid-19 capacity in place but otherwise the focus is on returning non-Covid-19 (emergency and elective) to normal levels.
3	**Covid-19 "central" scenario**	**Substantial**	A second (and potentially third) Covid-19 wave occurs of similar size and duration to the first wave.

The specifics of these scenarios are set out in **appendix one.** However it is important to stress **these scenarios are not predictions or projections**. These are purely scenarios to support our planning and provide an indication of the implications for service delivery, finance, workforce etc.

For the purposes of ultimately writing this plan and providing an accompanying minimum data set (MDS) we have used the **Covid-19 "central" scenario** as our triangulation point. However as reiterated at various points this must be acknowledged in the context of the UHB possessing a clear approach to *gearing* which allows us to be both flexible and agile in terms of how we deliver the required level health care services to our population in other scenarios if required.

We also used the collection of MDS information as part of this exercise and to triangulate what the *'art of the possible*' was within these scenarios.

ii. Identifying risk

We then identified the high-level risks presenting themselves in these scenarios (shown below). This allowed us to be clear on where the focus of our plan needed to lay.

Risk 1: Covid-19 prevalence exceeding modelling
Risk 2: The impact of R1 on system capacity- *Covid-19 and non Covid-19*
Risk 3: The impact of R1 on finance (above funded plan)
Risk 4: The impact of R1 on our workforce
Risk 5: The additionality of a particularly harsh winter

At the same time we considered our full Board Assurance Framework and the risks currently identified to ensure a line of sight was not being lost to any wider challenges facing the organisation.

See also **section 8** around our governance.

EU Transition

The risk in relation to EU transition has not been added to the organisations BAF due to the fact that there is a separate document already in place which details all the risks in relation to Brexit. It is acknowledged that it would also be very difficult to wrap 'Brexit' up into just one risk on the BAF.

Our Brexit Risk document is in the form of a Business Continuity Plan and is regularly reviewed by the Brexit Task and Finish Group. The plan details the risks, likely impact and mitigating actions. The Chair of the Group is the Executive Director for Strategic Planning.

iii. Ensuring an internal and external for with the strategic context

Finally we looked to cross reference and 'sense check' with the wider strategic context to ensure alignment.

Internal alignment

Shaping Our Future Wellbeing and its key principles remain our organisational compass and have underpinned the development of this plan. Whilst we are in exceptional times it remain vital that a consistent line of sight is maintained to what was, and still is the best thing for the people we serve;

- Empower the Person
- Home first
- Outcomes that matter to people

- ❖ Avoid harm, waste and variation
- ❖ Promote equity between the people who use and provide services

External alignment

A number of wider strategic drivers continue to help us set the direction of our plan and these are shown in the table below. Whilst these have been guiding principles and 'markers' for us in our planning we have also looked to signpost to specific sections of this plan where their consideration has been particularly pertinent.

The context	The strategic drivers	How and where we reflect this in our plan
The four harms associated with Covid-19	• The direct health impact • The indirect health impact • The health system being overwhelmed • The wider societal impact	Sections – 2,3,4,5
A Healthier Wales	**<u>The quadruple aim</u>** • Improved population health and wellbeing • Better quality and more accessible health and social care services • Higher value health and social care • A motivated and sustainable health and social care workforce **<u>The ten design principles</u>**	Essential services- *section 4* Our regional working – *section 5* Our Workforce- *section 7*
The WG winter protection plan and the Cardiff & Vale RPB winter protection plan	• Preparing for winter • Protecting the people of Wales • Care Homes	Working with our care homes- *section 3* Managing winter – *section 6* Working with our partners- *section 6*
Funding Opportunities	• Urgent and emergency care fund • Discharge to Recover and Assess funding • Eye care sustainability fund	*Sections 4 & 6*

Triangulating these three phases of our thinking then allowed us to describe our response whilst ensuring integration with our workforce and financial planning.

Section 1: OUR CONTINUED RESPONSE to THE DIRECT HARM OF COVID-19

This section focus on the acute setting. We however fully recognise the huge role that primary care have, are, and will, play in our continued response to the pandemic and this is reflected in **section 3.**

Our acute site functional bed capacity

The emergence of Covid-19 brings with it the most significant challenges to hospital bed capacity, possibly in the history of the NHS. There are three main aspects to this:

1. **Scale** - In the worst-case scenarios Covid-19 threatens to overwhelm hospital capacity. The UHB must therefore be prepared for the possibility of having to provide many hundreds of additional beds to accommodate Covid-19 patients.

2. **Uncertainty** - The scale, timing and duration of any subsequent Covid-19 waves are unknown and inherently uncertain, as is the impact that would have on non-Covid-19. In addition it is evident from the first wave that Covid-19 demand can accelerate to very high levels in only a matter of weeks. The UHB must therefore have a plan that is highly responsive and flexible, working in short time horizons of no more than 4-6 weeks.

3. **Complexity** - Irrespective of the level of Covid-19 demand it is necessary to safely segregate inpatients to minimise the risk of hospital transmission. The UHB has previously set out its approach to streaming, with five separate patient pathways (red, purple, blue, orange and green). This inevitably brings with it a different order of complexity to configuring and operationally managing our acute hospital sites.

In order to function within this environment the UHB has previously set out the components of our new operating model:

a) Design principles: to make decisions in a consistent fashion
b) Gearing: to provide the appropriate level of response at the right times
c) Streaming and zoning: to safely segregate patients and minimise risk
d) Surveillance: to closely monitor changes in Covid-19 demand
e) Green zones: to provide dedicated “Covid-19-free” environments
f) Planning cycles: 4-6 operational planning cycles within the framework of the annual plan

The details for each of these have been set out in previous plans and continue to be the approach we are taking.

Within this context the bed plan for the UHB cannot be described in the traditional manner of ‘what and when’. However it is possible to set out how the UHB’s response will change at different levels of Covid-19 (our gearing approach) and stress-test the resilience of plans against different scenarios.

Modelling of bed demand

As described in our *approach to planning* section the UHB’s approach to planning for quarter 3 and quarter 4 has been to establish three high-level scenarios and test our response against each to understand the likely impact and limitations. **These are not projections but plausible scenarios** to *stress-test* our bed plans against.

The detail of the assumptions behind these scenarios is provided in **appendix one**. The results of this modelling is shown below **(graphs a,b,c)** against the available capacity with phase one representing all of the adult, physical health beds available to the UHB prior to Covid-19; phase 2 the additional wards established within the UHB’s estate in response to Covid-19 (e.g. two additional wards in the community hospitals, the converted physiotherapy department, the HCID unit etc); and phase 3 the Lakeside Wing Surge Hospital (for simplicity the DHH capacity is not shown on the charts but is available to the UHB until the 12th November).

The modelling has the following caveats:

- No provision made for loss of capacity due to infection outbreaks
- Covid-19 demand does not include in-hospital transmissions

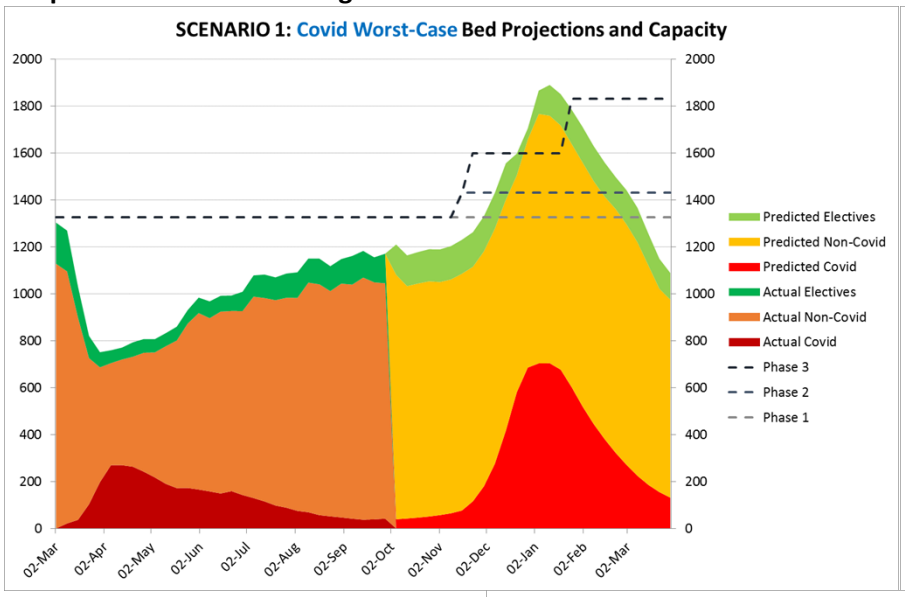
- Modelling concerned with bed capacity only, staffing modelling will need to factor in increased absence due to Covid-19 sickness/isolation
- No bed provision made for non-CAV services to be supported/centralised (e.g. Royal Glamorgan, social care, thoracic etc)
- Plan assumes Spire retained until at least the end of the financial year
- Implicit assumption that discharge flows into community & social care will be maintained
- Makes no provision for further bed spacing

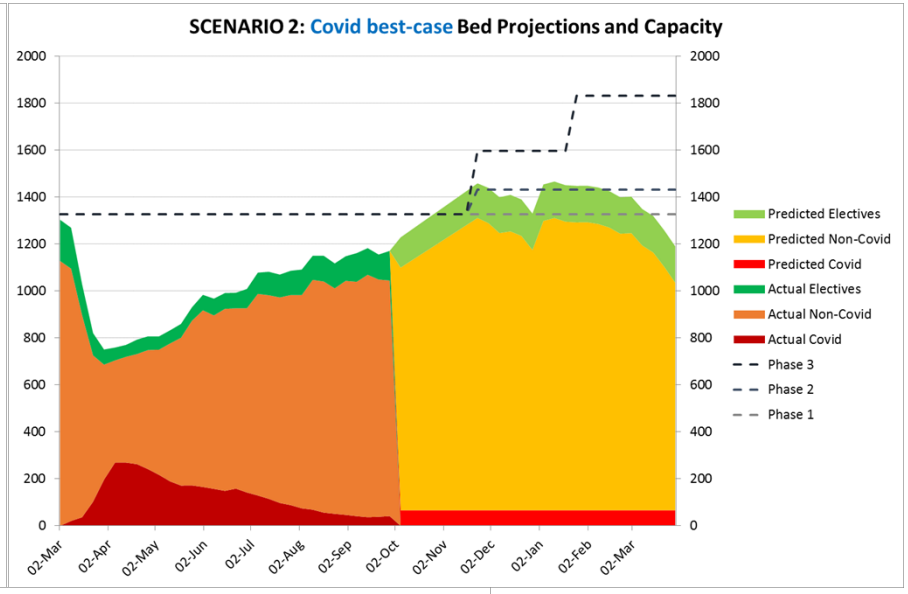
From this analysis we have drawn the following conclusions:

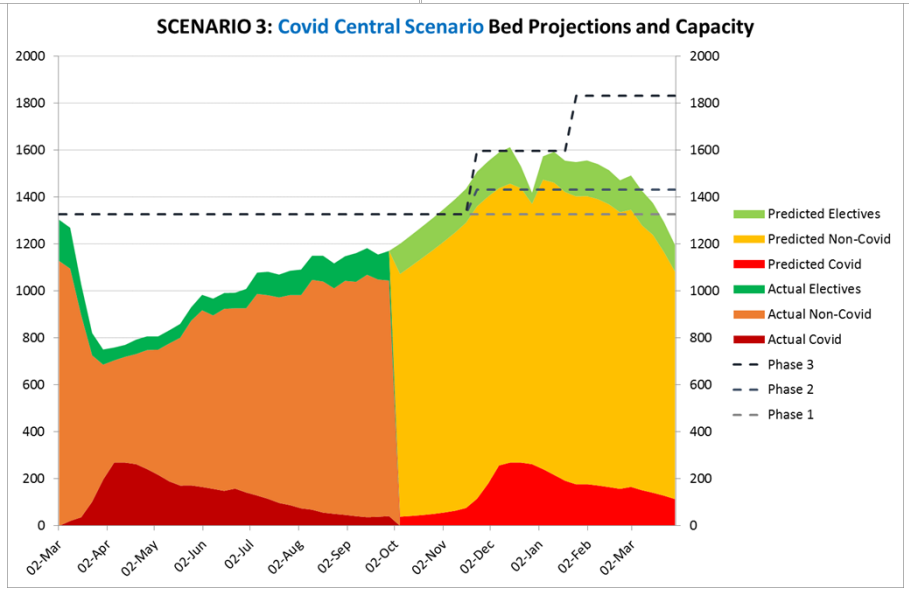
- Total physical bed capacity is likely to be sufficient in all plausible scenarios once the full surge capacity is in place (noting the caveats above)
- Prior to that there remains a theoretical risk that demand in a RWC scenario would exceed bed availability
- The greatest period of risk may well be during December & January, when the totality of the surge capacity is not yet available, in the event of a Covid-19 second wave 2-3 times larger than the first and coinciding with winter
- Specific bed demand and timing of that demand will be determined by both Covid-19 and the extent to which non-Covid-19 returns to normal (both of which are demand-driven and not predictable), with elective activity having a comparatively marginal effect on bed demand
- However modelling suggests that planning for up to 1600 beds - i.e. all of phase 2 plus the first 166 of Lakeside Wing - will be adequate for all but the worst-case Covid-19 scenario

Graphs – *a,b,c*

Outputs from Bed Modelling for Three Covid-19 Scenarios







Zoning of capacity (including Green Zones)

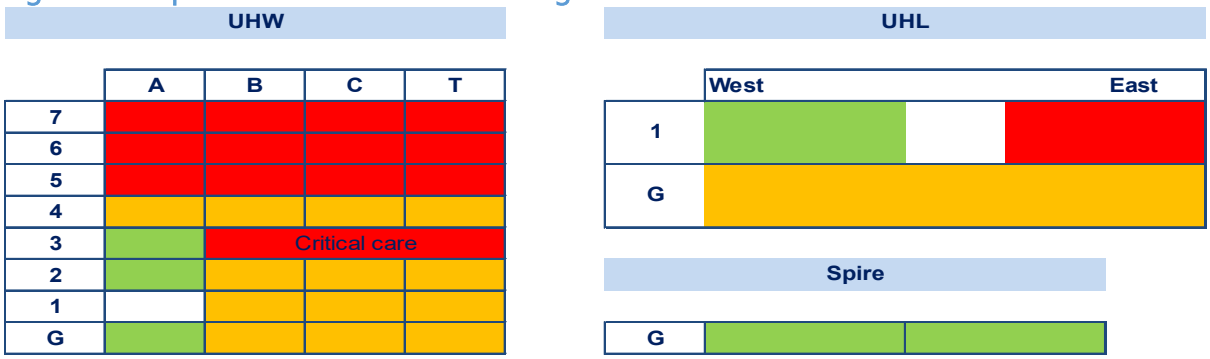
As described in previous plans we have, since the onset of the pandemic, been segregating Covid-19 positive, Covid-19 suspected and non-Covid-19 patients. In addition the Spire hospital and the Short Stay Surgical Unit (SSSU) at UHW have been used as 'Covid-19-free' (Green) facilities to provide essential and urgent operating. Green zones have since been established in main theatres in UHW and at UHL, with further expansion planned to be completed during November.

These green zones operate as a 'hospital within a hospital', including separate access, facilities, processes and staffing. The functioning of the green zones is described in a range of SOPs, with controls tightened as the community prevalence for Covid-19 changes (i.e. the gearing approach).

Over the summer the UHB has, like all Health Boards, seen a significant reduction in Covid-19 patients in hospital and therefore a contraction of the Covid-19 footprint, with wards repurposed to once again provide non-Covid-19 services. Nonetheless, in the event of a significant second wave, the zoning plan remains as previous with Covid-19 patients initially placed on the top floor at UHW and the red zone expanding downwards as necessary; with the East wing, first floor used at UHL.

The Dragon's Heart and Lakeside Wing will continue to have a clinical model based upon step-down, thus facilitating the displacement from these red zones should that be required.

Figure 1: Simplified schematic of site zoning



The fundamental objective of establishing these green zones is to protect patients whilst re-commencing core services. To support this we have a systematic clinical audit process in place to capture the outcomes of all surgical procedures, again this has been in place from the early stages of the pandemic.

The UHB has a role in providing services to patients outside of Cardiff and Vale and we continue to have active dialogue with WHSSC and other Health Boards (Swansea Bay in particular) on the support we can offer through these green zones to ensure time critical services (e.g. thoracic, upper GI and hepatobiliary surgery) can recommence across South Wales.

Test, Trace and Protect

Working with our local authority partners we have established our TTP service as one of the key pillars to the safe releasing of lockdown measures. The contact tracing service is hosted by Cardiff Council on behalf of the three organisations; Contact Tracers and Contact Advisors are managed in teams by the Council, with Environmental Health Officer oversight. A Regional Team provides oversight of the public health response across Cardiff and the Vale of Glamorgan, and provides advice on the management of incidents as they arise.

The TTP service has had to respond to an increase in local cases in recent weeks, particularly in Cardiff. This increase has led to the implementation of additional local lock down measure, and until the effect of this is seen, we expect case numbers to continue to rise.

We continue to devote a large proportion of our capacity to the response, currently focused on delivering TTP in our region and the recent arrival of students to the city also has the potential for additional seeding of infection from other areas, and onward local spread which will require resources to address this.

To respond to this;

- ❖ We continue to work closely with Cardiff University and are supporting the development of a new walk-in testing centre located close to the University and City centre.

- ❖ Cardiff Council have been recruiting and training additional contact tracers and advisors (to which we continue to work in partnership and to provide staff to them via Secondments). The tracing service is now also operating 8am to 8pm, 7 days a week which represents an expansion of hours.

Whilst our performance data over recent weeks has shown response times to be above average in Wales, the recent uptick in cases, compounded with the effects of delays in results from Lighthouse labs resulting in large batches being received at once, has caused some deterioration in performance which we are clear we must try to address.

As the pandemic has progressed and we have worked together as a regional team to manage and minimise local risk and have learned much about how infection spreads within our local population. This learning is shared regularly at the regional board and has informed our local plans, for example in developing local communications to target our higher risk populations. This has also been shared at the Regional IMT, and through the escalation processes agreed locally, to report to Welsh Government.

The Test, Trace and Protect component of the minimum data set which accompanies this plan provides further detail on our position to date and our projections for the remainder of 2020/21.

Our Planning for Covid-19 mass vaccination

Every Health Board in Wales was tasked with submitting preliminary plans for the delivery of the Covid-19 vaccination programme locally by 3 September 2020 to the Chief Medical Officer for Wales. Cardiff and Vale UHB submitted a strategic level plan, approved by the CVUHB Chief Executive Officer. A more detailed operational plan for mass vaccination in Cardiff and the Vale of Glamorgan will be submitted later in October 2020.

We are however progressing a number of activities in this area which includes;

- ✓ Establishment of a Covid-19 Vaccine Programme Delivery Board chaired by the Executive Director of Public Health.
- ✓ Established five work-streams to undertake preparatory work- i) Workforce & Training; ii) Vaccine Considerations, iii) End-to-end Person Journey; iv) Venues and Logistics; v) Communications.
- ✓ Modelling work currently being underway for priority population groups (based on JCVI guidance) and workforce to provide a better understanding of operational requirements
- ✓ Three Mass Vaccination Centres have been identified and agreed.
- ✓ A costed plan being worked up.

We are also working through a number of risks which have currently been identified and these include;

- Funding to support the mass vaccination programme
- The impact of a Second wave of Covid-19 and consequent impact on staffing and resource
- The unknown exact timescales for vaccine availability
- Workforce capacity and training required for vaccination delivery – our workforce hub is supporting the recruitment to the Community Testing Unit in readiness for a vaccine programme.
- Compliance and engagement from eligible groups
- Wider winter pressures

Our workforce response

Our staff are the most extraordinary part of this organisation and we remain extremely proud of their achievements both during the immediate emergency phase of the Covid-19 pandemic and their continued ongoing response both over the summer and as we head into winter combined with the uptick in Covid-19 which we are now seeing in our community.

It is anticipated Scenarios 1, 2 and 3 described earlier will broadly impact on the workforce as follows:

Scenario 1: Covid-19 worst-case – this would involve staffing our internal additional surge capacity beds (106) across critical care and additional IP beds created in UHW, UHL, Barry & St David's. In addition, we would need to staff our additional field hospital capacity of 350 field hospital beds and further 50 IP beds in Lakeside Wing. This represents a total additional bed capacity of 506. This would be beyond the ultimate stretch for our workforce capacity and as we could not supply all the nursing and medical staff it would require the closing down of non-essential services and re-direction of staff appropriately; as well as a fundamental change to the workforce model to use available Therapy staff, Students, Retired Returners; and re-organising medical rotas across the board again to support Covid-19 zones. This could see our absence levels rise to over 9% again and the number of staff shielding rising to over 600.

Scenario 2: Covid-19 best-case – this would involve retaining existing staffing levels; recruiting temporarily into the 50 additional winter bed capacity; maintaining absence levels at around 5.5%; continuing to recruit permanent posts to manage turnover and; with a focus on returning non-Covid-19 (emergency and elective) to normal levels. This represents a total additional bed capacity of 156.

Scenario 3: Covid-19 central scenario – this would involve retaining existing staffing levels; recruiting temporarily into the additional winter bed capacity; temporarily redirecting/redeploying staff from acute non ward areas and service closures to staff the internal additional surge capacity and a further 166 beds in the field hospital facility (116 field hospital beds and 50 IP beds in total). This represents a total additional bed capacity of 272 (50 + 106 + 116). This will mean further extending the Temporary Bank, Facilities Bank and engaging further temporary workers on fixed term contracts in readiness to gear up. This could see an increase in absence to around 6 – 7% as our own staff fall ill with the virus and are required to self-isolate and resilience is low.

We are therefore currently increasing temporary recruitment as part of this readiness plan. The Workforce Hubs remain in place to ensure a fast pace, multi-professional approach to workforce resourcing for the following:

- Winter/Covid-19/Surge (wards)
- Facilities Staff – creating a Facilities Bank
- TTP & Community Testing Units – additional staff due to the increase in demand
- Mass Immunisation – Covid-19 & Flu vaccine

We are undertaking a number of actions to ensure our workforce is best position to respond to the ongoing pandemic. These include;

- ✓ Recruiting 50 Facilities staff (housekeepers, porters) on 12 week contracts and we are establishing a Facilities Bank to enable us to call upon more staff quickly as and when needed. This temporary resource will provide a solid backfill for any gaps and manage absence more effectively. Through Social Media and virtual recruitment we have already appointed 49 individuals.

- ✓ Plans for the out of hospital Community Resource Teams with additional funding to support these teams.

As students are now resuming their academic programmes, or have joined us in substantive posts following graduation we are not building our plan based on large cohorts being available to us. However, all students are offered the opportunity to register with us on our Temporary Banks and will be able to

choose to work for us on a temporary basis as they deem appropriate to fit in with their educational commitments.

Those staff who have returned from former retirement will remain on our temporary registers – although we do not at this stage anticipate relying heavily on this group at this stage. Internal staff who have retired and returned as part of the UHB Policy remain a very valued group of staff who form part of the staffing compliment. The adjustment in the NHS pension policies to support retaining this group has helped bring them back earlier and makes for an easier transition.

See also **section two** regarding our medical surge workforce planning.

Section 2: PREVENTING OUR SYSTEM BECOMING OVERWHELMED

In extremis- Our field hospital

During Q1 the UHB, in addition to reconfiguring existing acute beds to appropriately cohort patients requiring hospital admission, the UHB also implemented a range of community and acute hospital infrastructure schemes to supplement the core bed base of the UHB by a further 106 beds. In addition to this, the Dragon's Heart Field Hospital was also rapidly established at the Principality Stadium to establish a further 1500 temporary beds to provide capacity for an 'in extremis' response to the potential demand predicted in the first wave of the pandemic. As the national lockdown restrictions took effect and the first wave of the pandemic subsided, the options to replace the temporary field hospital capacity with a proportionate and more sustainable option has been developed. The replacement field hospital capacity is being provided on the UHW in the form of a temporary modular build, Lakeside Wing, which will accommodate up to 400 beds. Construction is underway and on schedule. This capacity will be delivered in 2 phases with phase one due to deliver 166 beds by the 25th November and Phase 2 to deliver the remaining beds by the end of January 2021.

The decision to mobilise the capacity in Lakeside Wing will be under continuous review through our daily operational meetings where the flow, cohorting and occupancy of wards on all sites is under continuous review. From an operational management perspective, Lakeside Wing will be treated as an extension of UHW and will therefore be co-ordinated by the UHW Local Coordinating Centre (LCC). In recognition that 350 of the beds are in wards in Lakeside Wing that have been designed as temporary field hospital accommodation, additional operational measures have been taken to mitigate or manage fire safety and IP&C requirements.

The most significant challenge will be the staffing of this capacity in addition to the existing enhanced core and winter capacity. The management of the staffing for the unit will be through the nursing and medical workforce hubs that have been established at UHW. In addition to the appointment of additional temporary and permanent staff, the process for redeployment and skill mixing of teams will be co-ordinated through these professionally led hubs to ensure that patient and staff safety is appropriately assessed and balanced.

Critical Care

Critical Care within Cardiff and Vale UHB has expanded both its footprint and workforce to best meet demand from the outset of the pandemic. It is recognised that as a regional Tertiary centre that critical care activity is very much demand-driven and, as such, significant challenges exist in maintaining a prescribed level of activity. Flow and efficiency of the patient's pathway remain the key determinants of managing demand in an ITU setting and are referenced below- we recognise that both of these factors are within our systems' control.

Therefore, we have a zero tolerance approach to delayed discharges with an escalation policy that aims to keep two staffed admission and stabilisation beds to reduce DTOCs and expedite admission has been agreed by our Executive Team and has been operational since the 28th of September 2020. The efficacy of the revised escalation plan will be audited and amendments made as appropriate in due course.

Nevertheless, we remain relentless in our focus on ensuring that our critical care surge plans can be activated quickly and we have a developed escalation plan **(appendix two)** which is kept under constant review.

We equally recognise the importance of maintaining our Covid-19 and non-areas within our critical care setting- **appendix three** shows a schematic of our critical care footprint.

Critical Care arrangements are reviewed frequently in adherence to the UHB's first principle of remaining Covid-19-ready. Balancing this with a return to essential services requires weekly review ensuring our services are agile in response to demand and Covid-19 prevalence. This is undertaken via a weekly review of the UHB footprint by Directors of Operations and Executives.

Only essential surgery (RCS category 1 and 2) has been taking place at UHW. Plans are being implemented during Q3 as green zones are further developed to extend the scope of operating. It is anticipated that routine surgical patients will be cared for in the Post Anaesthetic Care Unit and as such will not have a material impact on ICU capacity.

As the pandemic evolves, it is clear that Continuous Positive Airway Pressure (CPAP) is critical in the management of some patients with Covid-19. As such specific areas outside of Critical Care at both UHW and UHL continue to have been designated for CPAP provision. This replicates the model employed in response to the first wave of Covid-19 admissions in March.

The environment within critical care, with only a small number of isolation rooms and facilities that do not meet current HBN standards creates a number of challenges that the team are required to manage operationally.

Our workforce response

In keeping with the organisations approach to 'gearing' in order to respond to the ebb and flow of Covid-19 we are making plans across the organisation to ensure the availability of workforce so support the operational change in gears at any given time.

These activities include;

- ✓ Continuing to move registered and non-registered Nursing Bank staff into permanent and fixed term contracts; with 35 HCSW currently recruited with a further 40 moving from the Bank.

- ✓ Ensuring that permanent registered nurse recruitment is ongoing with a recent successful virtual recruitment event yielding over 50 registered nurses who will join us in Q3 and Q4.

Our next virtual nurse recruitment event is taking place at the end of October. We also welcomed a further 12 international nurses during September and a further cohort will start in November.

- ✓ Medical and Dental workforce plans being refined as we intend to open clinical areas and more specifically align any additional trainee resource to these areas rather than across the board.

- ✓ Our deliberate attention to continue permanent Medical recruitment throughout this year is also paying off as new members join us regularly and we are filling a number of hard to fill posts.

- ✓ We are also reviewing the acceleration of recruitment plans for Physician Associates to help supplement the workforce model.

- ✓ Ensuring those additional nursing staff who worked throughout the first wave of the pandemic undertake one shadow shift per month under the supervision of a substantive Critical Care nurse during which they will work through a set of clinical objectives.

- ✓ Allied Health Professionals redeployed during the initial wave continuing to receive update training as appropriate, both speciality specific but also to support other members of the critical care MDT in skills such as oral care and proning patients.

- ✓ Progressing work to create a library of media and digital resources to enable on-going training and as a point of reference for existing staff –these will include identification of clinical emergencies (alerting help and initial management), and pastoral support for staff unfamiliar with a Critical Care environment.

Working with our partners- care homes

The Covid-19 pandemic is proving a particularly challenging time for care home providers- particularly the financial pressures which many face as a result. We recognise that even with the additional support being made available to the sector some care home businesses may become financially unviable through the reductions in occupancy coupled with the fixed capital costs and increasing expenditure on infection control, resident isolation, and staffing.

This poses a significant risk to not only Cardiff and Vale but also the wider functioning of the Health and Social Care system in Wales. Consequently we remain committed to the ongoing national work to clarify the legal, financial and statutory issues regarding the NHS stepping in to support the sector if required. This work is being facilitated by the National Director of Complex Care to support Health Boards to identify the key issues in relation to nursing home contingency planning. The current positon can be seen in **annex four.**

This should also be seen in the context of the Regional Partnership Board overseeing delivery of the action plan developed in response to the WG-commissioned rapid review of care homes conducted by Professor John Bolton. See **annex five.**

Directors of social services have also been asked by Welsh Government to ensure sufficiency of care home provision across the region and to have contingency plans in place.

Section 3: OUR RESPONSE TO MITIGATING THE INDIRECT HARM OF COVID-19

Essential Services

At various points in this plan we reflect on the experience of the first wave where many of our clinical boards were reporting a reduction in referrals across a range of their essential services. In many cases this was owing to the general public not wanting to 'burden' the NHS at time of such pressure and/or being too scared to attend a healthcare setting for fear of catching Covid-19.

As we move deeper into the second peak and the winter months we remain committed to both aligning with national messaging about the NHS continuing to be 'open' and it being safe for patients to present with their healthcare needs as well as developing our own messaging specifically for our local population.

Throughout the pandemic the UHB has maintained core essential services with our prioritisation of need based upon clinical-stratification rather than time-based stratification. Given the significant uncertainty in the current operating environment, it is extremely difficult to forecast activity with any degree of certainty. However a range of added activity planning assumptions have been factored in, including:

- The extent to which current Covid-19 activity changes.
- The Health Board's ability to continue to access independent hospital support (Spire Hospital)
- Activity changes as a result of continuing clinical audit outcomes for the developing 'green zones'.
- No further interruption to specialist PPE requirements for surgery and critical care.
- Theatre throughput being sustained or improved as clinical teams get used to using PPE during procedures.
- Sustaining and improving clinician confidence to undertake clinical activity.
- Sustaining and improving patient confidence in accessing services.
- Avoiding or mitigating staff absence as a result of protection, shielding or TTP related advice.
- Environmental guidance changes and any impact on bed availability.

These activity planning assumptions formed part of the minimum data set return which accompanies this plan.

At the beginning of the COIVD-19 pandemic, we reached an early agreement with Spire Healthcare to enable patients with non-complex cancer and other urgent conditions to receive treatment at Spire's Cardiff hospital. This allowed us extra capacity to care for Covid-19 patients at our main sites, in particular to enable space for regional services. The majority of the Health Board's patients at Spire Cardiff were/are being treated for cancer or for time critical/urgent health conditions. Gynaecological, Gastroenterological, Urological, Breast, Neurological, Haematological, Colorectal and ENT services have all be seen at Spire during the pandemic. An overview of activity seen at is shown below;

Spire Cardiff hospital - C&V UHB activity summary

	Operating Theatres											Outpatient activity						Other Treatments	
	Cancer					Non Cancer													
w/c	Breast Cancer	Colorectal	Gynae	Urology	ENT	Ophthal	Spines	Orthopaed	AV Fistula	Max Fax	CEPOD lite	Breast	Ophthal	Neuro	Renal	Haem	Other	Endoscopy	Cardiology
10/08/2020	5	10	5	0	2	0	3	7	0	0	8	0	174	0	0	62	24	27	12
17/08/2020	6	9	7	0	0	0	5	4	0	3	10	11	108	0	0	52	0	22	9
24/08/2020	5	7	9	0	4	0	4	12	0	0	4	12	65	0	0	49	22	24	8
31/08/2020	7	3	3	0	0	0	6	3	0	0	4	10	111	0	0	54	0	29	10
07/09/2020	9	5	4	0	0	0	6	8	0	0	6	12	101	0	0	66	24	34	12
14/09/2020	8	3	0	0	0	13	3	4	0	4	5	10	113	0	0	63	22	36	0
21/09/2020	5	5	7	0	0	0	3	10	0	0	6	22	120	0	0	56	21	38	0
28/09/2020	3	5	0	0	3	12	2	11	0	2	0	20	121	0	0	34	23	16	0
05/10/2020	7	15	2	0	0	0	6	6	0	0	4	20	132	0	0	47	24	31	0
12/10/2020	4	10	6	0	0	12	5	9	0	2	0	13	126	0	0	54	11	29	0
Total up to and including 16 October 2020	*151*	*190*	*134*	*21*	*46*	*101*	*92*	*116*	*43*	*21*	*141*	*858*	*3,128*	*106*	*12*	*1,256*	*256*	*697*	*132*
Sub totals					*542*						*514*						*5,616*		*829*
Control total																			*7,501*

The UHB has, since the height of the first wave, been steadily increasing its core theatre activity. This is within the context of theatre cases taking approximately 50% longer post-Covid-19.

As Covid-19 cases continue to increase within our community and we move deeper into a second wave the continued use of the independent sector remains a key dependency for the UHB if it is to continue to *plan for stability* and continue to deliver the levels of non Covid-19 activity which have bene achieved to date during the pandemic.

The remaining section of this plan provides greater detail for a number of essential services with **Annex six** providing a high level position statement for all others.

Cardiac services

With the exception of exercise tolerance testing, all diagnostic and treatment modalities for cardiovascular disease are now fully operational. Urgent treatment and some diagnostic tests have been maintained throughout the pandemic period. Clinicians acted swiftly to identify and prioritise high risk cases to ensure the most vulnerable patients received treatment. The primary coronary interventional services, as well as the structural cardiology service, were again protected throughout the pandemic.

The provision of cardiothoracic surgery has provided one of the biggest challenges to the Health Board during the past six months. Poor outcomes linked to patients contracting coronavirus postoperatively led to the suspension of all but life threatening surgery. The cardiothoracic team have worked hard to develop clinically safe pathways in tandem with national guidance. Limited critical care and ward capacity, allied to the pandemic, restricted the number of procedures that could be carried out on a weekly basis. The

urgent need to increase clinical activity became the main focus for the Health Board and, following a number of clinically-led discussions, the decision to transfer cardiothoracic services from UHW to UHL was agreed. Additional critical care and ward facilities are due to come on line in mid-Quarter 3 which will further increase the level of surgical activity.

We remain confident that the second theatre, additional Cardiac ITU, and ward beds will be available from mid-October enabling activity that exceeds pre-Covid-19 levels, to recover the backlog which we currently have.

In the immediate term due consideration has been given to cross organisational working in this area but to date a move to a full regional MDT has not taken place. However we have always remained committed to the concept of mutual aid and equity of access across the region and as such remain ready and able to accept thoracic patients from Swansea to Cardiff for operative treatment should they be referred- at which point a full regional MDT would be instigated.

Most recently we have been in close dialogue with Swansea Bay Heath Board who have had to suspend routine planned cardiac surgery at Morriston Hospital following a localised Covid-19 outbreak. We will continue to work with the Health Board to ensure essential services can be maintained across South Wales.

Cancer

Throughout the first wave of the pandemic we continued to deliver surgical cancer treatments through the use of dedicated “green” zones including Protected Elective Surgical Units (PESU) within the sites at UHW, UHL and the use of The Spire in Cardiff.

During this time however we saw a reduction in a range of referrals and activity;

- ✓ There was a reduction in the number of referrals received by the Health Board (during April and May the number of GP referrals dropped as low as 30% of normal expected volumes and this had a direct impact on the number of cancer diagnosis and cancer treatments delivered).

- ✓ Due to the severely reduced “routine” referral activity and decreased A&E attendances during Q1/2 the number of incidental cancer findings has also reduced significantly.

- ✓ Historically we expect to commence 180 first definitive treatments for cancer each month (this excludes all tertiary cancer activity). During May 2020 this fell to a low point of 96 treatments.

GP referrals volumes have now returned to near normal pre-Covid-19 levels but we have not yet experienced an increase in referrals to account for potential “suppressed demand”.

The proportion of surgical first definitive treatments compared to all treatments shows that the Health Board has also now returned to a position of over 50% being surgical in type, which is comparable to pre-Covid-19 levels.

When delivering diagnostic services in a Covid-19 safe environment there is a significant impact on the available capacity, the total number of patients that can be seen in any dedicated session. The impact is that there is approximately 70% normal capacity available in Radiology and Endoscopy services. This situation naturally leads to extended waiting times for some patients.

However the Health Board has learnt many things during the initial Covid-19 pandemic including more streamlined approaches to cancer pathways and faster decision making which will support with mitigating the reduced capacity levels described above. These include;

- ✓ Seven day working
- ✓ Working collaboratively across Health Board boundaries and exploring alternative diagnostic tests to enable patients with suspected cancer to have access to the right tests to confirm or discount a cancer diagnosis as soon as possible.

With the current resurgence in CovidD-19 cases in the community plans are already in place to implement similar and better approaches to ensure diagnostic and cancer services can continue within Covid-19 restrictions such as safe delivery of surgical procedures, social distancing, etc.

Active cancer pathways continue to be closely tracked and monitored to ensure that each pathway is progressing towards a diagnosis and/or treatment. Where capacity is affecting the time taken to progress to the next step then plans for recovery including additional sessions are considered where possible. The active number of pathways extending beyond the 62 day standard are reducing as a result however some patients will receive their first definitive treatment beyond 62 days. The Health Board is implementing a Harm Review process during Q3/4 to assess all pathways concluding in excess of 104 days from referral to ensure that no harm took place and that organisational learning takes place to prevent future delays.

We remain supportive of any cross boundary working that improves the effective use of limited capacity, improves patient experience and removes inequities of access to services for patients. Current cross boundary work includes;

- Working closely with Swansea Bay to create a Lung Surgery Regional Tracker where the available capacity across the 2 South Wales lung centres will be fully utilised through joint planning.
- Whilst the Health Board hosts the robot for South Wales, the Urology Consultants have worked closely with Cwm Taf and Aneurin Bevan to ensure that access for patients to robotic procedures across the 3 Health Boards is equitable.
- We are reviewing the processes around Regional MDT meetings in terms of flow of information, actions for local Health Boards and the safeguarding of patients. This work will be ongoing throughout Q3/4.

In addition we are currently also developing a case for internal investment in a *Prehabilitation to Rehabilitation (P2R) programme* which will support and improve cancer outcomes that matter to people.

Diagnostics (Radiology and Pathology)

Summary Position

Within Radiology services there has been ongoing increase in activity levels through quarter 2. Across all modalities the service is now at 79% of pre Covid-19 activity. For Cellular Pathology services during quarter 1 and 2 when demand decreased there was significant changes in both laboratory and reporting processes in order to improve turnaround times. The removal of waste within processes has meant that turnaround times have improved and are being sustained as demand levels increase, currently at 75% of pre Covid-19 levels.

Backlog and Plan

The backlog for the two services need to be considered differently. For Pathology services there is currently no backlog and weekly reviews of performance levels are focussed on maintaining turnaround times as the demand increases.

Radiology has a significant challenge in terms of the overall backlog. This needs to be considered both from an overall perspective and in terms of the risk for patients. The categorisation of risk in radiology is at 6 levels, P1-6, with P1 representing the highest risk level for patients. The risk levels are under regular review by the consultant team and currently all patients within risk levels 1 and 2 are being accommodated with the majority of P3 being seen within 4 weeks.

The overall backlog is monitored based on the numbers of patients waiting greater than 8 weeks being the previous target for radiology:

Modality	Number of Patients greater than 8 weeks
CT	230
MR	2832
Ultrasound	3470

The process of managing these backlogs is through managing risk, activity and demand management. In risk terms the priority levels are determining which patients are prioritised. Activity levels are continuing to increase but are balanced against a process of ensuring that the department is regularly reviewing the IP+C requirements. There is a process of reviewing pathways in conjunction with primary care in order to ensure that we are only undertaking diagnostics that cannot be appropriately managed through other pathways.

The key risk to the delivery of increased activity and decreased backlogs and risk is the availability of scientific staff. The availability of radiography staff continues to present a challenge nationally. However workforce plans are under review within the department to ensure that every opportunity to skills mix has been taken to mitigate this known shortage. There is also an active process of reviewing the IP+C assumptions within the planning for radiology. This will ensure that safely we are maximising the potential to scan patients.

Through the essential imaging services group there is a consideration for the need of commercially available mobile scanners that are staffed. Cardiff and Vale UHB have inputted to this process, and there will be a need to work regionally in the use of this capacity. As an organisation there is previous experience of Cardiff and Vale patients being scanned on a regional basis. Should this opportunity arise, we welcome working with other Health Boards to manage the backlogs equitably on a regional basis.

Children's Services

During the first wave of the pandemic we saw a significant drop in unscheduled demand for children's services and we saw a pattern of late presentation of illness in some children. We worked hard to encourage parents to bring their children to seek hospital care if they were worried. We also temporarily established a separate children's emergency theatre service with dedicated paediatric CEPOD lists.

Should a second wave, potentially compounded by seasonal unscheduled care pressures, we will continue to work closely with primary care colleagues and via direct social media campaigns to avoid this drop in demand once again occurring.

The table below provides a current position statement;

Speciality	Status	Qtr. 3-4 Actions
Paediatric Inpatients	• Growing volumes (10% rise October 2020 vs. Q3 2019/20) • Longest length of waits of pts waiting (70% rise October 2020 vs. Q3 2019/20) for Surgery.	• Clinical risk being managed by senior review of patients waiting beyond 52wks • Close working with Theatres & Anaesthetics regarding theatres timetabling.
Paediatric Community	• Growing volumes (19% rise October 2020 vs. Q3 2019/20) • Longest length of waits of pts waiting (56% rise October 2020 vs. Q3 2019/20) for Neurodevelopmental assessment.	• Clinical risk being managed by senior review of patients waiting beyond 52wks. • Service redesign work underway
Obstetrics and Gynaecology	• Growing volumes (27% rise October 2020 vs. Q3 2019/20) and longest length of waits of pts waiting (85% rise October 2020 vs. Q3 2019/20) for benign Gynaecological Surgery.	• Clinical risk being managed by senior review of patients waiting beyond 52wks • Dialogue with Theatres & Anaesthetics re. Theatres timetabling.

Primary Care

From the outset of the pandemic, during the summer months and as we begin to move into the winter months primary care as made a huge contribution to the organisations response to the pandemic. Some of the highlight achievements include;

- Our Cardiff South West Primary Care Cluster bringing together ten GP practices to work in partnership with Cardiff City Stadium to host a brand new drive-through clinic model for pre-arranged vaccination clinics throughout the autumn and winter months. As of 10th October has delivered over 800 flu vaccinations.

https://cavuhb.nhs.wales/news/latest-news/cardiff-primary-care-partnership-delivers-successful-drive-through-flu-jab-clinics/

- Continued use of telephone triage, e-consult and video consultations
- Continued focus on ensuring primary care support to care homes and those on palliative care pathways through a Directly Enhanced Service (DES) to increase specific support to care homes.
- Utilising eye care sustainability funds through to March 2021 enabling close working between our PCIC and surgery clinical boards to shift suitable eye care activity traditionally taking place in hospital settings to primary care based optometry services.

As we move forward we continue to work set our work against the five priorities of the primary and community care framework and the nationally agreed 'milestones' (see **table three** below) whilst obviously ensuring the Cardiff and Vale 'lens' remains to ensure we are delivering services in the most appropriate manner to meet our local populations needs.

Table 3

Priority	Current Status	Progress against national milestone	Key Risks
Delivery of essential services	In relation to General Medical Services, the requirement for the provision of delivery against full contract requirements commenced on 1 October 2020. There is pressure on the service due to increasing demand but escalation plans have been developed to support and maintain access to core GMS. For General Dental Services the amber status as directed by Welsh Government is currently in place. Phone first is in place with triage to determine urgent cases. There are currently 69 GDS practices providing aerosol generating procedures (AGPs) with appropriate PPE and five Urgent Dental Centres are currently in place to provide urgent access for non-registered patients. Optometry services are now providing routine services. Independent prescribing and ODTCs still in place to provide support in primary care and reduce demand on secondary care. Pharmacy services also business as usual.	*Milestone - Health Boards will use this monthly reporting mechanism to monitor activity against the five essential services categories to be provide an indication of recovery of the primary care system.* In relation to reporting against the milestones, work still being led nationally on reporting against the measures as not all are available centrally. Services are all in place but need to ensure mechanisms in place for capturing activity (usually done retrospectively).	Key risks relate to the demand on GMS, hence business continuity plans being reviewed and additional escalation plans being developed. Awaiting national guidance on position in relation to contractual requirements and whether there will be relaxation. Escalation plans have been developed and include local arrangements to support resilience and sustainability.
COVID-19 local outbreaks or second wave – delivery of services in response to surges and outbreaks	For GMS, all 9 clusters in Cardiff and Vale developed business continuity plans to include: • Establishing robust plans by which to maintain GMS services, should staffing capacity at practice level be severely affected through Covid-19 through development of buddy arrangements between practices. • Developing centralised hub/s within the cluster by which to manage patients who are displaying a level of respiratory symptoms which potentially could be Covid-19 related • Identifying options to deliver a centralised Model should GMS provision at a cluster level prove unsustainable over time.	*Milestone - Health Boards will have plans in place to respond to local outbreaks including the reestablishment of Covid-19 hubs and urgent and emergency care centres for dental and optometry.* All plans in place to respond to local outbreaks. Daily operational meetings were established during Covid-19 (these are currently weekly) and the frequency will be increased as required.	

Priority	Current Status	Progress against national milestone	Key Risks
	• Some practices chose to continue to operate a respiratory hub within their own premises, staffed by their own resources. Arrangements established earlier in the year have all been reviewed and updated based on learning. More detailed escalation plans have been developed for GMS. Whilst GMS Covid-19 hubs have been in place across all clusters, the use has varied across Cardiff and Vale, they are however available to be utilised as required. A Covid-19 hub was established and has remained in use for the Urgent Primary Care/Out of Hours service. There are five Urgent Dental Centres in place and four of the seven Community Dental Centres are able to provide AGPs. Optometry services currently running as normal but previous arrangements can be reintroduced (whereby the 68 practices could redirect to 17 practices across the 9 clusters).		
Care homes – primary and community care service provision	An action plan **(appendix five)** has been developed between the Health Board and local authority partners in response to the John Bolton rapid review of support to care homes. There are regular multiagency care home position meetings held in each LA area as well as meetings with representatives of the care home and domiciliary care sector. This includes advice, guidance and support in relation to testing, outbreaks, business continuity and PPE, as well as supporting safe discharge from hospital including the commissioning of intermediate care isolation beds. More recently the draft All Wales Care Home Framework has been shared. This has been developed through the National Strategic Programme for Primary Care. This links to the John Bolton work but suggests a model and actions to support Health Boards in providing a standard of consistency across Wales. The framework consists of four main themes: • Access • Consistency	*Milestone- Health Boards will assess their service provision to care homes against the framework with a view to adopt, adapt or justify. This will include: i. an immediate plan for winter 2020/21 ii. a long term plan* An action plan has been developed. Progress will be monitored via the Joint Management Executive Meeting between the Health Board and two local authorities. A market position report is being developed. An initial review has been undertaken in relation to each of the	The key risk relates to the management of outbreaks both in terms of testing capacity and support for the homes.

Priority	Current Status	Progress against national milestone	Key Risks
	• Connectivity • Outcomes The proposed self-assessment framework has eight main areas. An initial review has been undertaken in relation to each of the eight statements and the Health Board is working in line with these. An action plan will be finalised when the All Wales Care Home Framework is formally issued. The current care home directed enhanced service covers 96.6% of beds across Cardiff and Vale. There are 79 patients where the enhanced service does not provide cover but there is access to support from GMS. The key risk relates to the management of outbreaks both in terms of testing capacity and support for the homes.	eight statements and the Health Board is working in line with these. An action plan will be finalised when the All Wales Care Home Framework is formally issued.	
Rehab– recognition of increased demand for rehabilitation across four main population groups	We have developed a rehabilitation framework that mirrors the Welsh Government framework and links to our Shaping our future wellbeing strategy. https://shapingourfuturewellbeing.com/wp-content/uploads/2020/02/The-Cardiff-and-Vale-Rehabilitation-Model-February-2020.pptx In May 2020 we also launched a covid rehabilitation framework. http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Cardiff%20and%20Vale%20Covid%20Rehab%20model%20May%202020.pdf We have also adopted the national rehabilitation modelling and evaluation tools to work across health and social care system and model rehabilitation needs and a therapy lead for this has been identified See also our approach to 'long covid' described in **section four** which includes the development of a bespoke rehabilitation website keepingmewell.com	*Milestone- Health Boards will assess their rehabilitation services against the framework with a view to adopt, adapt or justify. This will include: i. an immediate plan for winter 2020/21 ii. a long term plan*	

Priority	Current Status	Progress against national milestone	Key Risks
	In addition we are currently also developing a case for internal investment in a *Prehabilitation to Rehabilitation (P2R) programme* which will support and improve cancer outcomes that matter to people.		
Step-up and step down bedded community services to address the issues identified in Right Sizing Community Services	The Health Board, in partnership with local authority partner services has taken action to address issues identified in the review. A Senior Operational Group has been established (chaired by the Director of Ops, PCIC Clinical Board) and regular updates are provided to the Joint Management Executive Team meeting which includes the two local authorities. A plan for winter has been developed and additional capacity is being secured in terms of therapy and domiciliary care. There is also a series of actions underway to improve processes and ensure the most effective use of resources, this includes single assessments as well as regular reviews of existing packages of care. Isolation beds will also be used to help reduce delayed transfers of care as part of the discharge to assess model. A tender has been issued for the joint commissioning of reablement beds supported by the CRT in Cardiff. A tender has been issued for the joint commissioning of reablement beds supported by the CRT in Cardiff.	*Milestone; Health Boards will assess current models against this framework and develop plans to align service models to the national framework. This will include: i. an immediate plan for winter 2020/21 ii. A long term plan* An action plan has been developed. Further work to be undertaken to ensure appropriate capacity across the whole system to meet demand.	
Urgent primary care – an urgent primary care model	An urgent primary care hub was established in Central Vale in winter 2019 as a pilot. The aim was to provide additional capacity for a range of patients with urgent primary care needs to be seen at the hub, or directed to other services as appropriate. Feedback from patients was extremely positive and the model has been shared as good practice by Welsh Government. Proposals have been developed and submitted to extend this hub as part of the pathfinder work for urgent primary care centres. A new phone first triage model has also been introduced since early August. The CAV24/7 model provides access to urgent primary care and also enables people to be booked into the Emergency Unit or Minor Injuries Unit as appropriate. Note more detail provided in 'Managing Winter' (**section five**).	*Milestone- ABUHB, CAVUHB, BCUHB to establish pacesetters for Urgent Primary Care centres.* Proposal being developed and will be submitted by deadline.	

Planned Care

As well as maintaining essential services we have begun to re-introduce more routine services where it is safe to do so. We plan to keep doing this through the next six months.

We have been able to achieve this through:

- Establishment of Protected Elective Surgery Units ('Green zones') in UHW and UHL (**see section one**)
- Use of Spire Private Hospital capacity (see **section three**)
- A refreshed Outpatients Transformation Programme, clinically led across primary and secondary care

We will continue to operate within national and local operating frameworks, with the overriding principle being the need to minimise harm. Our approach to rebalancing planned care entails:

- Remaining 'Covid-19' ready
- Prioritising patients with the greatest clinical urgency – moving from time based targets to clinical risk stratification
- Minimising hospital attendances to keep patients safe
- Using technology and innovation to introduce new ways of meeting needs
- Monitoring demand, as well as activity, given concerns at the start of the pandemic that people may be delaying seeking medical help for serious health conditions

Current position

In Quarter 2, the Health Board took stock of its Planned Care position, viewing waiting lists through four lenses – *volume, age, stage of pathway and risk*. This analysis concluded that the scale of our challenge is significant and cuts across a number of areas;

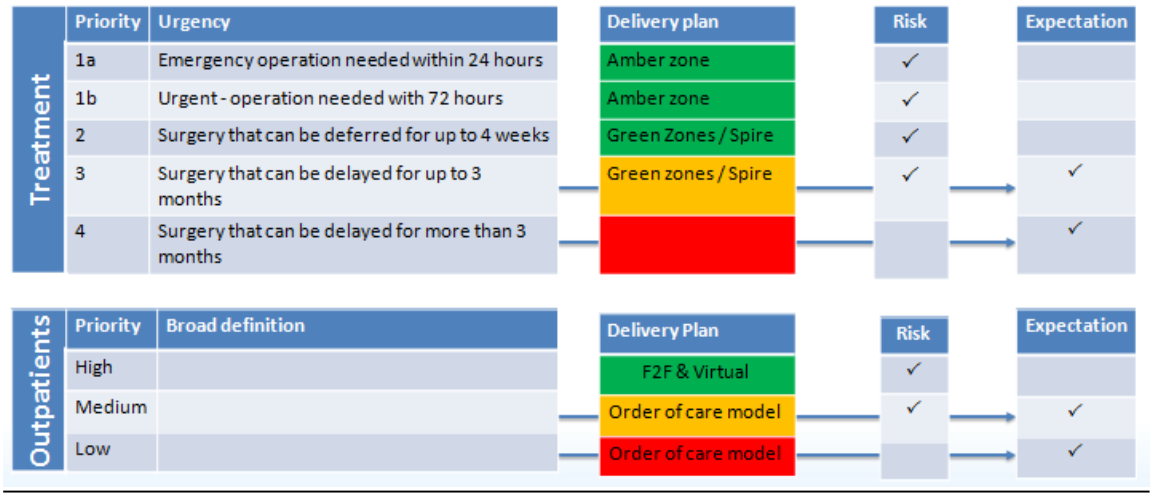
- ❖ Pathways- c. 280,000 existing;
- ❖ Whilst waiting list growth is currently marginal there has been a significant deterioration in waiting times;
- ❖ That we have further work to do on recording risk for treatments and defining risk for outpatients.

We have also enjoyed some success in increasing demand and activity (albeit it back to lower levels than pre-Covid-19) which will support addressing the view that there may have been / is pent up demand within our population. At the end of quarter 2 key statistics were:

- Primary Care referrals into Secondary Care fell to 30% of previous levels at Covid-19 peak – but have recovered to 74%
- Outpatient activity fell to 27% of previous levels at Covid-19 peak – have recovered to 64%
- Elective inpatients and day case treatments fell to 22% of previous levels at Covid-19 peak, now recovering to 62% (This includes activity undertaken at Spire Private Hospital).
- Surgical operations fells below 10% of pre-Covid-19 levels at the start of the pandemic but have recovered to 51%

Looking Forward

Our Planned Care strategic framework (below) focuses on the two key elements of planned care – *treatments and outpatients*. It provides a structured method by which to define how our plan is supporting the management of risk and expectation.



Treatment Prioritisation

The treatment element of the framework is well defined, with prioritisation based on the Royal College of Surgeon definitions. Changes were made to our PMS in Quarter 2 to allow recording of RCOS Level 1 to 4 priorities at a patient level. New patients added to surgical waiting lists are now categorised against these levels. Work is now underway to ensure existing patient waiting list records are updated to include the level assigned via the clinical risk assessment.

Resuming Surgical Activity

Throughout the pandemic the UHB has maintained essential surgical operating. The UHB set out in its annual plan and quarter 2 update the plans to establish and expand green zones to allow the safe increase in surgical operating. As stated above the UHB's elective surgical activity has been steadily increasing over the summer and is currently at just over 50% of pre-Covid-19 levels. In October additional operating sessions have being added to the schedule in UHW main theatres and short-stay surgery unit (SSSU); plus a second cardiac theatre is coming on-line at UHL, limited GA activity is recommencing in the Dental Hospital and cataract operating is re-starting in Ophthalmology outpatients (initially for 3 sessions per week but with the intention to increase this through the quarter). The expectation is these actions will allow overall activity to approach 60% of pre-Covid-19 levels during October.

The final phases of construction for the green zones will be completed in November, facilitating Breast Surgery returning to UHL and the recommencement of Orthopaedic operating. This will bring a further step-change in activity of 50 cases per week, partially offset by the reduction in Spire provision, taking activity to around 70% of pre-Covid-19 levels.

The UHB's ambition for the remainder of the financial year is to further increase elective surgical activity through increasing the number of theatre sessions and, subject to Covid-19, reducing the time between cases. Indicatively this could allow the UHB to reach 80% of pre-Covid-19 levels. All of the above is supported by detailed, speciality-level capacity plans.

Impact of Covid-19 on Surgical Activity

Inevitably the above plans will to some extent be dependent upon the prevalence of Covid-19. The green zones have been designed to allow elective activity to safely continue even when the prevalence of Covid-19 is high. The UHB's bed, finance and workforce plans are also designed with this in mind. Therefore the expectation is these plans will be relatively resilient to increasing levels of Covid-19. Nonetheless there will of course be limits to this. In broad terms the UHB's intentions are as follows:

1. to maintain essential services in all circumstances (up to and including the Covid-19 worst-case scenario)

2. to maintain current levels of elective activity even in the event of a significant second wave (equivalent to the peak period in the central scenario)
3. outside of a peak of Covid-19, to steadily grow elective activity to reach around 80% of pre-Covid-19 levels
4. to work with Welsh Government to secure additional capital investment to expand theatre and diagnostic capacity to reach 100%+ of pre-Covid-19 activity levels during 2021-22 (see below)

Increasing Capacity to Pre-COVID-19 levels & Reduce Backlogs

As stated above the UHB, in common with other providers across the UK, has seen a significant increase in the number of long-waiting patients. Post-Covid-19 it is likely to be many years before the UHB has fully recovered from this position and this will only be achieved through a combination of service redesign and increased capacity. The UHB has, prior to Covid-19, been developing a number of capital proposals which, given the implications of the pandemic, are now even more urgent to support backlog reduction. The UHB would like to work with Welsh Government to prioritise and expedite these programmes to achieve the earliest possible increase in capacity:

Table three: *Priority Proposals to increase Capacity*

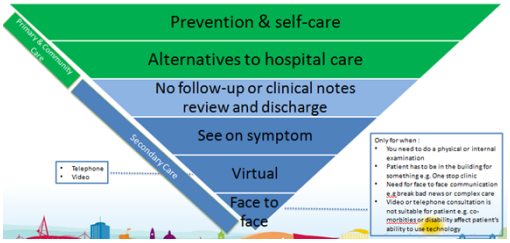
Proposals	Outline Plan	Estimated Potential Capacity
Two theatres at UHL	Permanent replacement for two Orthopaedic theatres in CAVOC	840 cases per year
Stand-alone cataract facility	Off-site, modular twin theatre	5000 cases per year
Endoscopy expansion	2 x additional Endoscopy theatres at UHL, co-located with the existing department	3360 procedures per year

Outpatients

The Outpatient element is being progressed via the Outpatients Transformation programme. Three work stream form this programme:

- **Clinical Prioritisation** – Triaging patients according to their clinical need
- **Adapted ways of working** – accelerating and embedding adapted ways of working e.g. virtual outpatients; see on symptoms; healthpathways
- **Configuration** – Creating environments that (i) minimise in-hospital transmission of Covid-19 but maximises throughput (ii) supports care close to home

These are underpinned by a number of enablers including digital and communications.

Outpatient actions for Q3-4	
Defining the risk and 'default'	Our clinicians have broadly landed on three categories of risk for outpatients – high, medium and low and have defined an Order of Care model (see below). In the next quarter, further work will be done at a specialty level to further define risk and the Order of Care. 
Maximising space	Work has now commenced on ensuring that the use of this space is maximised - thereby allowing us to safely increasing the number of face to face outpatient appointments (where this is the appropriate method of review).
Creation of a 'virtual village' in UHL	Clinician feedback is that creation of a dedicated physical space to undertake virtual outpatients would have the potential to strengthen governance arrangements and further increase uptake. It is anticipated that the Health Board would set up a number of 'virtual villages' across primary and secondary care estate but the initial plan is to establish a virtual village in UHL as a proof of concept.

The continued uncertainty regarding future demand – Covid-19 and non-Covid-19 – and the new levels of complexity that we are working in does mean that there remains some risk regarding delivery of planned care services. Since the start of the pandemic, a constant balance of risk has been made in relation to the extent to which services continue to operate and can restart versus the potential harm from infection. Going forward, this balance of risk will continue to be applied and our actions will continue to be guided by clinical advice.

The wider public health agenda

We recognise the importance of preventing and responding to both the direct and indirect consequences of Covid-19, including long term impacts on health and social inequalities and as such have agreed revised key public health priorities for 2020-1 in addition to Covid-19, which are set out in full in our revised plan.

These include actions in the following areas: immunisation, tobacco, healthy weight, healthy environment and travel, health inequalities, mental well-being, alcohol, sexual health, falls prevention, dementia, healthy schools and pre-schools.

This is intent is evident through our launch of the *move more, eat well* plan (www.movemoreeatwell.co.uk) which has the full backing of our PSBs and RPB.

We will keep these priorities under review as elements of them may need to be flexed up and down to respond to autumn and winter Covid-19 pressures.

Section 4: OUR RESPONSE TO THE WIDER SOCIETAL IMPACT OF COVID-19

Mental Health

As we continually look to balance our provision of essential services against the ongoing challenges presented by Covid-19 we continue to evaluate and revaluate our mental health service provision to ensure the safe, timely and high quality services continue to be provided.

As we head into quarter 3 and 4 our headline position is one which shows that;

- ✓ We plan to maintain all mental health services including all therapeutic group work through quarter three and four.
- ✓ For the purposes of Covid-19 readiness in Hafan Y Coed, this has not been safely possible in Q2 due to an adolescent admission to PINE ward (Red and purple Covid-19 cohorting area). This adolescent has now been transferred to a smaller unit at HYC releasing PINE ward back for Covid-19 purposes.
- ✓ Mental Health services across Wales via the national commissioning team will no longer make available a block contract for private beds for Covid-19 surge purposes. Local mental health services will monitor and calibrate the need for additional beds through its local Covid-19 response meetings and directly spot contract beds itself.
- ✓ For mental health services for older people we have ensured ward East 10 at UHL remains available for cohorting Covid-19 Purple/Red stream service users who test positive for or require isolation whilst being tested for Covid-19 as per UHB modelling.
- ✓ We are in the process of supporting the establishment of an accommodation commissioning plan for adolescents needing accommodation in crisis. This is being done in conjunction with the Local Authority / Children & Women'[s and Medicine Clinical Boards

Nevertheless, service demand has now returned to, or exceeding, pre-Covid-19 activity. To mitigate the immediate risks and challenges which this presents we are taking the following actions;

- ✓ Continued investment into 'Pre-GP' services along with the ongoing review of recent 3rd sector investment in capacity to provide CCI Therapies model and Silver Cloud (anticipating further WG investment in 3rd sector support to meet tier 0/1 needs and preserve specialist services).
- ✓ Temporary expansion of the Primary care Liaison GP Cluster service. This support is being provided via additional an additional three practitioner posts to secure prevalence rather than population capacity in all clusters, particularly South and East Cardiff areas.
- ✓ We are assessing gaps in the dementia pathway in Primary care in light of 25% increase in dementia referrals to CMHTs. The anticipated investment in 3rs sector provision will be designed to support or partially support this service gap.
- ✓ We are enhancing admission avoidance 'out of hospital services' to offset demand, particularly in MHSOP due to their core bed losses. With investment in community and crisis services – in line with MHSOP and the UHB transformation strategy.
- ✓ Maintain compliance with Parts 2,3 & 4 of Mental Health Measure / CMHT routine RTA 28 day standard / 26 week RTT target for psychological interventions
- ✓ We look to remain a lead user of digital platforms.

Addressing long COVID-19

We recognise that the impact of Covid-19 is likely, but not solely, generational. The consequences of the virus will last well beyond the arrival of any vaccine. It is acknowledged that these consequences will be manifested in a number of ways including; the financial impact, the long-term impact upon our current (and future) workforce, the impact of pent up demand following into our system as well as, most importantly, the long term health impact upon people who have been severely affected by the virus might subsequently experience- mental and physical and the demand this will place on our system.

Early steps we have made include;

- A 'long covid' rehabilitation model has been developed by a team of AHPs, with a lead GP and input from secondary care clinicians
- The creation of an online resource – www.keepingmewell.com a new digital rehabilitation resource with information specifically developed to support rehabilitation, with an initial focus on COVID-19 rehabilitation that anyone can access anywhere to help keep themselves well and aid recovery from COVID-19.
- Working with GP clusters to develop a Long COVID rehabilitation service
- Working with the *SilverCloud* online therapy service to provide free online mental health and wellbeing therapy without needing to wait for a referral from a GP

See also the rehabilitation in **section three** of this plan.

Service Collaboration

We continue to work closely with commissioners and partner health boards to ensure that together we are protecting and strengthening fragile regional and tertiary services where we have the biggest challenges.

Focussed work continues to take place in a number of specialities including:

- Interventional radiology,
- Vascular surgery
- Ophthalmology surgery
- Upper GI cancer surgery,
- Paediatric gastroenterology and
- Paediatric neurology,
- Cochlear Surgery
- Oral & Maxillo Facial Surgery – out of hours

The UHB has established executive partnerships with both Swansea UHB and CTM UHBs to co-ordinate the collaborative scoping of sustainable service plans that will need be delivered in partnership to strengthen existing fragile services – implementing urgent interim measures where necessary – and planning for improved future sustainability of services in response to meeting national clinical service standards and making effective use of our specialist workforce. Where this collaboration involves tertiary service provision, area, we are also working closely with WHSSC to align planning and commissioning discussions.

These regional planning partnership arrangements supplement the SE & SC Wales Regional planning programme which relates to services provided across the AB, CTM, South Powys and C&C UHB catchments.

In addition, we are liaising with individual and the Board of CHCs to ensure that engagement and, where appropriate, consultation activities are appropriately addressed.

Section 5: MANAGING WINTER

We know that this winter is going to be an especially challenging time for the organisation. We also know that mitigating the impact of the season is not an excise which can be done in isolation. There are actions which are within our exclusive gift whilst there are also actions which need to be progressed in collaboration with our wider health and social care partners.

In parallel to the development of this plan has been the multiple emerging opportunities to access emergency winter funds confirmed via letters such as that from Stephen Harrhy, Director, National Programme for Unscheduled Care on the 02 October 2020. Where appropriate in the subsequent sub sections we look to signal where our emerging proposals will support our direction of travel described.

Internal action- *addressing our unscheduled care system*

We continue to shape our unscheduled care plans around the goals of the national *urgent and emergency care framework* and specifically the four priority areas which the unscheduled care board have identified for quarter 3-4 (bold below)

1. **111 / contact first models to enable patients with urgent care needs to be signposted to the right place, first time**

CAV 24/7 went live on the 5th August 2020. This was Wales' first phone first approach to Unscheduled and Urgent Care. Patients are able to phone CAV 24/7 prior to attending the Emergency Unit and receive a clinical triage via the telephone. If, after the telephone triage, it is felt that the patient needs to attend the Emergency Unit, they will be given a timeslot to arrive. This not only provides a much more amenable experience for the patient but also allows the department to conform to social distancing. If a patient rings CAV 24/7 and it is felt they do not need the Emergency Unit, they are referred in to specialities, or signposted to Primary Care services.

Around 150-250 calls a day are being received by CAV24/7 (in addition to the usual Urgent Primary Care/Out of Hours calls). Around 64% are being booked into EU/MIU and others dealt with or signposted to other primary care services.

Feedback from clinicians and operational managers has been extremely positive. Whilst the number of attendances to EU has not reduced as originally expected, they have remained fairly flat, whereas prior to introduction of CAV24/7 attendances were increasing. With the booking facility it also means it has been easier to manage as these are now planned attendances.

Feedback from patients has been extremely positive. A survey has been completed by more than 650 people with the key messages:

- ✓ 87% would be happy to use the service again.
- ✓ 86% happy with the time taken to answer the call.
- ✓ 86% satisfied with the service from the call handler.
- ✓ 78% had the call back on time, or earlier from a clinician.
- ✓ 87% satisfaction with the service from the clinician.
- ✓ 81% seen within 1 hour of appointment given.

We are looking to develop a retrospective proposal for CAV24/7 in order to access emergency winter funds that have been identified to support 111/contact first models.

2. **24/7 same day / urgent primary care models of care to enable people to access care in their local community, preventing unnecessary attendance at Emergency Departments and admission to hospital.**

Work across this theme remains highly complementary to the objectives outlined within the primary and community care framework (**see section three**) - we have ensured close working between our primary care/ community teams and our unscheduled care teams.

We have submitted an urgent primary care pathfinder proposal to further develop the Central Vale hub and to extend the model to cover the whole of the Vale locality by developing a hub model in both the Eastern and Western Vale clusters which is proposed to start (Central Vale) from the 1 December 2020 and the Western Vale and Easter Vale to from mid-December 2020.

3. **Ambulatory emergency care to enable patients to safely bypass the Emergency Department and prevent unnecessary admission (Goals 3 and 5).**

UHW has a Medical Admissions Emergency Care Unit (MAECU). This operates 5 days a week (Mon-Fri) from 0900 – 2200. MAECU takes medical patients who are referred in by a GP for further investigations. Pre Covid-19 it would see between 30 – 60 patients a day, with Mondays being the busiest day of the week. Approximately 85% of patients would be discharged home the same day and avoid admission into the hospital. Amb scoring at triage in the Emergency Unit is also used to enable patients to be streamed directly into MAECU and avoid the Emergency Unit.

4. **Embedding the four discharge to recover then assess pathways to prevent unnecessary admission and enable a home first approach to improve experience and outcome (Goals 3 and 6).** *See also our c*ollaborative action – *Working as part of the Cardiff and Vale of Glamorgan Regional Partnership Board*

For patients who present to the department we have a number of pathways for the medically well patients this includes- The Frail Older Persons Assessment Liaison (FOPAL) service.

Established at UHW in 2014 to deliver Comprehensive Geriatric Assessment (CGA) to frail older people in the Emergency Unit (EU) and Assessment Unit (AU). This team consists of a consultant geriatrician and nurse supported by colleagues in the EU/ AU department. Early input from the FOPAL team has shown to successfully increase the number of people returning home and reduce the 30-day readmission rate.

Pathway 1 – when a frail older person presents at the front door they will be reviewed and provided with comprehensive geriatric assessment. The FOPAL team has close links with intermediate care services therefore if a person is medically well but unable to cope at home and requires review of their social support, the team will make the necessary arrangements in the community to facilitate discharge home with adequate support. This will prevent unnecessary admission to an acute medical ward.
For people who are medically well and safe to return home but require treatment or a period of rehabilitation, they can be referred to the Elderly Care Assessment Service (ECAS) for medical review and a planned programme of rehabilitation. They can be seen as early as the following day if required. This will maximise a person's functional independence and psychological wellbeing, whilst supporting people to optimise their recovery and maintain their independence in the community.

For people who are medically unwell, they will continue their admission to an acute medical ward. However the provision of rapid CGA will reduce hospital associated clinical decompensation. This should result in a reduced overall length of stay for those who require admission.
Whilst on the acute ward, a person's potential ongoing care needs will be identified to ensure adequate support is provided at home when discharged.

During their ward admission, once a person is medically well and if they are safe between care visits they will return home to continue their care and rehabilitation at home/ usual place of residence. This will be achieved with support from the Community Resource Teams (Discharge to Recover and Assess-Pathway 2

If a person is not safe between care visits and unable to return home they will transfer to a 'step down' bed (Pathway 3) at St David's Community Hospital at the earliest opportunity for further assessment, rehabilitation and recovery.

Frailty Intervention Team (FIT)

During January to mid-February 2020, the Frailty Intervention Team (FIT) was piloted on both the UHL and UHW sites using RPB winter funding. This multidisciplinary team (nurses, OT, physios and support from FPOC team) led by a consultant geriatrician, built on the success of the FOPAL Service by providing an enhanced service 7 days per week. The Medicine Clinical Board continues to work closely with colleagues across CD&T and PCIC clinical boards to establish a full multidisciplinary FIT team at both UHW and UHL sites on a substantive basis.

We are in the process of evaluating the full impact of the FIT. Some early headlines include:

- The FIT team at UHW saw a total of 1024 patients in EU and AU during the intervention period. This equates to 115 patients a week who received intervention from the FIT team, compared with 47 patients a week seen by FOPAL.

- The FIT team facilitated discharge directly from EU/AU for 219 patients. This equates to an additional 14 patients discharged a week when compared with the FOPAL team, despite no change in the number of patients aged ≥75yrs attending urgent care.

- EU re-attendances and 28 day readmissions were stable during this period, suggesting that additional discharges were safe and appropriate.

- After the implementation of the FIT teams at UHW and UHL there was a consistent reduction in occupied beds for patients aged ≥75yrs for seven consecutive weeks from 20th January, with an average of 12 fewer occupied beds per week for this cohort.

As RPB funding ran out and the pandemic hit, FIT was suspended after 9 weeks. The FOPAL team was later reinstated in UHW in July (2wte frailty nurses and five morning geriatrician sessions).

Internal action- *our Flu Vaccination Programme*

Ensuring we have an effective flu vaccination programme is a key action we are progressing as part of not only protecting the more vulnerable members of our population but also to support mitigating the risk that our system could become overwhelmed during the winter months.

In our Community

GPs and Community Pharmacies experiencing unprecedented demand for flu vaccine amongst at risk groups and are currently implementing innovative delivery models to at-risk groups such as drive throughs to support social distancing. The first (national) fortnightly reporting for flu uptake (IVOR) is due to commence imminently and once available, the Local Public Health team will share this information with Cluster Leads and GPs practice throughout the season. This along with regular newsletter updates for Primary Care Providers and a public-facing campaign with ensure we have a robust media campaign regarding the flu vaccination.

In addition planning is underway to extend a pilot undertaken in Flying Start areas during 2019/20 to increase uptake amongst two, three and four year olds who attend flying start childcare settings. This is in addition to the established primary School vaccination programme that has once again commenced and is also seeing high uptake rates to date.

The vast majority of flu vaccine will be administered before the Christmas break with our school programme being completed by the second week of December with catch–up sessions for year groups who have missed their scheduled school sessions due to self-isolation requirements, being planned for

half term using hubs and appointment system. Fortnightly uptake monitoring will be shared with Clusters and GP practices for each risk group. Our expanded programme (to people aged 50+) is also expected to conclude by the end November.

Across our staff

As part of our commitment to we are delivering a flu vaccination to at least 75% of health care workers we have taken a number of actions which includes;

- ✓ 20% extra vaccine ordered at the start of the season
- ✓ New Flu Champions recruited and trained
- ✓ Proactive uptake being monitored at departmental and Clinical Board level
- ✓ Extra staff / vaccinating capacity put in place across all our Clinical Boards
- ✓ Mass Vaccination / drop in sessions arranged regularly by Occupational Health Service
- ✓ New incentives introduced (including a weekly raffle for staff)
- ✓ Extra staff / vaccinating capacity put in place across all our Clinical Boards
- ✓ Staff communications ongoing

Collaborative action – *Working with our health system partners*

We received a helpful letter from the WAST CEO on the 14 October which alerted all Health Boards to firstly the potential impacts on emergency ambulance response times during the winter period, in particular, the risk to patient safety in your populations and secondly to seek support for the actions that need to be taken to mitigate some of these risks.

We recognise that ensuring flow through our system, particularly in winter, will involve close working with the Welsh Ambulance Service NHST (WAST) and are thus fully committed to working together not only with the service but also the National Collaborative Commissioning Unit (NCCU) who act on behalf of the Emergency Ambulance Services Committee (EASC) on the issues described within the letter.

In relation to WASTs Non-Emergency Patient Transport (NEPTS) service we are led understand that the first cut the NEPTS Demand & Capacity Review report will be available in Dec-20, which will include a sensitivity analysis of the impact on NEPTS capacity of reduced patients per journey. In the interim we also understand work will be undertaken in October to model the impact on NETPS capacity of reduced journeys and reduced patients per journey.

Clearly there is a dependency between these pieces of work and the UHB being in a position to articulate what additionality (or not) discharge activity we may require over the winter and indeed during the rest of the pandemic.

Collaborative action – *Working as part of the Cardiff and Vale of Glamorgan Regional Partnership Board*

Cardiff and Vale of Glamorgan Regional Partnership Board is preparing a Winter Protection Plan that provides an overview of arrangements mobilised to protect our citizens and health and care system from the impact of winter, in the context of ongoing Covid-19 infection. The plan addresses the six goals set and cross references to this plan for Health Board-specific elements, particularly the response to goal 5: Great hospital care. *Discharge to Recover and Assess funding* will provide additional capacity and capability within the system to expedite flow out of hospital for people who are medically fit and ready for the next stage of their rehabilitation. This will therefore support the Health Board's ability to respond to increased demand on unscheduled care.

The partnership is currently modelling likely demand and assessing the additional capacity required across the system. *Discharge to Recover and Assess funding* for the region will be used to offset the increased costs, which are significantly in excess of the funding available. Partners are currently mobilising services at risk to ensure that the system is ready before significant increases in demand.

The main focus of the plan is ensuring that our local system is able to ensure that people receive the care and support in the most appropriate place for them. In the main this will be their home, including where this is a care home and that admission to hospital is only for situations where the care and treatment required cannot be provided elsewhere.

Our system's integrated Winter Protection Plan sets out how our partners are working together to mitigate the impact of winter, in the continuing presence of Covid-19. Partnership with our two local authorities is particularly critical to ensure we have a safe system of support:

- People in care home settings and the staff who support them, including access to personal protective equipment, infection prevention and control and access to expert advice on managing infection in closed settings
- Children and young people needing support with emotional wellbeing and mental health needs
- Discharge home from hospital, including robust protocols to ensure no-one is discharged from hospital with a Covid-19 positive diagnosis
- Discharge to recover and assess ensuring people have access to rehabilitation and reablement to regain their health, wellbeing and independence following a hospital admissions and to ensure no decision about the future long-term care needs are made within a hospital setting when the person has not fully recovered
- Prevention of avoidable admissions to hospital through our Cardiff Community Resource Team and Vale Community Resource Service
- Cardiff Council First Point of Contact officers and Vale of Glamorgan Age Connects staff ensuring 'what matter's to you?' conversations take place on wards to ensure proportionate support is put in place and connections made to the wide array of third sector support resources
- Ensuring the domiciliary care sector (both in-house and independent) is mobilised to meet the additional demand created by winter
- Significant levels of support from the Third Sector to people who have been shielding or remain unable to access food and other support and are at risk of social isolation

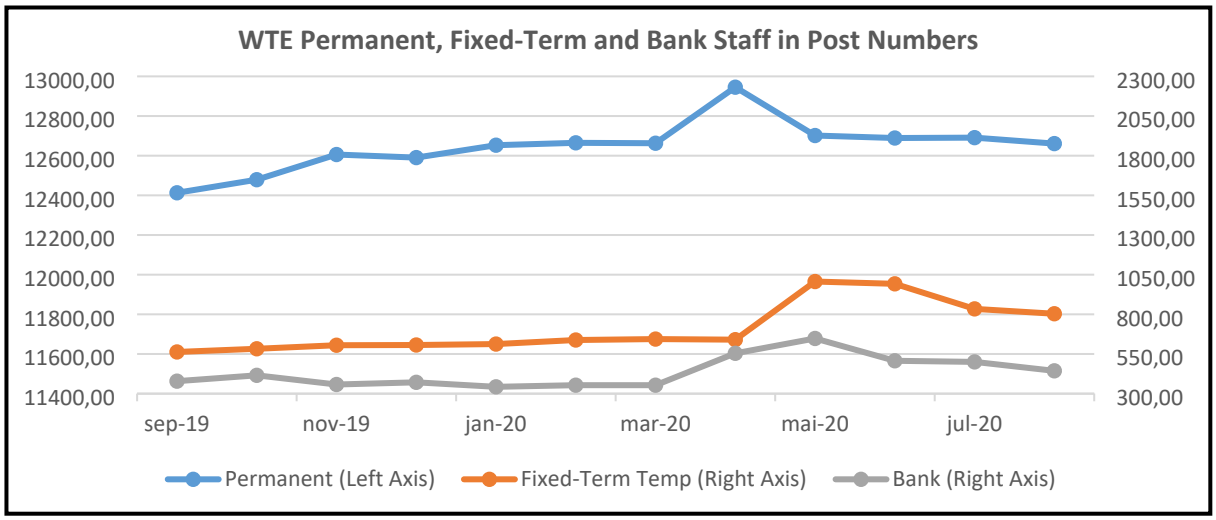
The following capacity is being extended which will materially support the wider delivery of this quarter 3-4 plan as we have recognised that effective flow is a key dependency for the 39organisation:

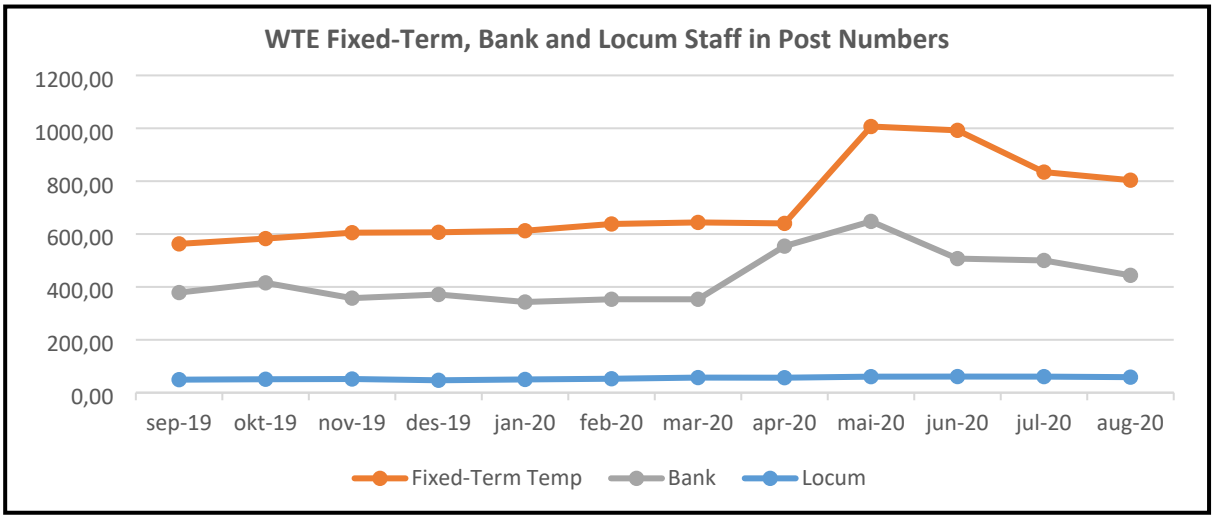
Initiative	Initiative descriptor	Timescale
Step down community bed capacity	Ensuring there is adequate community bed capacity to enable people to be discharged for further recovery and rehabilitation to ensure decisions about long-term care are made at the right point in the person's recovery. To ensure that people are able to leave the acute setting as soon as they are medically fit to be discharged. • Covid-19 isolation capacity • Residential reablement (pathway 2) • Discharge to assess nursing beds (pathway 3)	Additional capacity between Nov'20 – March '21
Increased intermediate care step down capacity	• Get Me Home plus capacity (pathway 2) • Additional care capacity • Additional therapy and nursing capacity	Additional capacity between Nov'20 – March '21
Increased in-hospital discharge capacity	Ensuring flow through the hospitals is optimised through additional: • First Point of Contact Officers • Discharge liaison nurses (supporting self-funders) • Social work single point of access and triage	Additional capacity between Nov'20 – March '21

Section 6: OUR WORKFORCE

Headcount and Temporary Staffing

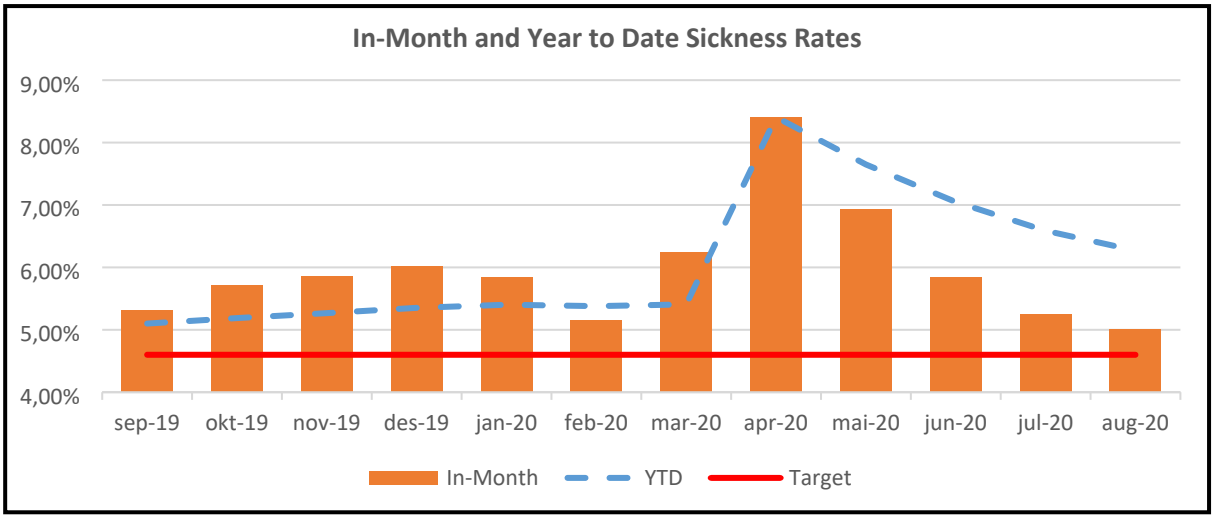
The Tables below illustrate our staffing journey since last September and the spike in whole time equivalent temporary staffing during April and May which then dipped back. As reported in Q1 and Q2 we have constantly recruited to the temporary bank registers and although a number of individuals have remained on our bank we are now recruiting more. Those temporary healthcare support workers that have remained on our bank are now being moved to fixed term and permanent roles which will help us sustain the workforce and also reward individuals with more stability as they have been loyal to us.





Staff Absence & Shielding Staff

The Table below shows the sickness actuals up to August 2020. This includes all sickness absence, including Covid-19. At our peak in April we were reporting absence of 8.41% which came back down to 5.24% in July and 5.01% in August.



As at 3rd August 2020, we had 637 staff shielding. Fifty percent of individuals were working from home or working on TTP, however, over 300 were not working from home. During the summer Clinical Boards managed to safely return staff to either working from home, working in alternative roles or working in Covid-19 safe environment/zones. There only remain under 20 staff who are not able to undertake meaningful work due to their individual circumstances and health.

The established Shielding Working Group meets regularly, in partnership with trade unions, and has developed clear Principles and principles for supporting the returning staff following Pausing.

Supporting Positive Culture Change

During the past 18 months prior to Covid-19, Cardiff and Vale UHB has strived to implement a system of leadership and culture which inspired a high level of trust among staff and allowing them to operate within low levels of bureaucracy. In 2019, the Health Board began its Amplify 2025 programme, which was based on what it had learnt from its partnership with New Zealand's Canterbury District Health Board. As part of this programme, staff were given the permission to innovate and act where they saw fit in order to make healthcare services better, more sustainable and more efficient in order to meet the goals as set out in the Health Board's 10-year strategy, Shaping Our Future Wellbeing, which was published in 2015.

The Amplify 2025 programme also had the goal of breaking down organisational barriers and bring leaders from across the health system together with a shared vision of improvement. We want to learn from each other and share ideas for a whole-system approach to culture and leadership transformation. Similarly, in 2019 the Health Board was instrumental in establishing and hosting the Spread and Scale Academy in Wales, which offered healthcare staff training and support in order to take a small-scale improvement project and develop it into something that can affect large-scale change.

These initiatives provided a cultural context in which the UHB was operating and, as such it wanted to drive change which was clinically-led rather than coming from the top down in response to the pandemic.

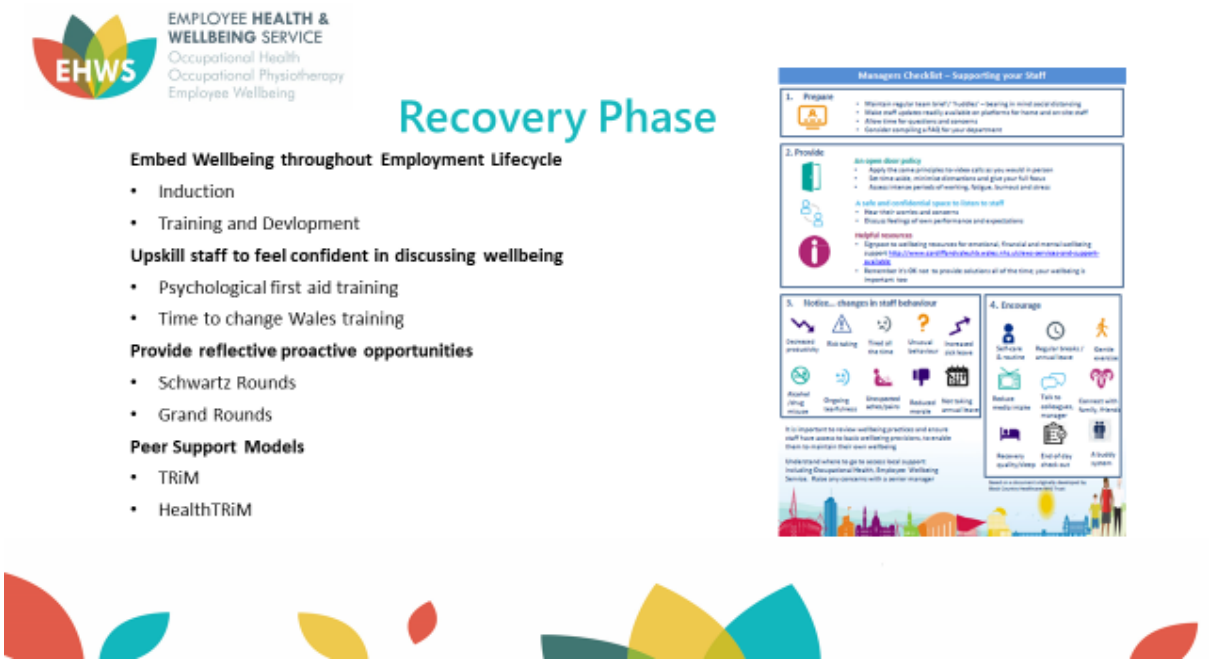
A new leadership structure and staff movement across traditional boundaries broke down barriers between clinical teams and silos. Staff have reported that traditional hierarchies were in some places flattened and that silos were broken down as colleagues came together to work collectively on the solutions to the challenges posed by Covid-19. Staff have been more accepting of change and willing to adapt as the pandemic focussed their attention. The ability to work on one project, towards one goal, with the understanding that it is for the common good was transformational for staff and services. Despite feeling tired and anxious, staff reported feeling as though they were included, trusted and energised by their work.

During Q2 we undertook a rapid feedback exercise with staff across the whole of the organisation to understand the impact of Covid-19 on our leadership capability and capacity, identifying what has really worked well, to understand what transformational changes have happened and to ensure this is embedded within the organisation although understanding any potential barriers. The last four months have presented many individuals with the greatest challenges of their career and people have responded with extraordinary resilience and innovation, and it is important that the achievements of the last quarter are appropriately acknowledged and celebrated – and that the sense of pride that there is for many working across the organisation is captured. A discovery report has been produced illustrating what Cardiff and Vale achieved during the pandemic.

The Organisational Development team now have the opportunity and responsibility to harness the clarity and energy felt by staff during the pandemic and establish how the Health Board can keep this momentum going forward, so that staff have an active input into the health system's future direction.

Continued Staff Wellbeing Support

The UHB had developed and rolled out a range of resources to support our workforce including Safe Havens, Relaxation Rooms, self-help guidance, access to psychological support as well as a range of other services and support arrangements – many of these are signposted through our Covid-19 Wellbeing Resources Pack.



We have established a clear process for the identification of staff through TTP and protocols are in place.

During the next 6 months – the immediate priority is the seasonal flu campaign which commenced in September. Following on from this will be the implementation of the Covid-19 vaccination programme once the vaccine is available.

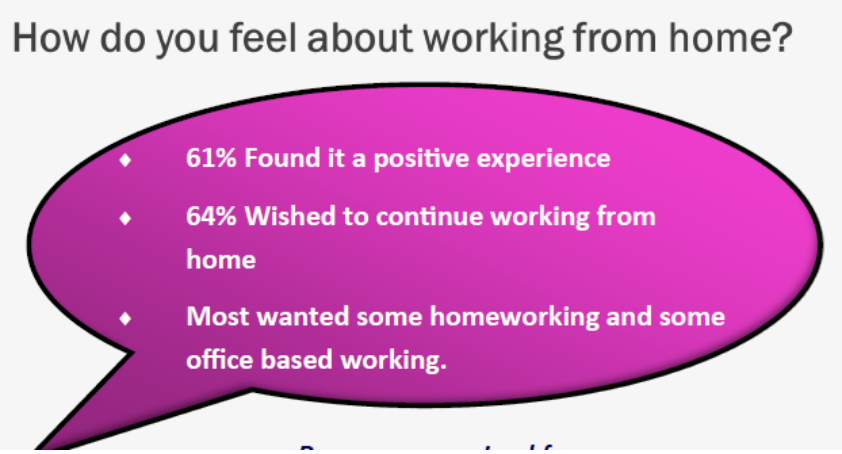
From a psychological well-being perspective we are currently in discussions with Remploy to develop a free mental health vocational rehabilitation programme which will provide non clinical mental health support for staff for up to 9 months. A bid has been made to the UHB Health Charity to fund the provision of a number of resources to support psychological wellbeing including Wellbeing Co-ordinators to deliver these programmes. An outcome of this bid is as yet unknown.

Helping staff with fatigue – the UHB has an existing Occupational Health Musculoskeletal pathway for staff, however this was not developed to deal with the effects of long Covid-19. The UHB has developed the Keeping Me Well platform which provide a range of resources to support Covid-19 Rehabilitation **https://keepingmewell.com/.** Although originally developed for patients, it is also applicable for staff.

A number of resources were developed during the initial stages of Covid-19 including free access to wellbeing Apps, online CBT resources, virtual exercise classes along with a number of bit size information leaflets. These are all currently available and are regularly being advertised via the communication team to ensure that staff know how to access them when required. The Head of Employee Health and Wellbeing and the Lead Counsellor for employee Wellbeing are continuing to offer proactive support to Line Manager to help them support the wellbeing of staff in the workplace

Wellbeing and Working from Home

We recently undertook a survey to gather the views and experiences of those who have worked from home during the pandemic. We received a fantastic number of responses; Highlights of the survey can be seen on the below attached.



It is clear that there are some lessons to learn and we are thankful for the open and honest views of our staff; largely the responses were positive and the majority of staff welcomed the opportunity to work from home although we know that working from home is not for everyone and some of our staff have found it particularly challenging.

We also recognise that there is a great deal of uncertainty surrounding the future and what our working arrangements will be. It is clear that, whilst Covid-19 has posed huge challenges to how we work and provide care to our patients it has also opened up several opportunities to allow us to question what we considered to be our routine way of working and to instil some real positive changes.

For the organisation, homeworking has certainly been one of those changes that we regard as being a positive change in direction and something that we would like to see continuing. At present we continue to encourage and support staff to work from home where they can. As well as supporting social distancing, the benefits to homeworking can include, a better work-life balance, avoiding the daily commute, and reduced travel costs. For the Health Board benefits include, better productivity, reduced requirement for office space and car-parking and a reduction in the carbon cost of delivering health and care services. There are also many benefits across the broader community including the reduction is road congestion, air pollution and the strain on public transport services.

It is acknowledged that there can also be negatives to homeworking, particularly around matters of employee well-being and health & safety, such as loneliness and loss of team contact, risk of domestic violence, difficulty keeping boundaries between home and work life, or simply the fact that IT capabilities may not be enhanced enough for employees to access everything that they need. We want to support this by helping to up-skill managers and staff to work effectively in a culture that values outcomes, not physical attendance.

It is important that we retain the benefits of homeworking. We want employees to have more opportunities to work from home – not less. We are currently exploring how we can embed homeworking into the organisation in a successful and sustainable way. Our aim is to introduce a recognised homeworking or remote working model that allows our staff to work from any number of different locations, including their home and office.

Supporting our Black, Asian and Minority Ethnic workforce

We have been actively involved in working with the National Black, Asian and Minority Ethnic Group in developing an accessible toolkit that will be rolled out to ensure that we are taking all appropriate precautions in the risk assessment and management of this particularly vulnerable group.

Recently our CEO asked members of staff from Black, Asian and Minority Ethnic backgrounds to share their experiences of working in the UHB and the issues of inequality they have faced. Our CEO has spoken with staff who shared their experiences, the learning from which we have found invaluable. We will now build upon this agenda to ensure that as a Health Board we are as inclusive as possible.

While we've seen the occasional inspiring story of grass-roots transformation initiated by employees looking to drive change, the truth is, diversity and inclusion has to come from all levels of an organisation. Therefore, all our Executives will each be taking a leadership role across the nine protected characteristics stipulated in the Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation), and our CEO has chosen to lead on race. This is a complex area and his interactions with colleagues so far have illustrated how there are a variety views and opinions on how we can make sustainable and meaningful change, such as the establishment of a Black staff network or Forum.

Risk Assessments

At the start of the pandemic we introduced a risk assessment for our employees. We also had a separate assessment for Pregnancy. This was superseded as we introduced the Welsh Government Risk assessment process. Staff have been encouraged to undertake the self-assessment process and record this within the ESR system. Managers are required to undertake regular risk assessment conversations with all staff; especially those in vulnerable groups. Mitigating actions are being taken which mean staff are supported to work from home, moved to alternative duties, work in non-Covid-19 secure environments.

Section 7: OUR FINANCES

The Welsh Government wrote to the UHB on 19th March 2020 to confirm that whilst the UHB had an approvable plan, it had paused the IMTP process for an indefinite period so that organisations could focus on the challenges of Covid-19.

The UHB continues to progress its plans and is forecasting a breakeven year end position based upon the resource assumptions set out in NHS Wales Operating Framework 2020/21 for Q3 and Q4 and a continuation of LTA block arrangements for the rest of the financial year.

The Financial forecast is based on the UHB COVID-19 "central" scenario.

At month 6 the UHB is forecasting net expenditure due to Covid-19 to be £153.306m. The Covid-19 year-end forecast position is breakeven following receipt/confirmation of £153.306m Welsh Government (WG) funding that includes Urgent and Emergency Care funding. This is summarised in the following table:

Summary of Forecast COVID-19 Net Expenditure

	Forecast Year-End Position £m
Total Additional Operational Expenditure	153.29
Total Non Delivery Of Planned Savings	20.502
Total Expenditure Reduction	(19.214)
Total Release/Repurposing Of Planned Investments/Development Initiatives	(1.272)
NET EXPENDITURE DUE TO Covid-19 £m	**153.306**
Welsh Government COVID funding received / assumed	(149.256)
WG Urgent and Emergency Care Fund	(4.050)
Net COVID 19 Forecast Position (Surplus) / Deficit £m	**0.000**

- The breakeven financial forecast is dependent upon LTA block arrangements continuing for the rest of the financial year.
- The forecast position reflects the assessed Covid-19 costs included within the MDS;
- It is assumed additional forecast costs will be supported by Welsh Government Covid-19 funding and the UHBs capitation share of both the Welsh Government Sustainabilty fund and Urgent and Emergency Care fund.

- It is assumed Independent Sector Spire activity is funded to 31st March
- The current forecast excludes the cost of a mass Covid-19 vaccination programme which is currently being assessed.

This forecast includes funding received/assumed from Welsh Government totaling £153.306m as oulined below:

Welsh Government COVID-19 Funding supporting the forecast year end position as at September 30th 2020

Welsh Government additional COVID & Urgent & Emergency Care Funding	£m
Dragons Heart	(60.789)
Allocation Share 13.5% of £371.4m	(50.100)
Reflecting COVID Workforce Months 1 -3	(11.016)
LA TTP	(7.300)
PPE	(6.632)
UHB TTP	(3.081)
NHS and jointly commissioned packages of care	(3.024)
Independent sector provision (Spire)	(2.700)
Flu vaccine extension	(2.650)
Transformation Discharge	(1.251)
Mental Health Services	(0.503)
GMS DES	(0.210)
Urgent and Emergency Care Funding	(4.050)
Total Funding received / assumed £m	**(153.306)**

Key financial planning assumptions:

Dragons Heart Hospital

Within this forecast the Dragon's Heart Hospital costs are now assessed at £63.248m with a further £2.686m capital costs. The revenue cost of £63.248m represents set-up, decommissioning and consequential losses costs of £60.789m and running costs of £2.459m. This is based upon the DHH going on standby from 5th June and retention until 10th November 2020. The UHB continues to work to maximise value for money in the remaining occupancy, removal and reinstatement phases of the project and is hopeful that this will continue to reduce the overall cost of the project.

Dragons Heart Hospital consequential loss compensation costs for the WRU and Cardiff Blues of £3.659m are included in the 2020/21 forecast. These costs represent the best forecast that can be modelled at this time for events that might reasonably have been held at the Principality Stadium and Cardiff Arms Park in the period May 2019 to January 2020 but cannot be due to the continued occupancy of the Dragon's Heart Hospital to 31 October 2020. The forecast includes £8.537m of decommissioning costs for the DHH including reinstatement of the stadium.

COVID-19 and Winter Surge Capacity / Lakeside Wing

The UHB has developed alternative plans which have been shared with Welsh Government to establish a facility for surge capacity on the UHW site – Lakeside Wing. The plans have now been approved by Welsh Government. In addition to providing Covid-19 surge capacity, it will provide the surge beds that the UHB would need to commission for this winter, recognising that predicting winter demand this year is particularly difficult. The UHBs assessment is that of the 400 beds provided in this proposed facility, 50 would be developed as winter surge beds. The remainder would be kept as surge beds to use if there was a significant demand. The UHB's bed capacity plan maintains some of the initial bed expansion created in the UHB's GOLD capacity plan (wards in Barry and St David's Hospital as well as the

conversion of a physiotherapy area at UHW), but some of the beds originally identified as conversion to Covid-19 beds are required as the UHB brings back on line more non-Covid-19 activity.

Aligned to the Covid-19 "central" scenario the forecast includes additional staffing costs relating to additional Covid-19 capacity at UHW, UHL and St. David's (106 beds) coupled with additional winter capacity requirements (50 beds)

Additional workforce requirements relating to the utilisation of a further 116 beds within the Lakeside wing would need to be reviewed looking at utilisation of staff already in post, temporally redirecting / redeploying staff from acute non ward areas coupled with the availability of bank and agency staff if this additional surge capacity was to be required.

Resuming Non-Covid-19 Activity

Throughout the pandemic the UHB has maintained core essential services with our prioritisation of need based upon clinical-stratification rather than time-based stratification. Given the significant uncertainty in the current operating environment, it is extremely difficult to forecast activity with any degree of certainty

As well as maintaining essential services we have begun to re-introduced more routine services where it is safe to do so. We plan to keep doing this through the next six months.

We have been able to achieve this through:

- Establishment of Protected Elective Surgery Units ('Green zones') in UHW and UHL
- Use of Spire Private Hospital capacity
- A refreshed Outpatients Transformation Programme, clinically led across primary and secondary care

The reductions in non-pay costs due to reduced elective capacity is now assessed and forecast to be £19.214m over the year. This represents activity steadily increasing throughout quarter 3 and quarter 4 aligned to the Covid-19 "central" scenario through the use of established green zones at UHW and UHL but not returning to pre-Covid-19 levels.

At the beginning of the Covid-19 pandemic, the UHB reached an early agreement with Spire Healthcare to enable patients with non-complex cancer and other urgent conditions to receive treatment at Spire's Cardiff hospital. This allowed the UHB extra capacity to care for Covid-19 patients on its main sites, in particular to enable space for regional services.

As Covid-19 cases continue to increase within our community and we move deeper into a second wave the continued use of the independent sector remains a key dependency for the UHB if it is to continue to plan for stability and continue to deliver the levels of non Covid-19 activity which have bene achieved to date during the pandemic.

Costs of Spire are included in the forecast to the 31st of March totalling £2.700m. Funding up until 31st December has been confirmed by Welsh Government and it has been assumed that this arrangement will continue for the rest of the financial year. As such the UHB has assumed a further £2.7m Welsh Government funding for this.

Regional Test, Trace and Protect (TTP)

Working with its local authority partners the UHB has established its TTP service as one of the key pillars to the safe releasing of lockdown measures. The contact tracing service is hosted by Cardiff Council on behalf of the three organisations; Contact Tracers and Contact Advisors are managed in teams by the Local Authority.

The TTP service went live on 1st June 2020. The forecast includes TTP costs (separately identified on TTP template) of £10.620m. This includes Local Authority costs of £7.539m that are £0.239m higher than the confirmed £7.300m income for local authority costs. Heath Board TTP costs totalling £3.081m are included within the forecast and assumed to be funded.

Enhanced Flu Vaccination Programme

A further pressure arose in month 5 around the cost of an enhanced flu vaccination programme. The costing of the programme is based on fees payable to GPs as this is the main delivery route for immunisations. The estimated cost which is estimated at £2.650m and is assumed to be funded. This has been calculated in line with the recent guidance and includes the provision of an additional 111,000 vaccines.

The forecast of costs outlined **exclude** the cost of a mass Covid-19 vaccination programme which are currently being assessed.

Personal Protective Equipment

In line with the planning guidance the UHB is assuming that its Covid-19 costs of PPE will be fully funded. At month 6 forecast costs are assessed to be £6.6m.

Urgent and Emergency Care Funding

We continue to shape our unscheduled care plans around the goals of the national urgent and emergency care framework and specifically the four priority areas which the unscheduled care board have identified for quarter 3-4:

I. 111 / contact first models to enable patients with urgent care needs to be signposted to the right place, first time
II. 24/7 same day / urgent primary care models of care to enable people to access care in their local community, preventing unnecessary attendance at Emergency Departments and admission to hospital.
III. Ambulatory emergency care to enable patients to safely bypass the Emergency Department and prevent unnecessary admission.
IV. Embedding the four discharge to recover then assess pathways to prevent unnecessary admission and enable a home first approach to improve experience and outcome

Funding has been assumed within the forecast totalling £4.05m reflecting the UHB allocation formula share of the £30m Urgent and Emergency Care Fund.

- £1.350m allocated to RPB for discharge to recover and assess pathways
- £0.540m for urgent primary care centres
- £2.160m for 111/contact first and Ambulatory Care

The UHB has established a 24/7 phone first triage approach, targeting citizens who would traditionally have walked up to the Emergency Department. The focus is on reducing footfall through the Emergency Department, social distancing has significantly reduced the capacity in the waiting area and the UHB does not want to create queues around UHW where we are not safely able to protect and prioritise patients.

Further bids against this fund are currently being progressed in line with set timescales.

The forecast does not include any additional costs to support the WAST tactical seasonal plan. This will be considered and prioritised against other expenditure plans.

Savings Programme 2020-21

The assessed slippage against the UHB £29m savings plan is forecast to be £20.502m and this includes the release of non-recurrent opportunities in month 6. A number of the UHB's high impact schemes were based on reducing bed capacity, improving flow coupled with workforce efficiencies and modernisation. It is not anticipated that significant progress will be made to improve this position until the pandemic passes. However, the UHB continues to identify and maximise all potential savings opportunities

available. Schemes that are continuing to develop and progress include procurement and medicines management.

Underlying Financial position

The 2020/21 opening underlying deficit was £11.5m. If the financial plan was fully delivered this would have reduced the underlying deficit to £4.0m by the year end. The achievement of this was very much dependent upon delivering the full year impact of 2020/21 savings schemes. The latest assessment is that as a result of the impact of Covid-19 this is £21.2m less than planned and this would increase the underlying deficit to £25.2m.

What is key for the Board is how it recovers from this Covid-19 period. It needs to avoid adding recurrent expenditure to its underlying position and to embed the many transformation changes that have been delivered at pace due to necessity. This is a period of both significant financial risk and opportunity for the UHB.

Financial Risks and Uncertainties

The financial plan sets out our best assessment of income and costs based upon alignment of capacity, activity, service and finances of the Covid-19 "central" scenario. The key financial risks and uncertainties are:

- Assumed Q4 funding for the independent hospital provision which has yet to be confirmed. This is assessed at £2.7m.
- Bids against the Urgent and Emergency Care Fund are yet to be confirmed.
- Continuation of block contract arrangements in Q3 and Q4. The NHS is unable to undertake the same levels of elective activity that it did pre Covid-19 19. Any movement away from block contacts to previous cost and volume contracts will significantly impact upon the delivery of this financial plan.
- The financial plan has been based upon the UHB Covid-19 "central" scenario, and the actual scale of impact will largely determine the resource requirements linked to workforce availability.

Dependent upon clarification of resource assumptions and the scale of a second Covid-19 wave, further mitigating actions may be required to manage these and other risks. Likewise it will be equally important to highlight any financial opportunities as early as possible.

Section 8: OUR CRITICAL ENABLERS

Infrastructure and Estates

Much of the focus of the capital and estates planning team for the last 2 quarters has been developing and implementing a range of enabling schemes to redevelop and/or reconfigure existing infrastructure to enable essential services to be delivered safely in a Covid-19 environment. These Green schemes and other major infrastructure enablers (e.g. Augments Oxygen infrastructure, whole service transfers from one site to another) are due to be completed during Q3.

The current major challenge for the team in Q3 & 4 is the development and delivery of the UHW-based surge capacity known as Lakeside Wing. This modular-build facility will be opened on a phased basis with 166 beds being available from the end of November and the remainder by the end of January. This development is progressing as we complete the decommissioning of the Dragon's Heart Field Hospital

temporary beds that were provided at the Principality Stadium. This facility is due to close on the 10th November.

In order to address some of the elective backlog pressures that have built considerably during the last 6 months the UHB has a number of capital schemes that are in different stages of development but all of which could be accelerated to provide fast-tracked, protected elective surgical and diagnostic capacity in specialities which are currently significantly constrained by existing capacity. These include:

- Acceleration of UHL orthopaedics theatres (All Wales Capital Programme SOC already submitted) – see Major Capital Schemes in Development table below
- Production of BJC for 2 offsite modular build cataract theatres – initial design plan agreed with clinicians
- Production of BJC for 2 theatre endoscopy suite expansion at UHL - – initial design plan agreed with clinicians.

In terms of the UHB's current Major Capital Programme the principal existing infrastructure schemes are outlined in the **table 4** below.

Table 4: *Major Capital Schemes in Construction*

Scheme (Capital value)	Current Position Update	Key Milestones
Acute Infrastructure		
Neuro & Spinal Rehab Unit at UHL – (£31m AWCP)	Relocation of Rookwood specialist spinal and neurological rehabilitation services to fit for purpose new build at UHL. Construction in progress.	Build end: Feb 2021 Service Occupation: May 2021
Cystic Fibrosis Unit – UHL. (£3.5m AWCP)	Replacement & expansion of current facilities in fit for purpose accommodation in new unit at UHL. Construction in progress.	Build end: Dec 2020 Service Occupation: Feb 2021
MRI Fit Out – (£5.63m AWCP)	2 scanners installed and 3rd in commissioning – training ongoing.	2 in service 3rd in commissioning
MTC Enablers (carried fwd from 19/20) ED CT scanner (£1.5m AWCP) Resus – additional bay (£0.462m AWCP)	Replacement scheme due to complete 2nd week in Dec. Awaiting final completion date – minor works outstanding.	CT installation complete mid Dec Resus – TBC
Community Infrastructure		
CRI Chapel development (£3.5m – ICF funded)	Integrated space for library & community services. Construction ongoing.	Completion due Jan 2021
CRI – Blocks 11 & 4 – 2nd floor (£5.132m AWCP)	Urgent remedial H&S works & relocation of MH community services and other Global Link occupants. Construction in progress	Completion due March 2021.

Major Capital Schemes in Development

Scheme (Capital value)	Current Position Update	Key Milestones
Acute Infrastructure		
Hybrid/Vascular & Major Trauma Theatre – UHW (£TBC)	OBC in final stages of development – Key enabler for SW Major Trauma Centre and SE Wales Vascular Surgical Network service delivery	Submit OBC to Board in Nov and await WG decision to proceed to FBC
UHL – Replacement theatres and additional ward facility (Est £11m – AWCP)	Replacement of 2 orthopaedic theatres at UHL that are no longer useable. SOC submitted.	Awaiting approval of SOC & funding to proceed to OBC
Genomics Centre For Wales (Est £8m AWCP)	OBC in final stages of development for this joint infrastructure scheme in PHSW – critical enabler for national Genomics strategy	Submit OBC to Board in Nov and await WG decision to proceed to FBC

Scheme (Capital value)	Current Position Update	Key Milestones
Radio Pharmacy Unit Replacement (Est £12.756m)	OBC in final stages of development for the replacement of inadequate accommodation – MHRA statutory compliance requirement	Submit OBC to Board in Nov and await WG decision to proceed to FBC
Mortuary Essential Upgrade works (Est £1.6 - £2m)	HTA statutory compliance requirement. Scheme scoping currently under way to inform BJC.	BJC to be produced – timescale TBC
Critical Care UHW (£TBA) –	Scoping work being undertaken by C&E team for expansion and improvement of current accommodation (at risk – using discretionary capital). Business case route to be determined. Major Capital from AWCP required.	Scoping options to be concluded end Q3
UHL – Electrical and Oxygen (£4m AWCP)	New substation to address single point of failure and second VIE to augment existing oxygen plant. BJC under development	BJC to board end Q3
Main Theatre Refurbishment – UHW (Est £10-£15m AWCP)	SOC being developed for 'Do Minimum' option – phased refurb in situ – to address significant inadequate and obsolete plant and modernisation requirements	SOC to Board June 2021
Community Infrastructure		
Wellbeing Hub – Maelfa (£12.881m AWCP – Primary Care Pipeline)	FBC submitted.	Awaiting WG decision to fund construction costs
Wellbeing Hub Penarth (£11.553m AWCP – Primary Care Pipeline)	FBC on hold – Alternative project options being explored	TBA with partners.
Wellbeing Hub Ely (Parkview) (£16 – 20m AWCP)	SOC approved. OBC no longer being progressed at risk and SCP stood down	Awaiting WG decision to fund OBC costs
SARC Hub – CRI (£10m AWCP)	SOC approved (Jan 2020) – awaiting WG decision to fund OBC planning costs. Essential accreditation compliance required to meet ISO requirements by 2023.	Awaiting WG decision to fund OBC costs
Health & Wellbeing Centre – CRI (£93m AWCP)	OBC on hold pending discretionary capital availability to support planning fees.	On hold.
CRI – Safeguarding Works (£? AWCP)	FBC on hold pending capital availability to support planning fees	Awaiting WG decision to fund FBC costs

PPE

We have an internal PPE cell which continues to meet weekly and is very closely linked into the wider NHS Wales PPE governance arrangements regarding the procurement and supply of PPE. In the context of this plan no new risks or issues are being reported meaning that PPE could be a rate limiting factor in the delivery of this plan.

Research, Development, Innovation and Technology

In ensuring long term system renewal it remains important that the organisation remains focused on both 'non Covid-19' innovation and technology as well as 'Covid-19' innovation- the schemes, projects, ideas which have been bought forward and/or emerged as a direct response of the pandemic.

Covid-19

From the outset of the pandemic we have taken a leading role in the research and development needed to fight Covid-19 including the now internationally known 'recovery' study where the UHB had nearly 200 participants. **Annex seven** provides more detail on the scale of the UHBs contribution to date across the Covid-19 R&D landscape.

Non Covid-19

Innovation 2025

Midway through *Shaping our Future Wellbeing* strategy the organisation is in the final stages of developing Innovation 2025. A plan for investment in innovation as a central pillar for realising our vision as a University Health Board.

Innovation 2025 continues to align innovation to the biggest challenges and service priorities set out in the UHB's ten-year strategy.

The Innovation Multidisciplinary Team (Imdt) conceived by our core innovation team remains at the heart of our innovation process and its success has led to adoption in other Health Boards and attracted attention from John Hopkins and the Mayo Clinic in the USA. The Imdt has an unprecedented level of expertise across the full innovation spectrum. As at July 2020 there have been 105 projects supported by the (Imdt)

Digital Innovation

We retain a digital transformation roadmap through to 2025 and whilst much of our immediate digital capacity is supporting the organisations immediate response to we recognise that it remains important that we set these immediate developments within the context of where digital across the Cardiff and Vale health community needs to be by 2025.

Appendix eight provides a schematic of our digital transformation. Some of the early steps which we will be looking to make on this journey include;

- ✓ Password for life
- ✓ Automated password reset
- ✓ Up to date internal directories
- ✓ New intranet with fresh content and search capability
- ✓ Workflow e.g. links and flow between EU work station and ward workstation; for job/task management
- ✓ Access almost everything on any device including your own
- ✓ Email accounts for all staff (including students, facilities etc)
- ✓ Roster / rota solutions for all staff

Communications

Our communications and engagement has largely been centred on responding and supporting the UHB operational response to the Covid-19 pandemic and the establishment of the Dragon's Heart temporary Field Hospital. As the first peak subsided much proactive work has been undertaken in reassuring our communities, getting some of our key services online and providing communications around the options available to patients across our range of communication channels, internally and externally.

The Communications and Engagement team has wherever possible continued with business as usual across all clinical and service boards in supporting the operational delivery of *Shaping our Future Wellbeing*. As we enter the annual cycle of winter communications, CAV247, the flu vaccination programme as well as a second peak of Covid-19 the team will be agile and respond to priorities seeking to inform, educate and reassure our communities as far as possible on accessing local health services.

The team has provided communications to targeted priority groups, such as those from Black, Asian, Minority Ethnic (BAME) groups and students and a range of stakeholders to ensure that our reach and information sharing is as far ranging as possible.

The Communications Team has also focussed on improving internal communications to staff and stakeholders and an additional series of newsletters and blogs are released regularly to keep people informed and updated with the latest health board position and operational information at a high level. There has also been a significant emphasis on communicating staff wellbeing and the availability of online and other services.

The feedback from surveys is that communication and speed of communication has improved and the team have identified the need to streamline and simplify information in a crowded information space.

Good Governance

We have had a clear approach for maintaining robust governance through the course of the pandemic with regular Board and Committee meetings taking place virtually to enable appropriate strategic oversight and scrutiny of the plans being developed and implemented. The organisation is currently reviewing its governance arrangements to ensure Welsh Government guidelines issued during Covid-19 continue to be implemented in an effective way.

Independent Board members had an informal session with the Health Boards Executive team and members of the Planning and Strategy team to support with the shaping of this plan. A final draft of the plan was also shared with the CHC, feedback was received and acted upon. We will also look share the final document with PSB and RPB partners

Upon submission this plan will be formally retrospectively approved at the next Board Development session and ratified in following formal Board of November.

The Board will receive assurance from the Strategy and Delivery sub-committee on progress with delivering the key elements of plan recognising it will continue to evolve and develop with each quarter refresh and update.

The Audit Committee will review and have oversight of governance and risk arrangements to ensure these remain robust. The strategic risks which Cardiff and Vale UHB are facing are described in the BAF see **appendix nine** and these are reported to every Public Board Meeting.

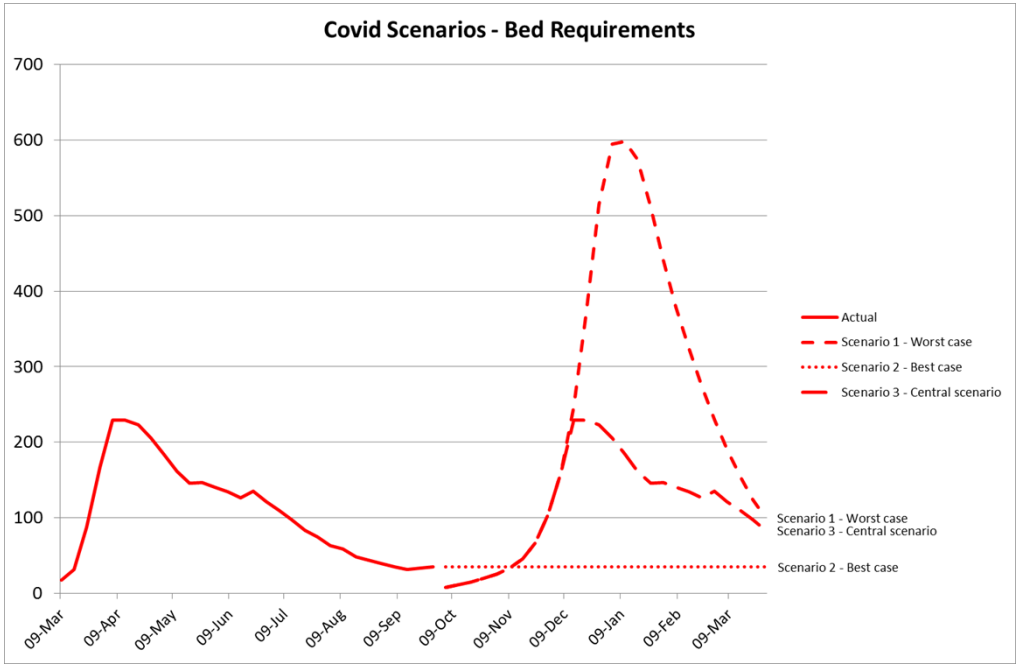
APPENDICIES

Annex One: *The UHBs three scenarios*

Scenario 1: Covid "Worst-Case"		
Covid	**Non-Covid emergencies**	**Electives**
1. Utilises the Swansea University RWC, adopted by WG, as the basis for the number of cases and admissions 2. LOS adjusted to reflect our actual LOS from wave 1 (note: LOS recognised as too short in Swansea model – revised version expected to be issued shortly) 3. Bed occupancy planned @ 85%	1. Utilises SfN (Lightfoot) forecast for non-Covid, with projection averaging 84% of last year 2. It has increased back to 83% of pre-Covid levels but has stabilised over past month 3. Note: in first wave non-Covid occupancy reduced to c.40% 4. Bed occupancy planned @ 85%	1. Utilises SfN (Lightfoot) forecast for electives, with projection averaging 82% of last year 2. It has currently increased to 67% of pre-Covid levels but is steadily increasing and Green Zone expansion planned during October & November 3. Note in first wave elective occupancy reduced below 30% 4. Bed occupancy planned @ 90%

Scenario 2: Covid "Best-Case"		
Covid	**Non-Covid emergencies**	**Electives**
1. Assumes total Covid bed demand is minimal and contained within Heulwen only 2. Bed occupancy planned @ 85%	1. Assumes occupancy of non-Covid emergencies returns to 100% of pre-Covid levels, at the rate of increase seen between April – August 2. This reaches 100% at end of November 3. Bed occupancy planned @ 85%	1. Assumes elective occupancy returns to 100% of pre-Covid levels, at the rate of increase seen between April – August 2. This reaches 100% by mid-December against pre-Covid 3. Bed occupancy planned @ 90%

Scenario 3: Covid Central Scenario		
Covid	**Non-Covid emergencies**	**Electives**
1. Assumes second wave initially follows trajectory of Swansea RWC but peaks at level of first wave 2. Recovery phase follows same trajectory as first wave 3. Bed occupancy planned @ 85%	4. As per Covid best-case	5. As per Covid worst-case



Annex Two- *Critical care escalation plan*

Ask this question every 2 hours, or every time an ICU bed is filled or allocated:

Can ICU admit 2 critically ill patients within the next hour?

	ICU Capacity Status	Actions:
Yes, ICU is able to admit 2 critically ill patients within the next hour*	**Planning Needed**	Take **planned action** to ensure a third critically ill patient can be admitted within 4 hours**.
No, ICU is unable to admit 2 critically ill patients within the next hour*	**Urgent Action Needed**	Take **urgent action** to ensure capacity to admit critically ill patients is created.

*Zone Leaders are not included in this calculation. Beds allocated to referred patients count as occupied.
**The goal for all patients is discharge to ward within 4 hours of being declared fit for discharge. If discharge would occur after 10pm, the ICU Consultant may choose to defer discharge until 7am in the patient's best interest. A ward bed must ring-fenced for this planned 7am discharge.

Urgent Action Needed: Order of actions	Who?	Is service now green? If not, keep going down.
1 If all rostered nurses have allocated patients, seek agency support.	Nurse Co-ord, ICU Manager	Yes / No
2 If still red: Shift Co-ordinator and Duty Consultant +/- Manager should decide how capacity can be created: a) Short term (1-4 hours): identify / reconfirm patients suitable for ward discharge / repatriation b) Medium term (4-48 hours): repatriation, or expediting key interventions such as tracheostomy	ICU Cons, ICU Manager, Bed Manager	Yes / No
3 If still red: Ensure bed manager and duty manager aware service is red, and aware of potential discharges **Next ICU DTOC has priority for ward admission over ED / MAU etc.**	Nurse Co-ord, ICU Manager	Yes / No
4 If still red: Escalate to Specialist Services Clinical Board Alert Neurosurgery, Vascular & Cardiology of limited admission capacity	ICU Manager, Site Manager	Yes / No
5 If still red: Authorise use of zone leaders	Nurse Co-ord	Yes / No
6 If still red, ACTIVATE A SURGE (within ICU footprint if possible, Recovery if not) ICU Cons & Nurse Co-ord to decide safest distribution of patients. a) Inform Site Manager / SMOC on call to discuss and authorise plan b) Direct 16-18 year olds to PICU c) Transfer within Critical Care network d) Review of PACU major surgery / Redeployment of Anaesthetic staff e) Seek additional senior and medical ICU staff for expected duration of surge	ICU Cons, Nurse Co-ord, Site Manager, SMOC, Anaes on call	Yes / No
7 If still red / black, DECLARE BUSINESS CONTINUITY INCIDENT a) Double up nursing ratio for stable level 3 patients b) Consider redirection of specialist patients to other centres c) Redirect critically ill admissions to other centres (EMRTS / WAST) d) Cancel elective cardiac surgery to create capacity e) Escalate to other Health Boards	ICU Cons, Nurse Co-ord, Site Manager, SMOC, Exec on Call (only if required)	Yes / No

ICU Service Capacity Audit:

AC= Admission capacity

DTOC= Patients suitable for discharge

	Example	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
00:00 to 02:00	AC= 2 DTOC=2	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=
02:00 to 04:00	AC= 2 DTOC=2	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=
04:00 to 06:00	AC= 2 DTOC=2	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=
06:00 to 08:00	AC= 2 DTOC=2	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=
08:00 to 10:00	AC= 2 DTOC=2	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=
10:00 to 12:00	AC= 0 DTOC=0	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=
12:00 to 14:00	AC= 1 DTOC=1	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=
14:00 to 16:00	AC= 2 DTOC=0	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=
16:00 to 18:00	AC= 2 DTOC=1	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=
18:00 to 20:00	AC= 2 DTOC=1	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=
20:00 to 22:00	AC= 2 DTOC=1	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=
22:00 to 24:00	AC= 2 DTOC=1	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=	AC= DTOC=

Date: W / C / /

Green=

AC 2 or more for whole 2 Hour block

Red=

AC 0 or 1 for 15 mins or more

Accepted= time accepted

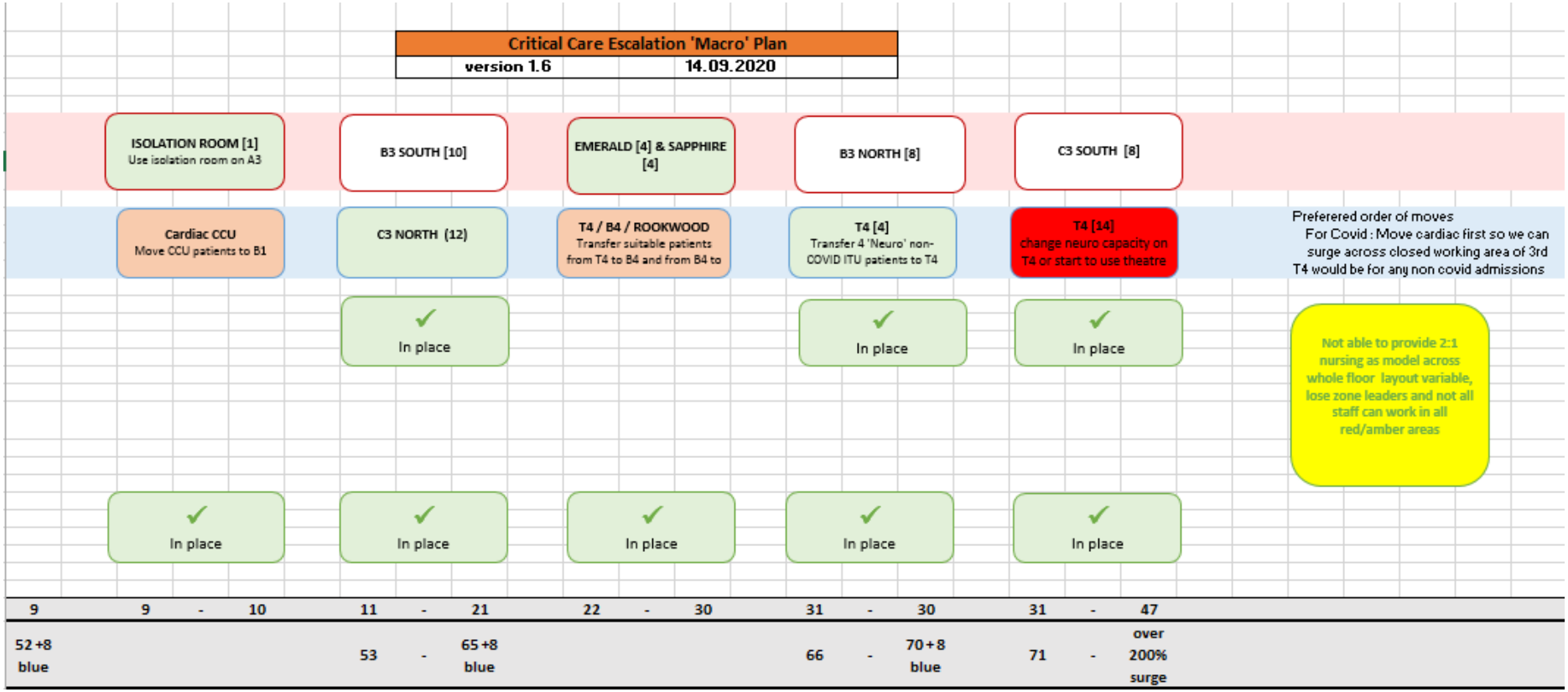
Ready= patient ready to come to ICU (eg patient recovered post laparotomy), time may be same as accepted if patient is ready to move)

Arrived= arrived in ICU

Datix if ready to arrived is >240 mins

		Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Admission 1	Initials:							
	Accepted:							
	Ready:							
	Arrived:							
Admission 2	Initials:							
	Accepted:							
	Ready:							
	Arrived:							
Admission 3	Initials:							
	Accepted:							
	Ready:							
	Arrived:							
Admission 4	Initials:							
	Accepted:							
	Ready:							
	Arrived:							
Admission 5	Initials:							
	Accepted:							
	Ready:							
	Arrived:							

Annex Three – *Schematic of our critical care footprint*



Annex Four- *Care Home support and escalation issues*

Issue	Response
An overarching contingency plan that could be applied to any nursing care home closure must be developed in readiness for the winter period.	Home Closure procedure already in place and would be initiated in conjunction with partners
Clarify Regulatory Requirements	Clarify the role of HIW and other regulatory bodies
To enable ownership, a clear legal position and implementable action plan must be in place. LHBs working with Las as appropriate, are asked to consider the following as part of their overarching care home failure contingency planning.	Legal advice is requested– can a HB take 'ownership' of a privately owned business and what are the legal obstacles or supportive legislation to enable that to happen.
Determine clear legal advice for how a nursing care home could be run either solely by the LHB or jointly with the LA in line with legislation including NHS (Wales) Act 2006, Social Services and Well-being (Wales) Act 2016 and Local Government Act 2000;	Legal advice is requested to confirm HB position : If a home is nearing failure then administrators may already be involved. Can HBs purchase a business that is actively failing to this extent? Clarify if the suggestion of ownership if it applies to all Care Homes not just those deemed to be required to meet demand
Determine potential availability of capital funding to purchase and update buildings (if necessary), Determine understanding of potential pooled budgets ;	Funding source to secure " ownership" HBs required to assess capital/buildings requirements within the context of NHS buildings and maintenance standards
Compliance issue re building regulations and health and safety regulations	HBs have to assess and determine any capital/buildings requirements within the context of NHS buildings and maintenance standards? Consideration of Health and Safety legislation requirements
Human resource issue to be consider	TUPE of staff Ongoing funding resource for staff Management resource Professional Regulation and competency
Consideration of Charging Process particularly self-funding arrangements	Determination of charging element, financial assessments invoicing payment etc.
Safeguarding	What is the legal position re HBs purchasing care homes where there may be significant escalating concerns/safeguarding issues in that home?

Annex Five: *Care home partnership action plan*

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oSupportResidentia

Annex Six: *Summary of all other essential services*

GREEN	AMBER	RED
<75%	50-75%	>50%

Essential Service	Status- Expected capacity for Q3-4 compared to pre-Covid-19	Action being taken to improve situation and/or action being taken to manage resulting risks (ONLY if amber or red)
Renal Dialysis	*Confirmation to follow*	
Solid Organ Transplantation	*Confirmation to follow*	
Thoracic Surgery		
Haematology	*Confirmation to follow*	
Neurosciences		

Essential Service	Status- Expected capacity for Q3-4 compared to pre-Covid-19	Action being taken to improve situation and/or action being taken to manage resulting risks (ONLY if amber or red)
Major Trauma Centre		
Stroke	*Confirmation to follow*	
Gastroenterology		**Endoscopy** Quarter 3 Capacity likely to be around 65-70% of pre COVID-19 **Mitigation:** Insourcing Continued use of Spire Look at use of FIT as an upfront diagnostic Micro managing capacity to ensure all capacity is utilised affectively Validation Review of complex patients with consultants (long waiters ie >52 weeks) Review of patients waiting greater than 26 weeks Validation – both clinical and administrative
Acute Oncology		
Lung Cancer		
Skin cancer		Micro managing capacity to ensure all capacity is utilised affectively. Undertaking one stop see and treat clinics within current capacity
HPB Cancer & Urgent		

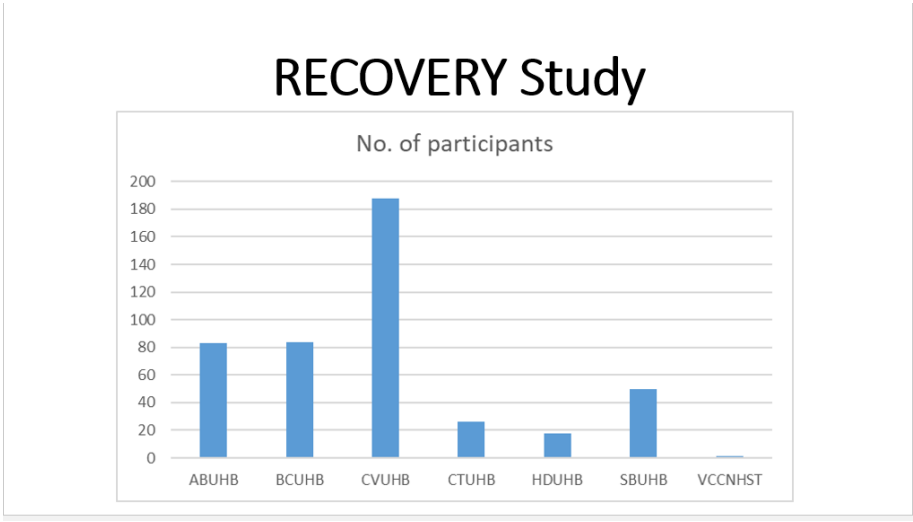
Essential Service	Status- Expected capacity for Q3-4 compared to pre-Covid-19	Action being taken to improve situation and/or action being taken to manage resulting risks (ONLY if amber or red)
GI Cancer & Urgent		
Head & Neck Cancer & Urgent		2 x Dental theatres planned to open within Dental Hospital in November. Activity plans being drawn up to predict amber zone capacity.
Breast Cancer		
Spinal Urgent		
Urology Cancer		
Ophthalmology R1 & R2		3 x amber zone additional cataract sessions per week to go live in October. This will help free up some green zone theatre list space for R1&2 patients (glaucoma or VR). Additional 2 x GA green theatre sessions available from October also.
Emergency Surgery		
Trauma		
Emergency Ophthalmology		

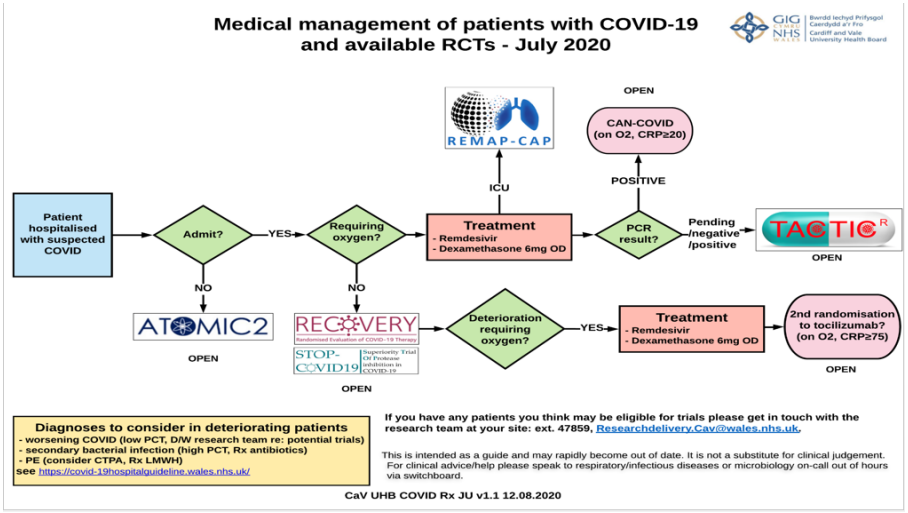
Annex Seven: *Cardiff & Vale UHBs Covid-19 Research and Development contribution*

Opened 43 Clinical Studies opened to date (10 CTIMP trials – over 200 patients enrolled) offering 17 different therapies to clinicians/patients

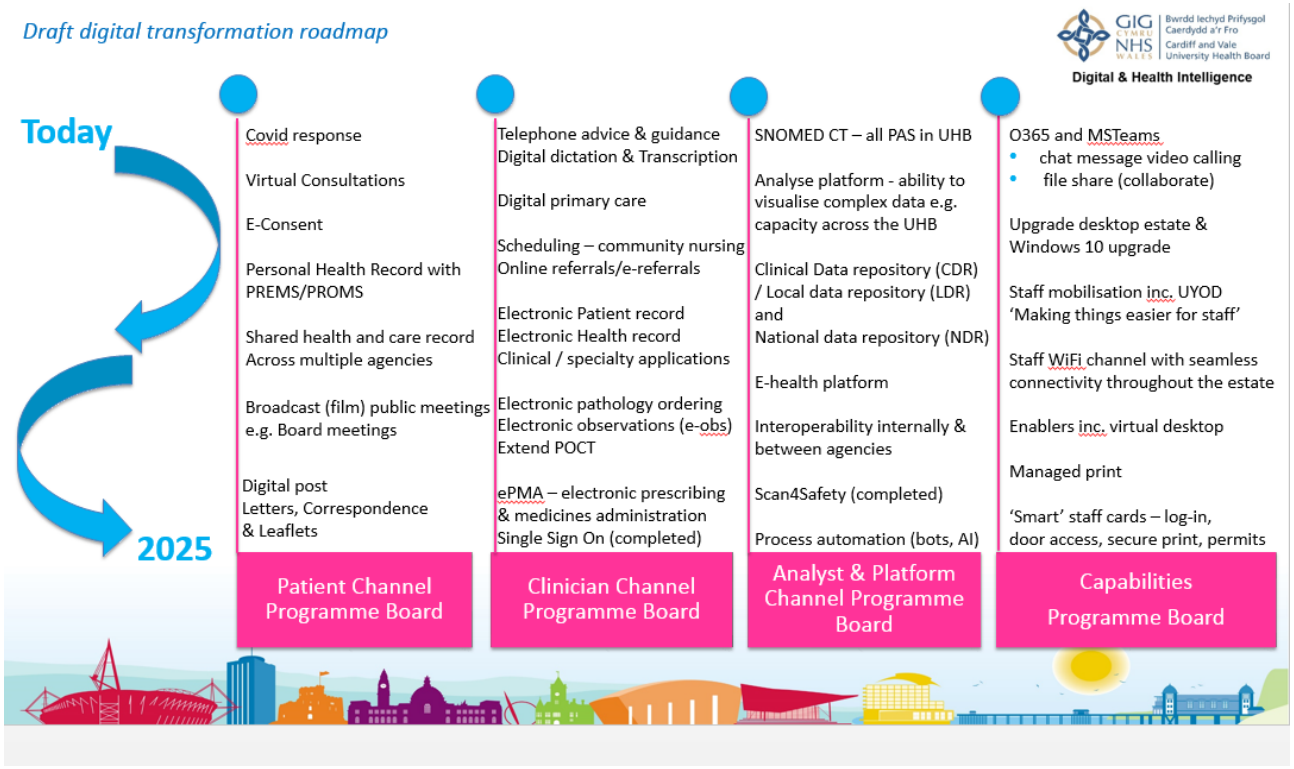
- **RECOVERY**
  - Dexamethasone, Hydroxychloroquine, Lopinavir/Ritonavir, Azithromycin, Tocilizumab (anti-Il-6 monoclonal antibody), Convalescent Plasma
- **GILEAD EAP – ITU Only**
  - Remdesivir (anti-viral)
- **TACTIC**
  - Ravulizumab (anti-complement monoclonal antibody), Baricitinib (anti JAK2/Il-6)
- **REMAP – ITU plus CPAP patients**
  - **Dexamethasone, Azithromycin, Lopinavir/Ritonavir, Anakinra (anti-Il-1 receptor), Interferon β (antiviral), Convalescent Plasma**
- **Stop Covid**
  - Brensocatib (Dpp1 inhibitor)
- **CanCovid**
  - Canakinumab (Anti Il-1 receptor monoclonal antibody)
- **CATALYST – Monoclonal antibodies**
  - Namilumab (anti-GMCSF), Infliximab (Anti TNF), Myelotarg (anti CD33) + others to follow
- **ATOMIC**
  - Azithromycin for A&E patients not admitted to hospital
- **Principle**
  - Azithromycin for GP patients not sent to hospital
- **Copter –** CVUHB Sponsored Convalescent Plasma
- **LFG316 –** Compassionate use anti-complement monoclonal antibody

Two other studies – never came to fruition as Sponsor withdrew.





Annex Eight: *Draft digital transformation roadmap*



Annex Nine: *September 2020 Board Assurance Framework*

6.3 BOARD ASSURANCE FRAME'

Cardiff & Vale of Glamorgan
INTEGRATED HEALTH
& SOCIAL CARE PARTNERSHIP

PARTNERIAETH IECHYD
& GOFAL CYMDEITHASOL INTEGREDIG
Caerdydd & Bro Morgannwg

Cardiff and Vale of Glamorgan

Regional Partnership Board

Winter Protection Plan 2020-21

30th October 2020

Contact: cath.doman@wales.nhs.uk

Contents

Executive Summary

This is the Cardiff and Vale of Glamorgan Regional Partnership Board Winter Protection Plan for the winter of 2020/21.

There are a wide range of activities across the statutory, third and independent sectors that contribute to ensuring a safe winter period for people across the region. This plan therefore draws together planning activities relating to:

- Protection of public health
- The Health Board's Service Delivery Plan for quarters 3 and 4
- Care homes
- Third sector
- Carers

It sets out the region's response to the 6 goals set out in the Minister's national Winter Protection Plan. This includes:

a) Existing statutory NHS and local authority social services
b) Existing third sector support
c) Extra capacity required to meet the anticipated additional demand arising from cold and inclement winter weather alongside the ongoing threat of the COVID19 pandemic.

The region's comprehensive plan for ***goal 5 great hospital care*** can be found in the Cardiff and Vale University Health Board's Service Delivery Plan for quarter's 3 and 4, submitted to Welsh Government on the 19th October.

To further enhance the ability of the RPB to play a key role in leading the development of an integrated health, social care and third sector plan for the 2021/22 season, the RPB would encourage Welsh Government to fully align seasonal planning requirements, particularly those of the Health Board which currently remain separate.

The plan sets out how the additional £1.35m *Discharge to Recover and Assess* short-term funding has been deployed to provide additional capacity within the system to enable people to return ***home first when ready***, from hospital and to deliver ***goal 6***.

The current funding allocation of £1.35m will provide additional winter capacity to mid-January.

The total cost for the winter period is £2.774m and we would therefore like to request a further £1.424m from Welsh Government to enable the region to meet the predicted increase in demand over the winter period.

The plan also sets out the current short-term funding gap to further enhance the delivery of the remaining four goals (excluding goal 5, great hospital care), in particular additional capacity to enhance our ability to prevent avoidable hospital admissions.

1. Introduction and governance

This is the Cardiff and Vale of Glamorgan Regional Partnership Board Winter Protection Plan for the winter of 2020/21. The period covers November 20 to March '21.

The plan sets out our understanding of the additional demand arising from the winter period, in the context of the ongoing impact of COVID19 on the population's health. The focus of the plan is on ensuring people do not remain in hospital longer than is necessary to a) protect them from the negative consequences of admission and b) to protect capacity in the hospital system when demand is rising rapidly as a result of the pandemic. Welsh Government *Discharge to Recover and Assess* (D2RA) funding will support the additional capacity in the community to enable people to recover and rehabilitate.

The plan responds to the anticipated demands as we understand them now, in October. As the actual impact emerges, the plan will flex and change accordingly, with funding redirected as necessary. This will be overseen by the Strategic Leadership Group on behalf of the RPB. A multi-agency operational management team will monitor delivery and impact of the plan and make adjustments as necessary.

The £1.35m D2RA funding is very welcome and will enable the partners in Cardiff and the Vale of Glamorgan to commission additional capacity to respond to anticipated increased demand until the beginning of January 2021.

To enable us to meet the additional demand for the entire winter period to March '21, we will need an additional £1.424m. There is however, a funding gap of £1.424m against the services eligible for D2RA funding.

Our evidence from previous winter periods shows that demand peaks early in January and discharge delays increase.

2. Protecting public health

Test, Trace and Protect

✱ **Goals 1, 2 and 3**

Across our region we have established our TTP service as one of the key pillars to the safe releasing of lockdown measures. The contact tracing service is hosted by Cardiff Council on behalf of the three organisations; Contact Tracers and Contact Advisors are managed in teams by the Council, with Environmental Health Officer oversight. A Regional Team provides oversight of the public health response across Cardiff and the Vale of Glamorgan, and provides advice on the management of incidents as they arise.

The TTP service has had to respond to an increase in local cases in recent weeks, particularly in Cardiff. This increase has led to the implementation of additional local lock down measure, and until the effect of this is seen, we expect case numbers to continue to rise.

We continue to devote a large proportion of our capacity to the response, currently focused on delivering TTP in our region and the recent arrival of students to the city also has the potential for

additional seeding of infection from other areas, and onward local spread which will require resources to address this.

To respond to this, Cardiff Council has been recruiting and training additional contact tracers and advisors, with the Health Board providing staff to support this service through secondments. The tracing service is now also operating 8am to 8pm, 7 days a week which represents an expansion of hours.

Whilst our performance data over recent weeks has shown response times to be above average in Wales, the recent uptick in cases, compounded with the effects of delays in results from Lighthouse labs resulting in large batches being received at once, has caused some deterioration in performance which we are clear we must try to address.

As the pandemic has progressed and we have worked together as a regional team to manage and minimise local risk and have learned much about how infection spreads within our local population. This learning is shared regularly at the regional board and has informed our local plans, for example in developing local communications to target our higher risk populations. This has also been shared at the Regional IMT, and through the escalation processes agreed locally, to report to Welsh Government.

The Test, Trace and Protect component of the minimum data set which accompanies this plan provides further detail on our position to date and our projections for the remainder of 2020/21.

Our Planning for Covid-19 mass vaccination

✱ **Goals 1, 2 and 3**

Every Health Board in Wales was tasked with submitting preliminary plans for the delivery of the COVID-19 vaccination programme locally by 3 September 2020 to the Chief Medical Officer for Wales. Cardiff and Vale UHB submitted a strategic level plan, approved by the CVUHB Chief Executive Officer. A more detailed operational plan for mass vaccination in Cardiff and the Vale of Glamorgan will be submitted later in October 2020. Plans cover NHS and social care staff as well as the broader population.

We are however progressing a number of activities in this area which includes:

- ✓ Establishment of a Covid-19 Vaccine Programme Delivery Board chaired by the Executive Director of Public Health.
- ✓ Established five work streams to undertake preparatory work- i) Workforce & Training; ii) Vaccine Considerations, iii) End-to-end Person Journey; iv) Venues and Logistics; v) Communications.
- ✓ Modelling work currently being underway for priority population groups (based on JCVI guidance) and workforce to provide a better understanding of operational requirements
- ✓ Three Mass Vaccination Centres have been identified and agreed.
- ✓ A costed plan being worked up.

We are also working through a number of risks which have currently been identified and these include:

- ✓ Funding to support the mass vaccination programme
- ✓ The impact of a Second wave of COVID-19 and consequent impact on staffing and resource
- ✓ The unknown exact timescales for vaccine availability

- ✓ Workforce capacity and training required for vaccination delivery – our workforce hub is supporting the recruitment to the Community Testing Unit in readiness for a vaccine programme.
- ✓ Compliance and engagement from eligible groups

Our Flu Vaccination Programme

✱ **Goals 1, 2 and 3**

Ensuring we have an effective flu vaccination programme is a key action we are progressing as part of not only protecting the more vulnerable members of our population but also to support mitigating the risk that our system could become overwhelmed during the winter months.

Our staff

A full immunisation programme is in place for NHS and social care front-line staff. Most social care staff with be vaccinated via Mass Vaccination Centres. Care home staff will be vaccinated by mobile teams going on-site from mid-December.

We have a working group for social care worker flu vaccination with representatives from both LAs, Community Pharmacy, Immunisations Co-ordinator and the local public health team.

Care Home staff and domiciliary carers can obtain flu vaccination from 90 Community Pharmacies across Cardiff and the Vale. We are working with care homes to raise awareness of their eligibility for flu vaccination; we have recently produced a video with Community Pharmacy to encourage uptake. Around 10 Care Homes have made specific arrangements with a Community Pharmacies to obtain flu vaccination for their staff.

For frontline social care workers (who are not working in care homes or domiciliary carers), the Vale of Glamorgan Council is offering flu vaccination via their Occupational Health Service. Cardiff Council has been unable to obtain flu vaccination for their frontline social care workforce during 2020/21. We are working with both Cardiff and Vale of Glamorgan Councils with the aim of delivering a Community Hub for social care workers to obtain vaccination, who have not already done so.

In our Community

GPs and Community Pharmacies experiencing unprecedented demand for flu vaccine amongst at risk groups and are currently implementing innovative delivery models to at-risk groups such as drive-throughs to support social distancing. We are monitoring demand locally.

The first (national) fortnightly reporting for flu uptake (IVOR) is due to commence imminently and once available, the Local Public Health team will share this information with Cluster Leads and GPs practice throughout the season. This along with regular newsletter updates for Primary Care Providers and a public-facing campaign with ensure we have a robust media campaign regarding the flu vaccination.

In addition planning is underway to extend a pilot undertaken in Flying Start areas during 2019/20 to increase uptake amongst two, three and four year olds who attend flying start childcare settings. This is in addition to the established primary School vaccination programme that has once again commenced and is also seeing high uptake rates to date.

The vast majority of flu vaccine will be administered before the Christmas break with our school programme being completed by the second week of December with catch–up sessions for year groups who have missed their scheduled school sessions due to self-isolation requirements, being planned for half term using hubs and appointment system. Fortnightly uptake monitoring will be shared with Clusters and GP practices for each risk group. Our expanded programme (to people aged 50+) is also expected to conclude by the end November.

3. Existing core services ensuring Cardiff and the Vale of Glamorgan is ready for winter

This winter protection plan provides the additional capacity and capability required to ensure the system is able to respond to additional demand as a result of cold weather. It is in the context of existing statutory, third sector, independent sector and housing support services.

The following highlights some key areas of existing activity that enable statutory health and social services to operate within primary, secondary and community care settings:

Third sector

✱ **Goals 1, 2, 3 and 6**

Voluntary, community and faith sector organisations provide a vast array of support in the winter, reaching people and communities not eligible for statutory support or extending its reach. The emphasis is often on prevention, low level support, advice and information that enables people to remain safe and independent. Examples include:

- Bad weather transport
- Support to CRT/VCRS patients newly discharged hospital
- Care and repair enabling discharges and helping to keep people at home with
    - Rapid response adaptations
    - Personal safety, independence and wellbeing for people with sensory impairment
- Delivering food or providing a central point for collection.
- Christmas gifts and cards for people living in poverty, in difficult circumstances e.g. domestic violence or homeless so they have a meal at Christmas and gifts
- Christmas and New Year directory of services and support open over the holiday period, including Christmas day.
- Falls prevention through strength and balance activities

During 20/21 the RPB has committed funding to increase support for loneliness and isolation and created a capital fund for third sector organisations to access small grants to improve access to services.

Supporting carers

✱ **Goals 1, 2, 3, 4 and 6**

Supporting unpaid carers throughout the winter period remains critical, including younger carers. The following slide provides a brief overview of the work of the Carers Trust and YMCA.

Adult and Young Carers

Progress for 2019-20

The Integrated Care Fund has been used to launch the Carers Gateway for Cardiff and the Vale of Glamorgan. Led by The Carers Trust South East Wales, the team provide information and support to unpaid carers, helping them to make the most of their life alongside their caring role and maintain their independence.

The team helps carers with things like:

- Understanding what support is available for carers
- Signposting and supporting carers to access local services
- Identifying new services that are needed to help carers
- Raising awareness on the issues carers face
- Providing training and development opportunities for carers

Pauline Young, Independent Carers Representative and Carolyne Ryan, Young Carers Representative as they present an update on our Carers Strategy to the RPB in February 2020 along with third sector and Local Authority members of the Carers Partnership.

YMCA (Cardiff) are providing support for young carers. The joint work between the local authority and YMCA as a provider of services for young carers has developed into a positive partnership throughout 2019/20, laying the foundation for a co-produced pilot service for young carers in April 2020.

Cardiff Council Independent Living Services

✱ **Goals 1, 2, 3, 4, 5 and 6**

Cardiff Council operate a wide range of Independent Living Services aimed at early intervention, keeping people connected, well and independent and preventing, delaying or reducing the need for a package of care. The service includes community occupational therapy, the joint equipment service and the hospital-based First Point of Contact service or *pink army*.

Working with care homes

✱ Goals 1, 3, 4 and 6

The Covid-19 pandemic is proving a particularly challenging time for care home providers and the continuing financial pressure which many are facing to continuing operating in the current environment. We recognise that even with the additional support being made available to the sector some care home businesses may become financially unviable through the reductions in occupancy coupled with the fixed capital costs and increasing expenditure on infection control, resident isolation, and staffing.

This poses a significant risk to the functioning of the health and social care system in Wales. Consequently we remain committed to the ongoing national work to clarify the legal, financial and statutory issues regarding the NHS stepping in to support the sector if required.

Should this support need to be progressed we are conscious that this represents a significant piece of work. As such an early piece of work has been undertaken to identify what issues exist and the possible response of the Health Board. This can be found in appendix 1.

Our system recognised at an early stage of the pandemic the risk to residents and staff within care home settings. Significant support has been mobilised including:

- Ensuring access to personal protective equipment and infection prevention and control support
- Rigorous pre-discharge testing and risk assessment processes
- Commissioning of care home isolation beds to ensure that no person is discharged as COVID19 positive to a care home following admission to hospital
- Ongoing access to medical and nursing support to people in care homes

The rapid review of care homes commissioned by Welsh Government and undertaken by Professor John Bolton has provided a focus around which we have planned and delivered support to care home partners. The delivery of our regional action plan is overseen by the Regional Commissioning Board can be found in appendix 2.

The Joint Management Executive continues to monitor and oversee support for the care home sector, ensuring a rapid and coordinated response when needed.

There are regular multiagency care home position meetings held in each LA area as well as meetings with representatives of the care home and domiciliary care sector. This includes advice, guidance and support in relation to testing, outbreaks, business continuity and PPE, as well as supporting safe discharge from hospital including the commissioning of intermediate care isolation beds.

The current primary care Directed Enhanced Service for care homes covers 96.6% of beds across Cardiff and Vale. There are 79 patients where the enhanced service does not provide cover but there is access to support from GMS.

Home first when ready

✱ Goals 1, 2, 3, 5 and 6

Cardiff and the Vale of Glamorgan already have well-established *Get Me Home* discharge support and intermediate care services aimed at ensuring no-one remains in hospital beyond the point when they are medically fit to be discharged and everyone has the opportunity to reach their optimal level of independence. Additional capacity is required for the winter period due to increased demand.

Discharge support *What matters to you* conversations take place on the wards and staff connect people with community-based, independent living support. This prevents the need for more lengthy assessment which can delay progress in discharge arrangements. This is delivered through Cardiff First Point of Contact officers and Age Connects for Vale of Glamorgan residents.
Intermediate care step down Cardiff Community Resource team and Vale Community Resource Service: Multi-disciplinary health and social care teams providing care and rehabilitation post-discharge to optimise independence. Therapists 'right-size' care packages as people regain independence. Additional support for people needing significant initial care packages to get home is provided through our *get me home plus* arrangements.
Discharge to recover and assess community beds A *discharge to recover and assess* model is in place to provide more appropriate interim placements after discharge for people to continue to recover and regain their independence. • For people whose long-term needs are unclear, this provides an appropriate environment to avoid decisions being made too early in their recovery. • For people likely to need a permanent placement rather than to return home, this provides a safe space to take time to adapt and adjust and for arrangements to be made. People will move to the their long-term home wherever this is possible • COVID19 isolation beds are also available where care homes are unable to provide isolation facilities following a hospital admission

4. Understanding changes in demand

4.1 Population needs assessment – COVID19 impact

We are refreshing our population needs assessment to understand the impact of COVID19 on our population and initial findings have been factored into our Winter Protection Planning.

The current surge in COVID19 and the policy response to that surge, including the imminent all-Wales 'fire-break' lockdown, will have further impact on the health and wellbeing of our population. The nature of this and our understanding of the implications will emerge over time and be included in the development of the next iteration of our area plan.

Much of the response required will need to be undertaken across the Public Services Boards and the Regional Partnership Board as the impact has been as much on the public health determinants of health and wellbeing - notably the economy and employment - as it has been on people's actual health and social care needs.

Public Health Wales have published a COVID-19 Health Impact Assessment Summary and our initial findings at a local level chime with the national picture:

Interim PNA – emerging priorities for Winter 2020-21

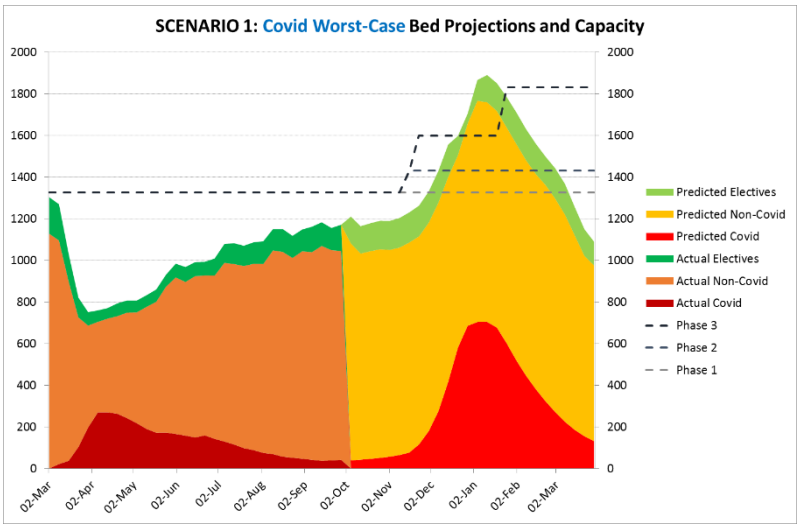
Theme	Specific
Populations at Risk	Specific mention of people with Dementia, Asian and minority ethic groups, children and young people at risk, carers and older people.
Mental health	Support for vulnerable groups experiencing potential loneliness and isolation
Physical health	Reduced access to physical activity and consequent deterioration in health
	Managing the long term recovery of people who have had COVID-19 / 'Long COVID'
Abuse / addiction	Increase in physical abuse: domestic, child, substance and alcohol
Family / carer relationships	Impact of family breakdown and lack of respite care.
Financial Hardship	Rise in unemployment and debt increase placing additional pressure on vulnerable groups.
Sensory impairment	Increased physical barriers for people with sensory impairment as a result of social distancing requirements.
Virtual Workforce	Impact of Virtual and Social Distanced working measures – need to ensure effective IT and Training together with enhanced employee wellbeing practices.
Workforce resources	Ensuring effective availability of staff / services to meet demand.

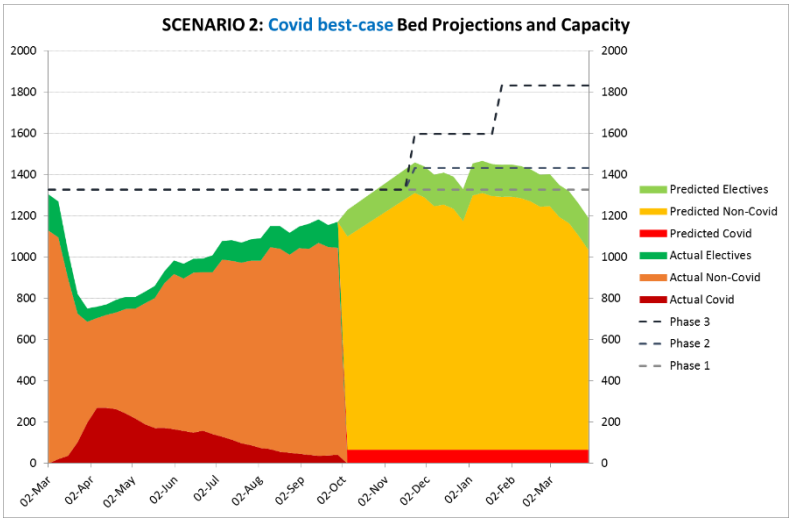
Interim PNA – emerging priorities for 2021 onwards

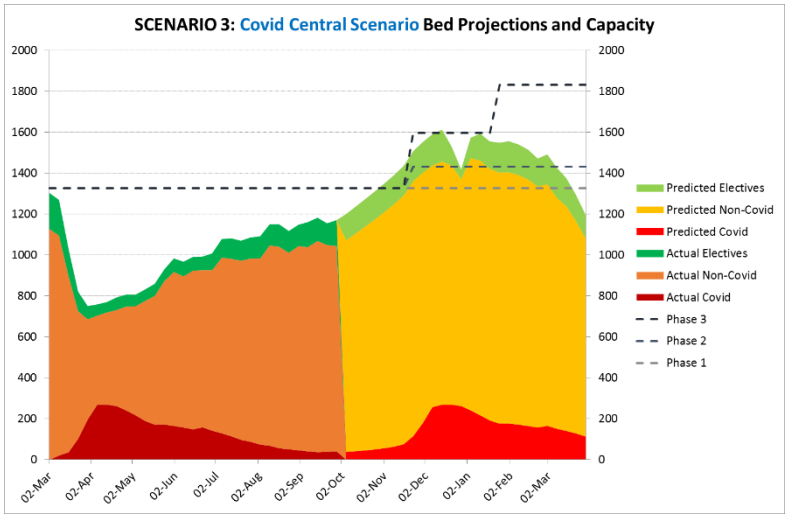
Theme	Specific
Populations at Risk	Specific mention of people with dementia, black, Asian and minority ethic groups, children and young people at risk, carers and older people.
	Young people aged 16-25 years are a particular concern re. potential consequent long term impact re. employment opportunities, underlying mental health needs, etc.
Mental and physical health support	Increased service demand at all levels (primary to tertiary) due to limited access in 2020-21.
	Managing the long term recovery of people who have had COVID-19 / 'Long COVID'
	Deterioration in health due to lack of activity, limitations on healthy eating, etc and consequent impact on preventative health approach.
Abuse / addiction	Long term impact of increase in physical abuse: domestic, child, substance and alcohol
Family / carer relationships	Long term impact of family breakdown and lack of respite care.
Financial Hardship	Long term impact of rise in unemployment and debt increase, particularly for vulnerable groups
Sensory impairment	Increased physical barriers for people with sensory impairment as a result of social distancing requirements.
Virtual Workforce	Impact of Virtual and Social Distanced working measures – need to ensure effective IT and Training together with enhanced employee wellbeing practices.
Workforce resources	Ensuring effective availability of staff / services to meet demand.

4.2 Understanding demand

To understand the demand flowing into community services from the hospitals we need to first understand the anticipated changes in admission to hospital. The graphs on this page outline three potential scenarios of hospital admissions in Cardiff and the Vale of Glamorgan from October 2020 to March 2021 as a result of COVID-19. These have been used to inform the hospital's winter/COVID19 capacity planning as set out in the quarter 3 and 4 plans.







- Scenario one: worst case, with a peak of approximately 1900 hospital admissions
- Scenario two: best case, with a peak of approximately 1450 hospital admissions
- Scenario three: COVID-19 central, with a peak of approximately 1600 hospital admissions

Using the early March 2020 data point of approximately 1300 hospital admissions as a baseline figure, this equates to an additional 150-600 hospital admissions at the respective peak periods of demand.

The Delivery Unit work led by Professor John Bolton on right-sizing community services modelling gives us an indication of the proportion of people leaving hospital who will need further rehabilitation and support. The modelling suggests that:

- 50% of people being discharged will not need any further support
- 20% will need community support
- 30% will need step-down intermediate care, of which
  - 5% will be bed-based
  - 25% will be home-based

Benchmarking indicates that we need to increase our intermediate care capacity. We are engaged in a longer-term piece of work to right-size our intermediate care services and we continue to work with the Delivery Unit to refine our modelling, particularly with regard to step-up/admission avoidance capacity. In the short-term, we are able to use the Health Board's demand modelling in combination with our understanding of the predicted utilisation of each of the four discharge pathways to increase capacity in the right parts of the community-based

health and social care system. The *Discharge to Recover and Assess* funds will be deployed accordingly.

Given the uncertainty over the coming months in terms of future COVID-19 infection rates, hospital admissions and the size and severity of flu, regular monitoring of actual activity will take place and our response will be adapted.

5. Additional capacity required for winter – discharge to recover and assess funding

To ensure that increased demand arising from COVID19 and winter pressures can be addressed, Welsh Government *Discharge to Recover and Assess* (D2RA) funding for 20/21 is being used to increase capacity across:

- ✓ In-hospital discharge support (all discharge pathways)
- ✓ Intermediate care home-based capacity (pathway 2)
- ✓ Discharge to recover and assess community beds (pathways 2 and 3)

The additional capacity and investment required is set out below.

	Function	Cost	Additional capacity	unit	Period (mths)	Start	End
Discharge coordination	First Point of Contact	£114,906	7	WTE	5	01.11.20	31.03.21
	Single Point of Access triage	£147,000	4	WTE	5	01.11.20	31.03.21
	Discharge liaison	£25,200	2	WTE	5	01.11.20	31.03.21
D2RA/intermediate care step-down							
	Care hours	£1,357,311	2087	Hours	5	01.11.20	31.03.21
	Rehab skill mix	£369,293	24	WTE	5	01.11.20	31.03.21
						01.11.20	31.03.21
Community beds	Residential reablement	£293,750	11	beds	5	01.11.20	31.03.21
	D2RA nursing home beds	£166,667	10	beds	5	01.11.20	31.03.21
	EMI-specific isolation beds	£300,000	8	beds	5	01.11.20	31.03.21
		£2,774,127					
	D2RA funding available	**£1,350,000**					
	Funding gap	**£1,424,127**					

6. Funding gaps

6.1 Funding gap D2RA funding-eligible services

Cardiff and Vale of Glamorgan RPB has been allocated £1.35m by Welsh Government to deliver D2RA pathways.

Partners have assessed the additional capacity required in this area as costing **£2.774m**.

The D2RA funds will therefore address 48.7% of the region's assessed additional D2RA capacity requirements, leaving a funding gap of **£1.4m**.

Partners have already commenced mobilisation of services at risk.

The £1.35m will enable partners to provide the additional capacity required until the second week in January, assuming the additional capacity is mobilised from the beginning of November.

6.2 Funding gap – for services not eligible for D2RA funds

With the exception of goal 5, *great hospital care*, the additional capacity required to deliver the other four goals remains unfunded.

WPP goal	Additional capacity required	Funded	Unfunded gap
1. Co-ordination, planning and support for high risk groups.	Vale of Glamorgan rapid response (telecare) service		£88,000
	Vale of Glamorgan Mental Health Older People capacity to support EMI care		£25,645
2. Signposting, information and assistance for all	Vale of Glamorgan Contact1Vale additional specialist capacity at front door (OT and mental health social worker)		£51,290
3. Preventing admission of high risk groups	Falls programme including Stay Steady clinics additional capacity		£132,700
4. Rapid response in crisis	Primary care urgent care response (see CAVUHB Q3/4 plan)	✓	
5. Great hospital care	See CAVUHB Q3/4 plan	✓	
		Non-D2RA funding gap	**£297,653**

5.3 Total funding gap

	Funded	Gap
Services eligible for D2RA funding	1.35m	1.42m
Services not eligible for D2RA funding	0	0.3m
	£1.35m	**£1.72m**

7. Measuring impact

During this period of potentially unprecedented demand as a result of cold or inclement weather and increases in demand on the health and care system as a result of COVID19, it is even more important to track the system's response and the impact of the additional investment and capacity.

The partnership is developing mechanisms to enable close process-monitoring so that issues can be identified rapidly and addressed operationally.

The partnership needs to be assured that there is flow through the whole system: from hospital to D2RA and from D2RA to long-term arrangements.

The following system impact metrics will be monitored:

	Hospital discharge →	**D2RA support** →	**Post-D2RA arrangements**
Cohort definition	People needing support to be discharged from hospital	People accessing all forms of intermediate care step-down care (CRT/VCRS, community hospitals, residntial reablement beds, D2A nursing beds)	Onward arrangements following D2RA/intermeidate care support
	Length of stay (# and %) • >7 days • >14 days • >21 days *(denominator: total adult admissions)*	# and % of people admitted directly to a care home for D2RA. • Nursing home • Residential (denominator: *total adults needing support to be discharged from hospital)*	# and % of people returning to their usual place of residence. *(denominator: people accessing D2RA/intermediate care services)*
	# and % discharged within 48 hours of being declared medically fit. *(denominator: total adult admissions)*	# and % of people accessing each discharge pathway: • Pathway 1 • Pathway 2 • Pathway 3 • Pathway 4 *(denominator: total adults needing support to be discharged from hospital)*	Outcome for each pathway, # and % of people: • Home, independent • Home with support • Permanent admission to care home • Death *(denominator: total number of people in each pathway*)

Appendix 1

Cardiff and Vale University Health Board care home support and escalation issues

Work is being facilitated by the National Director of Complex Care to support Health Boards to identify the key issues in relation to nursing home contingency planning. The issues are currently being worked through nationally, including seeking legal advice. The current positon can be seen below.

Directors of social services have been asked by Welsh Government to ensure sufficiency of care home provision across the region and to have contingency plans in place. In addition, the Regional Partnership Board is overseeing delivery of the action plan developed in response to the WG-commissioned rapid review of care homes conducted by Professor John Bolton. The plan can be seen in appendix 2.

Issue	Response
An overarching contingency plan that could be applied to any nursing care home closure must be developed in readiness for the winter period.	Home Closure procedure already in place and would be initiated in conjunction with partners
Clarify Regulatory Requirements	Clarify the role of HIW and other regulatory bodies
To enable ownership, a clear legal position and implementable action plan must be in place. LHBs working with LAs as appropriate, are asked to consider the following as part of their overarching care home failure contingency planning.	Legal advice is requested– can a HB take 'ownership' of a privately owned business and what are the legal obstacles or supportive legislation to enable that to happen.
Determine clear legal advice for how a nursing care home could be run either solely by the LHB or jointly with the LA in line with legislation including NHS (Wales) Act 2006, Social Services and Well-being (Wales) Act 2016 and Local Government Act 2000;	Legal advice is requested to confirm HB position : If a home is nearing failure then administrators may already be involved. Can HBs purchase a business that is actively failing to this extent? Clarify if the suggestion of ownership if it applies to all Care Homes not just those deemed to be required to meet demand
Determine potential availability of capital funding to purchase and update buildings (if necessary), Determine understanding of potential pooled budgets ;	Funding source to secure " ownership" HBs required to assess capital/buildings requirements within the context of NHS buildings and maintenance standards
Compliance issue re building regulations and health and safety regulations	HBs have to assess and determine any capital/buildings requirements within the context of NHS buildings and maintenance standards? Consideration of Health and Safety legislation requirements
Human resource issue to be consider	TUPE of staff, ongoing funding resource for staff, management resource, Professional Regulation and competency
Consideration of Charging Process particularly self-funding arrangements	Determination of charging element, financial assessments invoicing payment etc.
Safeguarding	What is the legal position re HBs purchasing care homes where there may be significant escalating concerns/safeguarding issues in that home?

Appendix 2

Cardiff and Vale of Glamorgan Regional Partnership Board care home rapid review local action plan

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Report Title:	**Board Assurance Framework – Sustainable Culture Change**								
Meeting:	Strategy and Delivery Committee						**Meeting Date:**	10th November 2020	
Status:	**For Discussion**		**For Assurance**	**X**	**For Approval**		**For Information**		
Lead Executive:	**Director of Corporate Goverance**								
Report Author (Title):	**Director of Corporate Governance**								

Background and current situation:

The purpose of the report is to provide Members of the Strategy and Delivery Committee with the opportunity to review the risks on the Board Assurance Framework which link specifically to the Strategy and Delivery Committee.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

The Board Assurance Framework has now been presented to the Board since November 2018 after discussion with the relevant Executive Director and the Executive Directors Meeting. It provides the Board with information on the key risks impacting upon the delivery of the Strategic Objectives of Cardiff and Vale University Health Board.

The attached Sustainable Culture Change risk is a key risk to the achievement of the organisation's Strategic Objectives.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc :)

There are currently nine key risks agreed by Executives which are impacting upon strategic objectives which will be developed into a Board Assurance Framework for review at the September Board and the risks which link to the Strategy and Delivery Committee are:

1. Workforce including potential capacity issues
2. Sustainable Primary and Community Care
3. Sustainable Culture
4. Capital assets
5. Risk of Delivery of IMTP
6. Ability to switch planned work back on safely

It has previously been agreed by the Committee that one risk would be reviewed at each meeting and the risk attached for review at the November Meeting is **Sustainable Culture Change.**

The role of the Committee in relation to the risk is to review it, check that the controls are in place and working and agree any further actions required in order to mitigate the risk further.

The Committee can then provide further assurance to the Board that the risk is being managed or mitigated as much as possible at the current time. The Executive Director Lead for this risk is the Deputy Chief Executive & Executive Director for Workforce and OD.

To aid the process I have reviewed what has been presented to the Strategy and Delivery Committee in relation to Sustainable Culture Change over the last 12 months and to provide triangulation and further assurance for the Board:

- Workforce KPIs reviewed at each meeting of the Strategy and Delivery Committee;
- Deep dive into absence rates;
- Strategic Equality Objectives;
- Annual Equality Statement;
- Amplify 2025 where agreement was given to support the culture and leadership enabler;
- Welsh Language Scheme;
- Value Based Appraisals;
- Equality Champions;
- Staff Survey Group.

A summary of the detail discussed on each of the above reports is provided in the Annual Report to the Board for 2019/20.

Recommendation:

The Strategy and Delivery Committee is asked to:

Review the attached risk in relation to Sustainable Culture Change to enable the Committee to provide further assurance to the Board when the Board Assurance Framework is reviewed in its entirety.

Shaping our Future Wellbeing Strategic Objectives
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant, click here for more information

Prevention	x	Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:	Not Applicable								

Leading Sustainable Culture Change

In line with UHB's Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a belief which is building upon our values and behaviours framework will make a positive cultural change in our health system for our staff and the population of Cardiff and the Vale.

Risk	There is a risk that the cultural change required will not be implemented in a sustainable way		
Cause	There is a belief within the organisation that the current climate within the organisation is high in bureaucracy and low in trust. Staff reluctant to engage with the case for change as unaware of the UHB strategy and the future ambition. Staff not understanding the part their role plays for the case for change due to lack of communication filtering through all levels of the UHB.		
Impact	Staff morale may decrease Increase in absenteeism Difficulty in retaining and recruiting staff Potential decrease in staff engagement Transformation of services may not happen due to staff reluctance to drive the change through improvement work. Patient experience ultimately affected. UHB credibility as an employee of choice may decrease		
Impact Score: 4	**Likelihood Score: 4**	**Gross Risk Score:**	**16 (Extreme)**
Current Controls	Values and behaviours Framework in place Task and Finish Group weekly meeting Cardiff and Vale Transformation story and narrative Leadership Development Programme Management Programmes Talent management and succession planning cascaded through the UHB Values based recruitment Staff survey results and actions taken – led by an Executive (WOD) Patient experience score cards CEO and Executive Director of WOD sponsors for culture and leadership Raising concerns relaunched in October 2018 "Neyber" launched to support staffs financial wellbeing with an emphasis on education Conducted interviews with senior leaders regarding learnings and feedback from Covid 19 Lessons learnt document to be completed by September 30th 2020 looking at the whole system		
Current Assurances	Transformation activity reported to Board. Engagement of staff side through the Local partnership Forum (LPF) Matrix of measurement now in place which will be presented in the form of a highlight report		
Impact Score: 4	**Likelihood Score: 2**	**Net Risk Score:**	**8 (High)**
Gap in Controls			
Gap in Assurances			

Actions	Lead	By when	Update since July 20
1. Learning from Canterbury Model with a Model Experiential Leadership Programme- Three Programmes have been developed: (i) Acceler8 (ii) Integr8 (iii) Collabor8 (iv) Oper8 (for Directorate Managers or equivalent)	MD	01.04.2021	Currently all the leadership programmes are on hold due to the recovery phase of covid. Awaiting Intensive learning academy bid if successful large leadership development. Programmes to restart 2021
2. Showcase	MD	31.10.20 30.09.20	There is slight slippage to the programme as Covid stopped this from happening The ware house is now the property of the UHB since June 2020 Feedback will be presented back to the Executives Sept / Oct 2020 and the senior leaders. Further feedback in small groups (CDs / DMs / clinicians) will be gathered during Aug / Sept 2020 and creatively fed back with the introduction of the showcase
3. Work on triangulating physical, mental and financial wellbeing service being developed	MD	30/04/2020	"Neyber" Financial wellbeing support with a focus on education being launched in the organisation in February. Complete - This was launched in April 2020
4. Welsh Language Standard being implemented.	MD	30.09.20	This action will continue to report to S&D Committee on progress being made The creation of the equality strategy , Welsh language standards group chaired by Executive Director of WOD – Sept 2020 Two Welsh Language translators are currently being recruited for the UHB
Impact Score: 4	**Likelihood Score: 1**	**Target Risk Score:**	**4(Moderate)**

Report Title:	**Regional Partnership Board**								
Meeting:	Strategy and Delivery Committee					**Meeting Date:**	10 November 2020		
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**	✓	
Lead Executive:	Executive Director of Strategic Planning								
Report Author (Title):	Meredith Gardiner, Programme Manager Health, Social Care and Wellbeing								

Background and current situation:

The Cardiff and Vale of Glamorgan Regional Partnership Board (RPB) was established in response to requirements of the Social Services and Well-being (Wales) Act 2014. Its purpose is to manage and develop services to secure better joint working between local health boards, local authorities and the third sector; and to ensure effective services, care and support that best meet the needs of our population. This paper provides an overview of the key priorities being progressed by the Board for information and noting by the Strategy and Delivery Committee specifically:

- The RPB's Annual Report for 2020-21
- The regional Winter Plan for 2019-20.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

Annual Report

The RPB has a statutory duty to deliver an Annual Report to the Welsh Government in 2019-20. The attached report contains an overview of the work delivered by the Partnership in response to a number of priorities identified by our Area Plan and will be presented for ratification by the RPB in early November. The Report is attached for information at appendix 1.

Winter Plan

The Regional Partnership Board Winter Protection Plan for 2020/21 includes a wide range of activities across the statutory, third and independent sectors that contribute to ensuring a safe winter period for people across the region:

- Protection of public health
- The Health Board's Service Delivery Plan for quarters 3 and 4
- Care homes
- Third sector
- Carers

It sets out the region's response to the 6 goals set out in the Minister's national Winter Protection Plan. This includes:

a) Existing statutory NHS and local authority social services

b) Existing third sector support
c) Extra capacity required to meet the anticipated additional demand arising from cold and inclement winter weather alongside the ongoing threat of the COVID-19 pandemic.

The region's comprehensive plan for ***goal 5 great hospital care*** can be found in the Cardiff and Vale University Health Board's Service Delivery Plan for quarters 3 and 4, submitted to Welsh Government on the 19th October. The Winter Plan will be considered as part of a UHB Board Development Session on 29th October 2020 and is also being shared with the Strategy and Deliver Committee for information.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

Area Plan

Financial Risk:
The report references the wide range of services currently being provided via short term funding which is scheduled to end in March 2022. A risk management plan is being developed and will be shared with the Strategy and Development Committee over the coming months.

Winter Plan

Co-ordination and Planning risk:
The RPB's Winter plan is closely linked to the Health Board's Service Delivery Plan for quarter's 3 and 4, submitted to Welsh Government on the 19th October. To further enhance the ability of the RPB to play a key role in leading the development of an integrated health, social care and third sector plan for the 2021/22 season, the RPB has encourage Welsh Government to fully align seasonal planning requirements, particularly those of the Health Board which currently remain separate.

Financial Risks:
Welsh Government has provided £1.35m to the RPB of short term funding to provide additional Discharge to Recover and Assess capacity in line with goal 6 of Winter Plan requirements. This current funding allocation will provide additional winter capacity to mid-January. The total cost for the full winter period is £2.774m and the RPB is therefore requesting a further £1.424m from Welsh Government to enable the region to meet the predicted increase in demand over the winter period.

The plan also sets out the current short-term funding gap to further enhance the delivery of the remaining four goals (excluding goal 5, great hospital care), in particular additional capacity to enhance our ability to prevent avoidable hospital admissions.

Recommendation:

The Strategy and Delivery Committee are requested to note the update on the Regional Partnership Board for information.

Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
1. Reduce health inequalities	✓	6. Have a planned care system where demand and capacity are in balance	✓
2. Deliver outcomes that matter to people	✓	7. Be a great place to work and learn	✓
3. All take responsibility for improving our health and wellbeing	✓	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	✓
4. Offer services that deliver the population health our citizens are entitled to expect	✓	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	✓
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	✓	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	✓

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓

Equality and Health Impact Assessment Completed:	Not Applicable

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Regional Partnership Annual Report 2019-20

People living the best lives they can in their homes and communities

Contents

Foreword

Cllr Susan Elsmore, Chair of the Regional Partnership Board and Cabinet Member for Social Care, Health and Wellbeing,

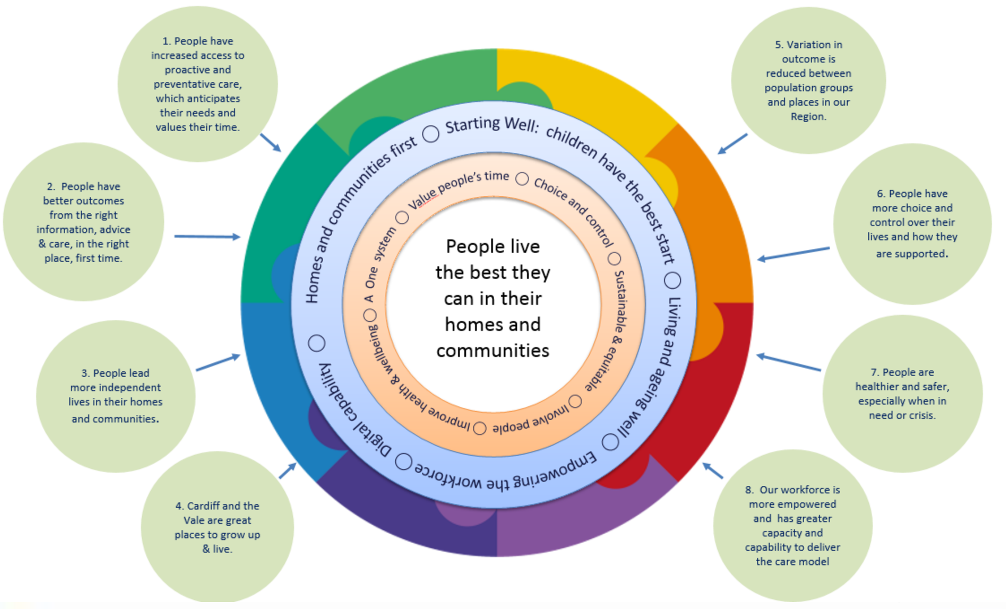
Cardiff Council

I am very pleased to introduce the 2019-20 Annual Report for the Cardiff and Vale of Glamorgan Regional Partnership Board which aims to ensure that people in our region can live the best lives they can in their homes and communities.

This year we established a Regional Outcomes Framework which clearly defines the shared principles and values that will shape our future work. We endeavour to create one effective system that places people at the centre of everything we do. We want to involve people in the design and delivery of these services, ensuring that they are sustainable, equitable and affordable.

As a first step, our partnership has strengthened its focus upon key priorities including children and young people, carers, older people and people with learning disabilities. The strong relationships arising from this work provided us with an excellent basis on which to build our response to the emerging challenges posed by COVID19 in the later part of the year. As we look forward it is clear that these challenges will remain with us for some time. However I am confident that the groundwork outlined in this Report will help us to address those issues and wherever possible, build on the lessons that can be learned as we move forward.

Our system level outcomes: what we aim to achieve by focusing on our priority themes



PART 1: PARTNERSHIP DEVELOPMENT AND GOVERNANCE

Partnership Development and Governance

We bring together partners from across Cardiff and the Vale of Glamorgan to determine where the integrated provision of services, care and support will be most beneficial to people in our region. The full membership of our Board can be accessed here.

In recognition of revisions to Part 9 of the Social Services and Well-being (Wales) Act 2014 we have been pleased to expand the existing membership to include the following representation in 2019-20:

- a senior local authority officer with responsibility for housing and capital investment in housing;
- 2 representatives of registered social landlords;
- a senior local authority officer who has responsibility for education in one of the areas covered by the regional partnership board. (This position is shared by the Directors of Education in both Cardiff Council and the Vale of Glamorgan Council).
- We also welcome a representative from Social Care Wales in an observer capacity.

Our Key Population Groups:

- Older people with complex needs and long term conditions, including dementia
- People with learning disabilities
- Children with complex needs
- Carers, including young carers
- Integrated Family Support Services
- Children with disabilities and/or illness
- Children who are care experienced
- Children who are in need of care and support
- Children who are at risk of becoming looked after
- Children with emotional and behavioural needs;
- Young People as they transition between Children and Adult services.

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Regional Outcomes Framework

Regional Outcomes Framework

Our goal
- People live the best lives they can in their homes and communities

Our principles and values
- A single system, that
- values people's time,
- enables choice and control...
- is sustainable and fair...
- involves people...
- and improves health and wellbeing

Our strategic themes
- Homes and communities first
- Starting well in life
- Living well
- Ageing well
- An empowered workforce
- Digital capability

The Outcomes
- People have increased access to proactive and preventative care, which anticipates their needs and values their time
- People have the right information, advice & care, in the right place, first time.
- People lead more independent lives in their homes and communities
- Cardiff and the Vale are great places to grow up & live.
- Variation in outcome is reduced between population groups and places in our Region.
- People have more choice and control over their lives and how they are supported
- People are healthier and safer, especially when in need or crisis.
- Our workforce is more empowered and has greater capacity and capability to deliver the care model

2019-20 marked the development of our Regional Outcomes Framework which clearly defines the shared principles and values that will now shape our future work.

Shifting our thinking from services and organisations to people and places

People and places: supporting communities to build their capacity and resources to support people to create their own solutions. People's homes support them to thrive and keep them safe. Information is easy to access. Prevention and early intervention is prioritised and valued.

Schools, general practice, libraries and leisure resources are critical elements of the community infrastructure.

The voluntary, community and faith sectors have a fundamental leadership role in part of our system.

Home first:
When it's needed, care and support is joined up and delivered at home, by default. It is organised around neighbourhoods. It is anticipatory and preventive as well as being able to respond to a crisis, around the clock.
Digital solutions help put people in control.

Specialist care and support is there when needed, e.g. hospital care, specialist children's services etc. Much more of this is delivered in communities.

Starting well

Living well

Ageing well

This is a shared agenda across the RPB and PSBs:

PSB priorities of economic, social, environmental and cultural well-being create the conditions for RPB partners to support people with additional health and wellbeing needs.

Changes to our governance arrangements will enable us to focus on people and the stage of life they are in. We are shifting out attention to what is required to enable people to *start well, live well and age well*. That helps us move away from traditional service configurations to what we need to do collectively to improve outcomes for people, improve their experience of the services they do receive and to make the Cardiff and Vale pound go further.
We need to do more to keep people healthy, well and independent in the first place.

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Revising our Governance Structure

In recognition of our agreed outcomes, and also the increased scope required by the changes to Part 9 of the Act, a new Partnership Board for Children and Young People and a Housing Board have both been initiated. An overview of the work of these Boards is provided later in this report.

These new developments form the first phase in plans to review the governance structure for the RPB as whole, ensuring that it is well placed to achieve the outcomes identified within the Regional Outcomes Framework above.

Over the coming year, we intend to complete the re-design of our governance structure, moving our thinking from a focus upon services to a population health approach based on life stages.

This next phase of governance re-design will include consideration of how we develop our approach to joint commissioning to enable more joined up delivery of services, oriented to delivering the outcomes in our regional outcomes framework. This will include developing the range of levers available to us to support integrated models of care, including how we can best take forward priorities for the future as indicated by the emerging draft recommendations from a recent national exercise undertaken by KPMG.

PART 2: DELIVERING OUR AREA PLAN

Priority 1: Children and young people with complex needs (including those with poor mental health or emotional support needs and people with physical disabilities)

Area Plan Priorities

CYP1.1: Improve provision for children and young people with Additional Learning Needs

CYP1.2: Improve integrated provision for children with complex needs, including the transition between children and adult services

CYP2.1: Increase the role of children and young people in decision making and service delivery

CYP2.2: Improve educational outcomes

CYP2.3: Increase the successful transition into employment, education or training of children and young people

CYP2.4: Increase access to appropriate services to children in need of care and support, recognising increased rates of emotional and mental health issues

CYP2.5: Increase support for children and young people affected directly or indirectly by parental relationship breakdown and domestic violence

CYP2.6: Prevent child sexual exploitation

2019-20 Progress

- ✓ The Children and Young People's Partnership Board was launched in 2018 in recognition of the increased need to focus on services for children and young people. A key priority for the Board is a focus on ensuring emotional health and wellbeing. The Board has oversight of all ICF and Transformation funding to support integration of services for children and young people.
- ✓ We're keen to hear from children, young people and their carers directly. Parent, child and youth participation has been mapped across all partnership forums, with a goal to having a single participation strategy developed in consultation with young people.
- ✓ Management of Child and Adolescent Mental Health Services is now the responsibility of Cardiff and the Vale University Health Board and a Single Point of Access has been developed for all young people with emotional mental wellbeing needs.
- ✓ The Integrated Care Fund supported an Adolescence Resource Service, an intensive resource for 11-17 year olds at risk of having to leave their family environment. This multi-disciplinary team work with the whole family to develop an individual safety plan. The service aims to encourage improvement in the young person's situation and avoid the need for a placement in care wherever possible.
- ✓ Integrated Care Fund capital money has been used to develop the first of a series of *Changing Places* across Cardiff and the Vale of Glamorgan. These facilities are especially designed to help people with physical disabilities and their carers, allowing them access to toilet and changing facilities that are designed to meet their needs to enable them to go about their day-to-day lives throughout the region.

"This partnership will plan and develop services which positively impact on the lives of our most vulnerable children. We are starting to see the impact of additional investment in therapeutic services for children and young people".

Claire Marchant – Director of Social Services Cardiff

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Children with Complex Needs Case Study: Ty Gwyn Special School

Ty Gwyn Special School is a superb example of how capital and revenue investment from the Integrated Care Fund (ICF) is being used in collaboration with other funding sources to integrate services for young people with complex needs. The pupils who attend Ty Gwyn School all have additional learning needs and/or complex needs. The ICF is helping to deliver upgraded facilities for pupils and staff over a three year basis and also funds three Day Opportunities Officers who work in the school to help pupils prepare for transition into their adult lives, helping them live as independently as possible.

The expansion enables pupils to have access to on-site nurses, therapists, support workers and physicians who assist with their medical needs; a provision which has been well received by the pupils and their families. The school believes that this multi-agency approach is unique in its ability for young people to access such a range of support on one site.

The funding will help to upgrade key facilities at the school, including three additional classrooms, changing facilities, a soft play area, office space and a multi-use function room. The next phase will provide an additional three classroom spaces at the school. By the completion of the project, the school will be able to accommodate an additional 30 children with learning needs.

During her visit to the school, Julie Morgan, Deputy Minister for Health and Social Services said: *"By making better use of resources and moving away from traditional ways of delivering services, the Integrated Care Fund is making health and care services more person-centred and closer to home."* She also highlighted how this could result in helping to alleviate pressure on vital NHS and social care services. *"These new ways of working will be vital to creating a health and social care system in Wales that is fit for the future, as set-out in A Healthier Wales".*

Lynnette, one of the parents whose child attends Ty Gwyn said: *"Having all these professionals at the school has made a huge difference to us. Because my daughter knows them, she is also more relaxed. They are brilliant in helping her with what she needs."*

View a Video hyperlink of the ministerial visit here.

Priority 2: Adult and Young Carers

Area Plan Priorities

AYC1.1: Identify and implement a carer engagement model based on best practice

AYC1.2 Improve physical and emotional support for young carers, including emergency and pre-planned respite and reducing the risk of Adverse Childhood Experiences (ACEs)

AYC1.3: Improve physical and emotional support for adult carers, including emergency and pre-planned respite

AYC1.4: Involve carers, including young carers, in the planning of hospital admission and discharge if the person they care for is in hospital

AYC1.5: Provide easily accessible information to carers and relatives in a range of formats and languages, through existing information points, such as primary care and libraries.

AYC1.6: Raise awareness around caring and carers among public and health and social care professionals, (e.g. adopting an approach similar to Making Every Contact Count), to ensure that carers are identified as early as possible and all involved are aware of their rights as a carer

Progress for 2019-20

The Integrated Care Fund has been used to launch the Carers Gateway for Cardiff and the Vale of Glamorgan. Led by The Carers Trust South East Wales, the team provide information and support to unpaid carers, helping them to make the most of their life alongside their caring role and maintain their independence.

The team helps carers with things like:

- Understanding what support is available for carers
- Signposting and supporting carers to access local services
- Identifying new services that are needed to help carers
- Raising awareness on the issues carers face
- Providing training and development opportunities for carers

YMCA (Cardiff) are providing support for young carers. The joint work between the local authority and YMCA as a provider of services for young carers has developed into a positive partnership throughout 2019/20, laying the foundation for a co-produced pilot service for young carers in April 2020.

Pauline Young, Independent Carers Representative and Carolyne Ryan, Young Carers Representative as they present an update on our Carers Strategy to the RPB in February 2020 along with third sector and Local Authority members of the Carers Partnership.

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Carers Case Studies: The Carers Gateway

The Carers Gateway recently supported a carer with an autistic son who also has Attention Deficit Hyperactivity Disorder (ADHD). The case has had excellent outcomes:

- Our Carers Wellbeing Worker managed to arrange for respite care to be resumed which gave the carer back personal time to relax as the son can be argumentative;
- The Wellbeing Worker recommended the carer apply for an Emergency Covid-19 Grant for a replacement computer. This was successful;
- The Wellbeing Worker recommended music therapy sessions for the son which will help with stimulation;
- A recommendation was also made to join support groups such as Care 4 Cuppa.

All of this led to very appreciative feedback comments.

"Thank you for the information and thank you for listening yesterday. Really appreciated your compassion and understanding". **Carer - Mrs SA**

Our Carers Wellbeing Worker has been supporting a carer in deep crisis. This gentleman is in his 60's and lives in the Vale of Glamorgan. He is a carer for his wife who has mobility issues and he has health issues of his own which included depression. The carer was despondent and down during the first contact and it was quite difficult to start conversations, but CTSEW's Carers Wellbeing Worker took time and slowly, the carer began to share the difficulties and challenges that he was facing in caring for his wheelchair-bound wife. The specific part of the problem revolved around disabled access/egress to the property.

The Wellbeing Worker conducted a "What Matters" review and completed a "Wellbeing Assessment" which led to signposting to practical and emotional support such as financial crisis support, information about support for home-accessibility adaptations and information about direct payments for homecare.

During one conversation, the carer discussed suicidal thoughts. Further signposts were made to mental health and suicide support-lines and the Wellbeing Worker was provided with CTSEW's staff-counselling helpline for her own support. The outcomes of this case were that the local authority will undertake an assessment of his home adaptations (post-lockdown). The carer sent a complimentary e-mail, thanking the Wellbeing Worker for her helpfulness.

"Thanks SO much for letting me know. I'm so, so pleased she is getting the support that she so desperately needs. Your e-mail was like music to my ears".
Support Worker – Action for Hearing Loss

Priority 3: Older people including people with dementia

Our Area Plan Priorities

OP1.1: Building on the First Point of Contact and Single Point of Access services, further develop digital services along with easily accessible telephone, online and face-to-face access points for the region, for both professionals and the public.

OP1.2: Develop resilient communities with local services, infrastructure and strong community networks to meet local needs where older people live .

OP1.3: Develop and provide a range of future accommodation options to meet demand and enable people to remain at home for as long as possible.

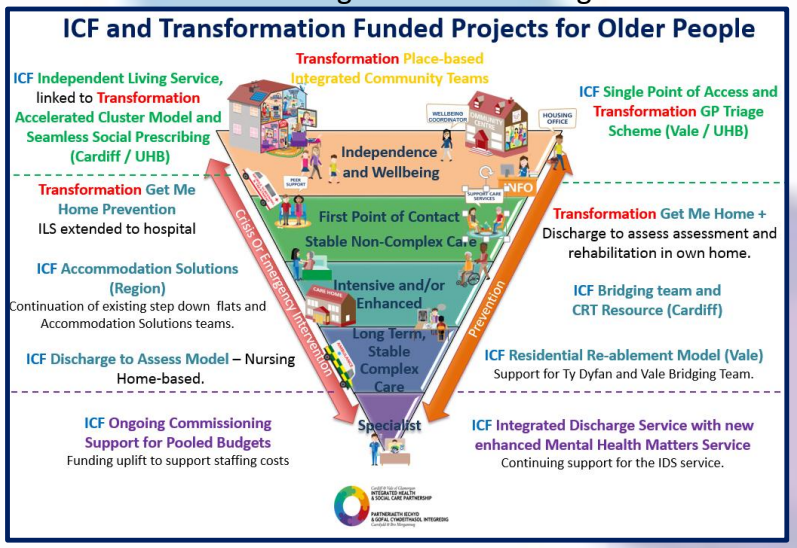
OP1.4: Develop improved assessment, diagnosis and care planning practices which are built upon genuine collaboration with older people and their carers and families, so that their plan reflects what is important to them and achieves the outcomes they seek.

Sustaining Independence and Wellbeing:

This year, the Integrated Care Funded Independent Living Service undertook 3,871 visits to Cardiff citizens, providing advice and assistance to enable them to live more independently in their own homes. Transformation funding enabled us to extend this service to hospital inpatients to assist their discharge plans. The team has delivered over 1,000 services to inpatients. Together, the Teams have provided an additional £6.5m of income support for local residents. Further ways of sustaining local independence and reducing long term demand are being trialled through an Accelerated Cluster Model and Social Prescribing Pilot.

Within the Vale of Glamorgan, preparations for a GP Triage scheme are underway. This build upon the success of Contact 1 Vale, an ICF-supported service which already supports over 6,000 cases every year.

A separate project to develop 7 cluster-based GPs in specialist diagnosis and support for people with suspected Dementia is also underway along with additional training to increase the number of Dementia Friends across the region to a current figure of over 4,000 people.



Testing Opportunities for Discharge to Assess

The Partnership continues to utilise Transformation and ICF funding to trial a range of Discharge to Assess pathways across the region to reduce hospital length of stay and enable people to recover at home:

- ✓ 413 people have been assisted by our short term Accommodation Solutions service;
- ✓ A range of short term Domiciliary, Nursing and Residential support services are being trialled as a way of reducing length of stay. The learning will inform work to right size our regional Intermediate Care Model for the future.

The ICF has enabled 528 ward staff to be trained in Dementia Care Mapping to raise awareness of the needs of inpatients with Dementia and find ways to address them. The feedback has been outstandingly positive:

'I have gained a much better understanding of dementia and the impact to the person on communication, language and vison'. 'This training should be mandatory as it would benefit everyone. The things I have learnt I will use every day' **Comments from two attendees at our Dementia Care Mapping sessions.**

Older people case study

Known locally as 'the pink army', Cardiff Council's new Get Me Home Service provides a single access point within University Hospital of Wales and University Hospital Llandough for all community based services. The team works collaboratively with ward staff to ensure patients have access to the full range of services offered by the Preventative Services programme, as well as community or home based social care services, as required. The team of multi-skilled council staff work hand in hand with health colleagues in the hospital to facilitate the journey home, starting their work asking 'what matters to you' to find the right solutions for people. The team were further expanded to provide support at the Dragon Heart Hospital as part of the region's initial response to the COVID-19 Pandemic. Click here for a video outlining their work.

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Dementia case study

Before…

… After!

Ty Dewi Sant, Penarth is a residential home for 29 people with mixed frail elderly and dementia needs. Designed in the last century, its physical environment reflected this era and exacerbated the challenges faced by older people experiencing impaired memory, learning and reasoning together with sensory impairments. ICF capital funding was used create a dementia friendly environment with small-scale, homely living units, utilising enhanced signage and 'cueing' in line with dementia friendly standards.

Bedrooms, toilets and corridors were all re-decorated in a calming neutral-coloured palate with accents on doorways, handrails and toilet entrances to aid orientation. The flooring has also been updated to assist movement and ease of orientation for people with Dementia. The re-design was completed with a series of specially commissioned photographs of the local area which were chosen by the residents. The overall outcome is the creation of an uncluttered, clean and modern environment that supports and sustains the wellbeing and independence of our residents.

Resident feedback: *"I didn't like having to leave my room for so long but it was all worth it, it's beautiful and so much easier to get around. When I get lost I look for the picture of Penarth Pier and I know where I am. I can find a toilet easier now they are all yellow and they are much nicer inside".*

Manager feedback: "We have a seen a significant reduction in falls and the colour schemed doors and handrails are great for orientation. I frequently see residents just stand in front of the artworks chatting and they are proving to be a great reminiscence resource".

"The RPB has directed capital funding with great effect in response to the growing needs of our population. The work undertaken at the Council's care homes in the Vale of Glamorgan is a fantastic example of how creating a dementia-friendly space can enable greater levels of independence and well-being for our residents."

Cllr Ben Gray, Cabinet Member for Social Care and Health, Vale of Glamorgan Council and Vice Chair of the RPB.

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Priority 4: Autism

Area Plan Priorities

Develop a new Integrated Autism Service which all agencies working in integrated, multi-disciplinary ways will provide appropriate services for children, young people and adults with an autism spectrum disorder, addressing their education, health, employment, social interaction and emotional needs

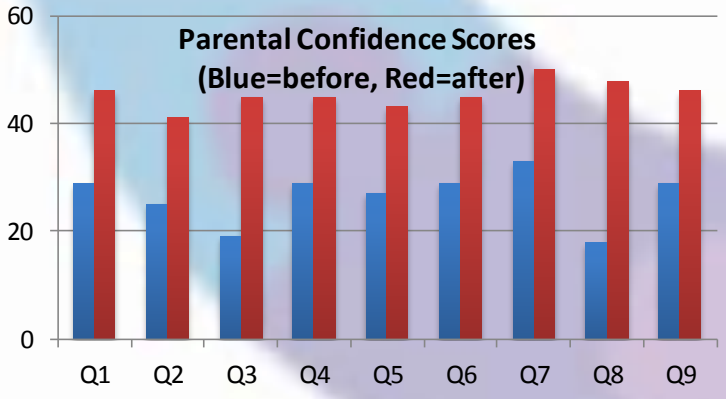
The multi-agency Integrated Autism Service (IAS) has been operational since September 2017, working closely with partnership organisations (WLGA, third sector partners, and Local Authority and mental health services) across the care pathway. The Team works hard to develop positive relationships and to be helpful, friendly, and accessible in order to up-skill people in their autism knowledge and inspire them to become autism advocates. Ultimately, this will ensure that all services will improve in their ability to support autistic people and their support networks.

This year, the IAS has supported 282 individuals of all ages with Autism, 175 of whom were newly referred to the service. 26% received a diagnostic assessment whilst a further 21% received help from IAS Support workers. The service has also developed bespoke individual and group support programmes to meet identified needs within the community. 14 group sessions were held this year including a Level 2 Nutrition course for 11 third sector partners who work with people with Autism.

"I have found the meeting with [the IAS] to be very helpful in understanding some of the communication and behavioural problems that I experience in my life and relationship. My partner and I have much to work with and it all feels positive." **Service User.**

Case Study: Incredible Years Programme for parents of children with autism and language delay

Arranged by an IAS Clinical Lead Child Psychologist this course took place over 10 mornings, with 6 of 8 parents completing the whole course. At the first session, the parents completed a self-assessment questionnaire answering 9 questions to rate their knowledge and confidence prior to attending the course, on a range of issues including Autism Spectrum Disorder/Condition and Language Delay, their child's social skills, how to use pretend play to promote empathy and self regulation skills. A follow up questionnaire showed an increase in confidence across all areas.



"This course has been brilliant. I cannot praise it highly enough. The videos were excellent to show practical examples of deploying the various strategies. The discussions are excellent in showing alternative ways of managing a situation. The celebrating of each other's successes has really encouraged group participation and allows friendship to grow. Thank you. Can I do it every year please?!" **Incredible Years Course Attendee**

Priority 5: Learning disabilities

Area Plan Priorities

1.1 People with learning disabilities are supported to maximise their independence
1.2 People with learning disabilities are supported to play an active role in society and engage in meaningful day time activities and employment or volunteering.
1.3 People with learning disabilities are valued and included, supported to have a voice, and able to exercise choice and control over all aspects of their lives
1.4 People with learning disabilities are enabled to stay healthy and feel safe.
1.5 People with learning disabilities are supported to become lifelong learners.

The Learning Disability Partnership Board continue to deliver a joint commissioning strategy for people with Learning Disabilities. Key highlights this year include:

A new **Primary Care Liaison Learning Disability nursing team** has been established in all hospitals across the region, offering support to adults with learning disabilities who are attending hospital for outpatient, day patient or inpatient care. The Team works alongside community learning disabilities teams, care providers, families and carers to achieve the best health outcomes for the individuals they support.

The Vale Of Glamorgan Learning Disability Day Services won a **'Safeguarding Recognition Award'** in November 2019 for piloting a SeeME project within Day Services. Digital technology is used to enhance individuals' wellbeing by identifying what is important to them, giving them voice and control over their lives and with this, supporting them to maximise their potential. The team has been proactive in producing a video profile for an individual with highly complex physical and health needs, which details techniques on how to manage his posture and support him to get out of his wheelchair. This has successfully enhanced his wellbeing in preventing pressure sores from forming. The team continue to use video profiles to document various aspect of individuals' lives, which will enhance the consistency and quality of support across all settings.

Parents with Learning Disabilities met with the Welsh Assembly Finance Minister in the summer of 2019 to share their experiences of Ymbarel, a third sector provided support service for 16 families. The Minister was delighted to spend time with the families and hear the positive impact that the service was making to the lives of the parents and their children.

Winter Planning 2019-20

In 19/20, the RPB undertook responsibility for the regional Winter Plan. Led by the UHB, the work was undertaken with all partners to develop a whole system approach with the aim of ensuring the quality and safety of the services during the winter months. The plan focused on key areas of perceived risk including:

- Optimising service capacity;
- Ensuring timely flow throughout the system;
- Contingency planning for infection control, staff availability and adverse weather.

A range of actions were set in place including a:

- Region-wide seasonal flu campaign and Third Sector promotional work;
- Civil Contingency Severe Adverse Weather Plan;
- Primary Care Sustainability plan;
- ICF-funded Cardiff Care Home Integrated Support Team providing direct; interventions to care home residents and prevent hospital admission;
- Additional Winter funding for community services including:
  - extended Residential Discharge to Assess provision from 6 to 12 beds,
  - increased Community Resource Team capacity,
  - additional domiciliary care support.
- Development of a WAST Clinical Contact Centre;
- Enhanced hospital assessment and inpatient processes;
- Infection Control Outbreak Management Procedure;
- Transformation-funded Get Me Home service.

Impact and Lessons Learned

Winter 2019/20 was a challenging one overall. GP Out of Hours performance improved and CRT activity increased but ambulance performance and EU performance declined from 2018/19. The UHB continued to perform above the Welsh average for 4 and 12 hour performance and continued to be the best performing area for Red 8-minute ambulance response times.

However, whilst CRT activity increased markedly and there were consistently fewer medical outliers, Delayed Transfer of Care levels were higher and bed availability was more constrained.

Analysis points to a number of issues affecting this position:

- A decline in performance during Summer 2019 leading to less system resilience than in previous years;
- Reduced inpatient bed capacity;
- The need to focus upon patients staying over 14 days as a critical indicator of system flow.
- The emergence of COVID19 in the latter stages of the season impacted heavily upon all services.

A number of recommendations will inform plans for Winter 2020-21 which will need to account for the continued presence of COVID19 and the potential for a second or third wave in demand:

- Increased uptake of flu vaccinations;
- Rapid testing (for COVID19 and flu);
- Ensuring sufficient bed capacity;
- Early decision making on additional winter schemes;
- Expansion of CRT and Discharge to Assess capacity.

"During this period of unprecedented challenge to our health and care system, presented by the Covid-19 pandemic, it has been a privilege to be engaged with such a strong and effective regional partnership caring for the population we all serve across Cardiff & Vale of Glamorgan. Our staff and key workers have provided amazing public service and compassionate care for the members of our communities ". **Charles Janczewski Chair, Cardiff and Vale UHB and Vice Chair of the RPB**

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PART 3: COMMUNICATION, ENGAGEMENT AND SOCIAL VALUE

Social Value

Progress in 2019-20

Area Plan Priorities

The Social Services and Well-being Act (Part 2, Section 16) introduces a duty on local authorities and local health boards to promote the development, in their area, of not for profit organisations to provide care and support for carers, and preventative services. These models include social enterprises, co-operative organisations, co-operative arrangements, user-led services and the third sector.

Local authorities with local health board providers **must** also establish regional forums to support social value based providers to develop a shared understanding of the common agenda, and to share and develop good practice. The aim of the forum is to encourage a flourishing social value sector which is able and willing to fulfil service delivery opportunities.

In previous years the Partnership established a Social Value Forum with Champions from each priority area for our Annual Plan. Whilst the Forum made positive progress, there is a need to further embed working with service users into the day-to-day work of the Partnership and wider partner organisations.

Engagement on our Regional Outcomes Framework demonstrated the diversity of knowledge and expertise within existing networks such as those offered via Cardiff 3rd Sector Council and the Glamorgan Voluntary Service. As we move towards a new governance structure, our Third Sector partners will lead work to build a network for ongoing engagement. Case studies demonstrating this grass roots level approach are provided on the following page. Work now focuses upon the development of a third sector-led regional framework for engagement which includes:

- Completion of a mapping exercise to identify service user groups for all service areas;
- Development of a framework that learns from existing good practice to inform a coherent approach to ongoing engagement across the region;
- Delivery of co-produced plans for community-informed service developments, beginning with the re-launch of the Cardiff Royal Infirmary Chapel as a wellbeing hub in early 2021.

In the past year, we have taken a more inclusive approach in planning our Regional Partnership Board meetings, inviting service users to provide a personal perspective on our services. This was particularly in evidence during our meeting with the Children's Commissioner for Wales where one of our local parents provided feedback on his family's experience of children with complex needs services. We were also treated to a musical performance by a young person who has been supported by Llamau. His experience highlighted the positive outcomes that can be achieved but also the need to continually improve and learn from service user direct experience.

Finally, our Transformation Fund is being used to support the development of a social enterprise development pilot in one GP cluster in Cardiff. Preparations are underway for initiation of this development in late 2020-21. This will help to inform the development of other social enterprise developments in the future.

"This past year has seen the partnership work together in a closer and more cohesive way and this has allowed the voices of the Third Sector to be heard even more strongly. Together we have scrutinised what has been achieved and have a clear plan going forward to ensure we continue to work to improve the health and wellbeing of every single citizen in Cardiff and the Vale."

Sam Austin, Deputy Chief Executive Llamau and RPB Third Sector Representative.

Engagement case studies

Autism User Forum

We hold monthly forums in Cardiff Library for c20 people on the first Monday of every month (2-hour session). Each forum is an opportunity to hear about local services and information from a guest speaker and an opportunity to meet other autistic adults. The forum aims to provide a place for autistic adults to meet other autistic adults and share experiences, whilst also learning about local services and information which might be relevant for them. Some examples of the speakers we have had include, Four Winds (a mental health charity), MIND, Library Services, Innovate (gardening project), Community Care and Wellbeing Service and Valley and Vale Arts.

Over time the second hour of the meeting has been focused on enabling a more informal atmosphere to increase the opportunity for growing confidence and to enable greater socialisation. Since November 2020 a small number of people (3-4) started to meet in Costa following the forum. This number has grown and now includes an autistic adult who had very rarely spoken in the Forum and never without prompting from staff.

Learning Disabilities

The Learning Disabilities Joint Commissioning Strategy has committed to ensuring that all information is provided in an easy read version. Their latest newsletter signposts service users to a range of events and opportunities and can be accessed here:

January Newsletter 2020 (2).pdf

Older People

The Cardiff pilot for Outcomes Focussed Domiciliary care has been co-designed with care providers who have liaised with people they support to ensure that the focus of this pilot will be enabling people to achieve the outcomes that matter to them.

Children and Young People

Parent, child and youth participation has been mapped across all partnership forums, with a goal to having a single participation strategy developed in consultation with young people. Identification of existing resources is being considered alongside both local and national strategy and policy documentation. Through looking at improving participation a new framework will be developed for the regional partnership board for Children and Young People.

PART 4: FORWARD LOOK

Forward Look

So far, 2020-21 has been an extraordinary year, with the partnership responding to the most significant challenge to public health in living memory. Our collective response to COVID19 has been testament to the existing strong relationships across the partnership and it has strengthened them further. Inevitably, progress has been delayed in our programmes of work as an RPB as our attention and capacity has rightly focused on delivering our response to COVID19.

- Finalising our Regional Outcomes Framework;
- Utilising our RIIC to undertake a full appraisal of the learning and legacy from COVID-19 response across the region;
- Undertaking a refresh of our Population Needs Assessment (including a review of all statutory priorities such as Secure Accommodation, Violence Against Women & Sexual Exploitation and Sensory Impairment);
- Reviewing our Area Plan and embedding a revised governance structure to ensure that our partnership continues to be fit for delivery;
- Establishing a region-wide Engagement Framework;
- Driving forward long term commissioning plans to sustain proven, priority developments funded via the Integrated Care Fund and Transformation Fund;
- Implementing a five year regional strategy for carers;
- Continuing to support our housing and commissioning agenda;
- Establishing our new governance arrangements and their priorities for Starting Well, Living Well and Ageing Well;
- Planning and delivering our Winter Protection Plan;
- Ensuring our care homes are safe and resilient;
- Developing an approach to shared business intelligence and building our information governance to enable information sharing across the NHS and social care to support tactical and strategic planning;
- Evaluating the impact of our programmes in preparation for the 21/22 transitional year;
- Working with Welsh Government to lay the foundations for a successful transitional year in 21/22 in terms of governance, funding streams, enabling policy and support.

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Forward Look cont'd

2021-22 will be a significant year for the RPB. Uncertainty remains as to the impact of COVID19 on our population and services and our planning has to have that in mind as well as more strategic developments to deliver *A Healthier Wales*. The RPB will be expected to fulfil a significant role in leading and directing the stabilisation and reconstruction for health and social care and we will need to explore and understand what that means. We will continue to explore and develop the role of the RPB with our partners, Welsh government and the wider network of RPB Chairs and Regional Leads.

21/22 is seen as a transitional year, moving away from short-term grant funding supporting service development towards a more fundamental change in service delivery that emphases the assets of people and places and the vision of integrated service delivery set out in *A Healthier Wales*. This will require us to develop a partnership approach to business planning and commissioning of integrated services.

Planning has commenced for the 21/22 Transformation Fund transitional year and this will mature over the coming months. It is likely that there will be two major themes which build on and tie together the programmes so far:

1. **Place-based locality delivery**, linking together:
   - Community assets and prescribing;
   - Working with GP clusters;
   - Designed through the eyes of our citizens through community engagement and co-production;
   - Digital enablers such as GP triage, telehealth/telecare and information sharing;
   - Intermediate care and rehabilitation;
   - Crisis response and preventing avoidable admissions;
   - A new model of accommodation with care.

2. **An integrated approach to children and young people's emotional wellbeing and mental health, addressing *No Wrong Door:***
   - Working across education, health, social care and the third sector to understand the service landscape, experience of children and young people and service gaps;
   - Integrated approach to managing escalating needs and averting crisis;
   - A whole system approach to early intervention and prevention;
   - Access to local, safe accommodation and support in a crisis.

Report Title:	**KEY OPERATIONAL PERFORMANCE INDICATORS**						
Meeting:	Strategy & Delivery Committee				**Meeting Date:**	10/11/20	
Status:	**For Discussion**		**For Assurance**	√	**For Approval**		**For Information**
Lead Executive:	**Chief Operating Officer**						
Report Authors (Title):	**Assistant Director of Operations (Performance)**						

Background and current situation:

The impact of Covid-19 continues to be seen across a range of key operational performance indicators. At the start of the pandemic, the focus of the Health Board switched to managing COVID-19 and maintaining essential services, in line with national guidance. Subsequently, comprehensive quarterly plans have been developed and received by the Board, with the focus of the service delivery element on managing COVID demand, minimising the risk of in-hospital COVID transmission, maintaining essential services and increasing activity through the re-introduction of other more routine services when it is safe to do so.

In mid-March, targets and monitoring arrangements were relaxed and publication of performance was suspended nationally. Welsh Government has, however, recently announced that it will recommence publishing official statistics on NHS performance measures on 19 November. The data published in November will include October's data for unscheduled care and September's data for planned care. During the COVID-19 pandemic, the assurance and accountability requirements for local health boards have changed to reflect the immediate needs of safety. Welsh Government have confirmed that the data planned for publication in November and going forward will continue to be used for management information and to provide assurance against the delivery of health board quarterly plans.

Key Issues to bring to the attention of the Board/ Committee:

- Publication of NHS performance measures is being reinstated from 19 November. Welsh Government have confirmed that the data planned for publication in November and going forward will continue to be used for management information and to provide assurance against the delivery of health board quarterly plans.
- Whilst the Health Board continues to monitor the position for key operational performance indicators, prioritisation of need and service delivery continues to be based on clinical stratification rather than time-based targets.
- The continued uncertainty regarding future demand remains and is such that it will be some time before services are fully re-instated. Additionally, clinical re-design of services will continue and for some services this will result in a move away from traditional ways of delivery.

Assessment and Risk Implications

Appendices 1 and 2 provide the year to date position against key organisational performance indicators but these should be viewed in the context of the current operating framework principles.

Planned Care overview (Appendix 1)

Demand and activity for planned care fell significantly in March but both have been recovering from April onwards. Referrals from Primary Care are currently 73% of prior year levels, and have remained above 70% since mid-August. Outpatient activity, around a third of which is undertaking virtually, is now at 74% of prior year levels for new outpatients. Elective Inpatient & Daycase treatments are running at 62% of prior year levels.

The overall ***Referral to Treatment (RTT)*** waiting list increased in September to 92,295. Waiting times have continued to deteriorate with 30,919 patients waiting ***over 36 weeks***. 62% of these are at new outpatient stage. However the in-month increase in over 36 week breaches of 3,411 was the lowest monthly increase since March 2020.

Patients waiting greater than 8 weeks for a **diagnostic** test reduced to 9,250 in September and are now at the lowest level since April 2020. 14 week ***Therapy*** breaches have improved significantly in September down to 256 from 1,259 in August and are their lowest level since March 2020.

Referrals for patients with suspected ***Cancer*** have now returned to pre-covid levels. 148 patients started first definitive treatment in August, the same number as last August. 71.6% of patients on the single cancer pathway were seen and treated within 62 days of the point of suspicion.

The overall volume of patients waiting for a ***follow-up outpatient*** appointment has fallen every month this year. In addition, September 2020 was the first month in 2020/21 in which long waiters (those waiting over 100% beyond their target date) reduced, falling by 781.

96% of patients waiting for ***eye care*** have an allocated health risk factor. 54% of patients categorised as highest risk (R1) are under or within 25% of their target date.

Referrals for the Local Primary **Mental Health** Support Service (LPMHSS) have continued to rise and were exceptionally high in September with over 1000 referrals, an increase of 23% on last September. Part 1a: The percentage of Mental Health assessments undertaken within 28 days is 43% overall and 84% for CAMHs in September 2020. Part 1b: 98% of therapeutic started within 28 days following assessment at the end of September.

Unscheduled Care overview (Appendix 2)

Following a significant decrease in unscheduled care activity during March, attendances at our Emergency Unit department have increased but remain lower than previous years – with August and September at 86% and 77% respectively of the previous year's levels.

4 hour performance in our Emergency Unit improved to 82.1% in September 2020 from 79.9% in August. This is the same level as September 2019 – 82.14%.

There were 34 x ***12 hour delays*** in EU in September, the highest level since March 2020 but significantly lower compared to previous years (Sept 2019 – 139).

Over 1 hour ***Ambulance Handover*** delays increased in September to 147, but remain lower compared to previous years (Sept 2019 – 370).

Recommendation:

The Strategy and Delivery Committee is asked to **NOTE**:

- The year to date position against key organisational performance indicators for 2020-21 but in the context of current operating framework principles.

Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	√
2. Deliver outcomes that matter to people	√	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	√
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	√	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term	√	Integration	√	Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

Appendix 1

Performance against key operational performance indicators 2020/21: Planned Care

2020/21		Mar	Apr	May	Jun	Jul	Aug	Sep
Planned Care								
RTT - 36 weeks (Target = 0)	20/21 Actual	3515	7330	11814	16622	22129	27508	30919
RTT - 26 weeks (Target = 95%)	20/21 Actual	81.7%	74.1%	66.3%	60.9%	54.4%	46.5%	44.2%
Total Waiting list	20/21 Actual	87579	85287	85611	85269	86806	89553	92295
Diagnostics > 8 weeks (Target = 0)	20/21 Actual	782	6,105	10,476	9,632	9,534	9,782	9,250
Therapies > 14 weeks (Target =0)	20/21 Actual	106	379	1,628	2,351	1,892	1,259	256
Cancer								
31 day NUSC cancer (Target = 98%)	20/21 Actual	97.5%	96.7%	100.0%	97.1%	93.3%	89.7%	n/a
62 day USC cancer (Target = 95%)	20/21 Actual	81.1%	75.3%	81.8%	71.2%	74.7%	67.5%	n/a
SCP - with suspensions *(NB: Shadow Reporting Data)*	*20/21 Actual*	*79.0%*	*76.8%*	*79.0%*	*74.8%*	*81.2%*	*71.6%*	*n/a*
Outpatient Follow Up								
OPFU - > 100% delayed *(Target 53,391 by 31/3/21)*	20/21 Actual	44,519	47,422	49,636	50,227	51,255	51,796	51,015
OPFU - No Target date *(Target 95% compliance by 31/12/19)*	20/21 Actual	98%	98%	98%	98%	98%	98%	98%
Total OPFU waiting list *(Target 150,317 by 31/3/21)*	20/21 Actual	185,964	178,822	175,161	173,556	172,700	171,649	170,686
Eye Care								
% R1 opthalmology patients waiting within target date or within 25% beyond target date for OP appointment	20/21 Actual	66%	59%	54%	53%	52%	50%	54%
98% of patients to have an allocated HRF	20/21 Actual	98%	98%	98%	98%	97%	97%	96%
Mental Health								
Part 1a: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (Target = 80%)	20/21 Actual	63%	66%	95%	96%	94%	84%	43%
Part 1a: CAMHs only	20/21 Actual	77%	73%	89%	92%	81%	85%	84%
Part 1b: % of therapeutic interventions started within (up to and including) 28 days following assessment by LPMHSS	20/21 Actual	84%	77%	79%	81%	86%	99%	98%

Appendix 2

Performance against key operational performance indicators 2020/21: Unscheduled Care

2020/21		Mar	Apr	May	Jun	Jul	Aug	Sep
Unscheduled Care								
EU waits - 4 hours (95% target)	20/21 Actual - Monthly	84.8%	91.3%	91.4%	91.2%	80.6%	79.9%	82.1%
EU waits - > 12 hours (0 target)	20/21 Actual - Monthly	70	13	14	7	9	31	34
Ambulance handover > 1 hour (number)	20/21 Actual	255	97	45	51	131	116	147
Ambulance - 8 mins red call (65% target)	20/21 Actual	67%	75%	81%	79%	75%	75%	73%
Stroke								
1a - % of patients who have a direct admission to an acute stroke unit within 4 hours (Target = 55.5%)	20/21 Actual	62.1%	45.2%	51.1%	48.4%	40.4%	25.0%	29.6%
3a - % of patients who have been assessed by a stroke consultant within 24 hours (Target = 84%)	20/21 Actual	90.0%	67.6%	75.0%	85.1%	82.0%	76.0%	75.4%

Report Title:	**People Dashboard**								
Meeting:	Strategy & Delivery Committee						**Meeting Date:**	10 November 2020	
Status:	**For Discussion**	**x**	**For Assurance**		**For Approval**		**For Information**		**x**
Lead Executive:	Executive Director of Workforce & OD								
Report Author (Title):	**Deputy Director of Workforce & OD/Workforce Information Manager**								

Background and current situation:

The Workforce & OD Director provides regular KPI updates to the Committee and periodically provides an overview report against the broader Workforce & OD Delivery Plan. This also constitutes areas reported in more depth through deep dive themes.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

Attached at **Appendix 1** is the Workforce & OD Key Performance indicators dashboard.

The purpose of the People Dashboard is to visually demonstrate key performance areas and trends against selected key workforce indicators.

Operational performance and detail is discussed and reviewed at the HSMB, Executive/Clinical Board Performance Reviews and Clinical Board meeting structures. Further assurance is also provided to the Board through the Health Care Standards process.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

A brief UHB overview summary is provided as follows:

Whole Time Equivalent Headcount and Pay bill

- A trend increase on permanent and fixed term staff which is in line with expectation as we have recruited more fixed term Student Doctors and Nurses through COVID-19. We are now seeing this taper off. It is good to see permanent recruitment being maintained despite COVID-19.
- Overall the Nurse Bank peaked in May but is now reducing again to around pre-covid usage
- Overall the Medical Locum trend has remained broadly consistent, approximately equivalent to 55 WTE per month
- Total pay-bill increased as expected during March and April, creating a significant overspend but is now reducing again
- Variable pay trend is upward but overall still remains within a tolerance of 9-9.5% UHB wide.

Other key performance indicators:

- Voluntary resignation trend is rising slightly
- In month Sickness peaked significantly in April to 8.41% as expected, but is coming back down and was 5.01% in month for August, and 5.19% in September. (these figures are sickness only and do not include COVID self-isolation without symptoms or those staff shielding)
- ER caseload trend remains within reasonable tolerance levels
- Statutory and Mandatory training compliance has remained static (many courses are valid for 2/3 years), however, we still remain off the overall target by approximately 10%.
- Fire is an exception to this trend, as it is required annually. Compliance is falling, to 60.17% for September
- M&D Job plan 12 month review compliance, as recorded in ESR, remains low as has been previously reported
- PADR (now Values Based Appraisal) has reduced and is significantly off target (38.13% in September)

In summary, what actions are we taking?

- Performance reviews with CB's are being undertaken to put in control measures for pay-bill and capture increase associated with COVID (UHB was previously underspent prior to COVID)
- Sickness reviews are resumed and now being undertaken as normal. Staff are returning to work (at home or location) who were previously Shielding.
- Extensive range of Employee Well-being strategies and support in place
- A focussed communications strategy being put in place to raise awareness of the importance of continuing to undertake Fire E-learning
- Allocate E-Job Planning system has been procured and is being implemented over the next 6 months
- Values Based Appraisal Training is still being delivered and take up is excellent.

Recommendation:

The Committee is asked to:

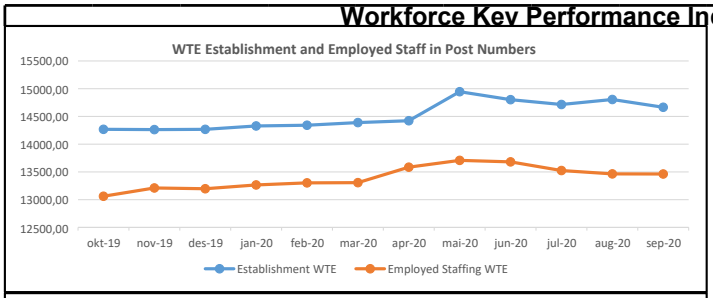
- **Note** and **discuss** the contents of the report.

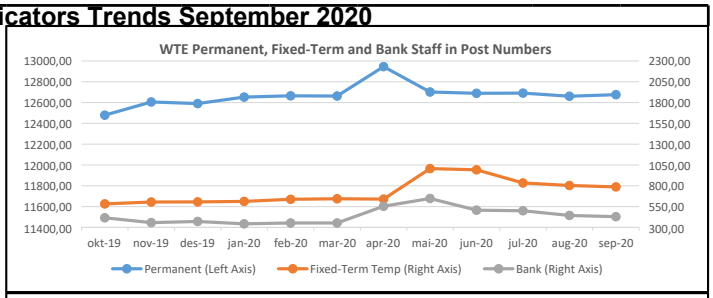
Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

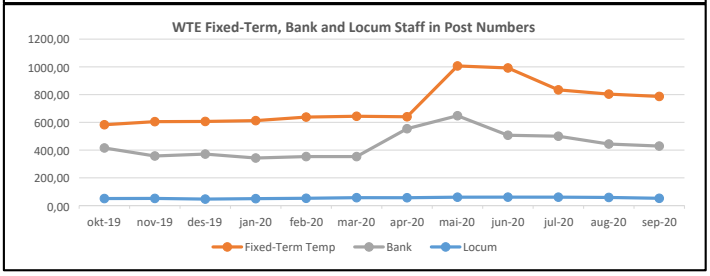
Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration		Involvement	

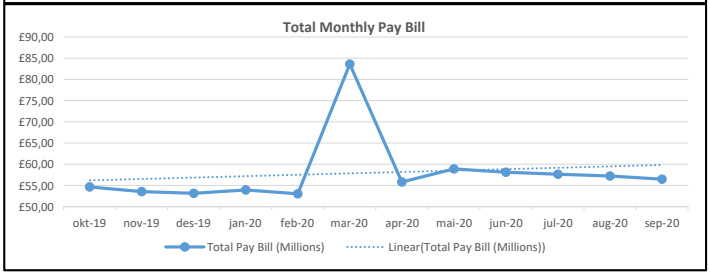
Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

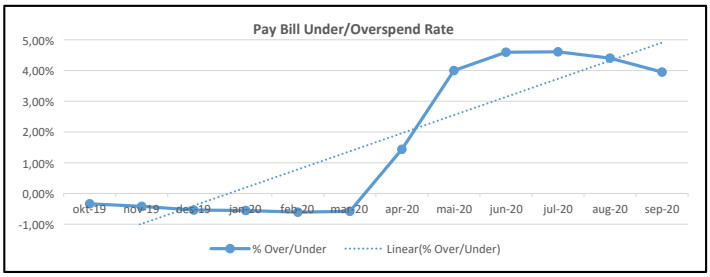
Workforce Key Performance Indicators Trends September 2020

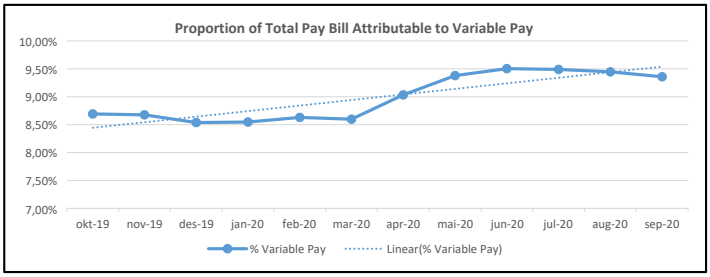


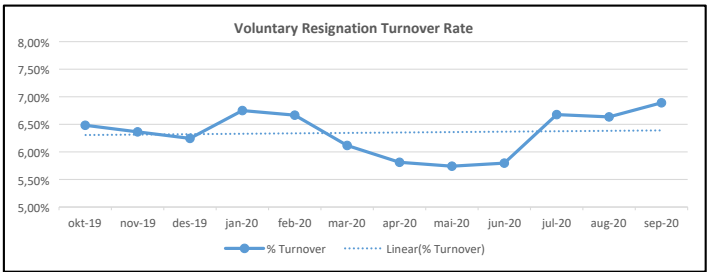


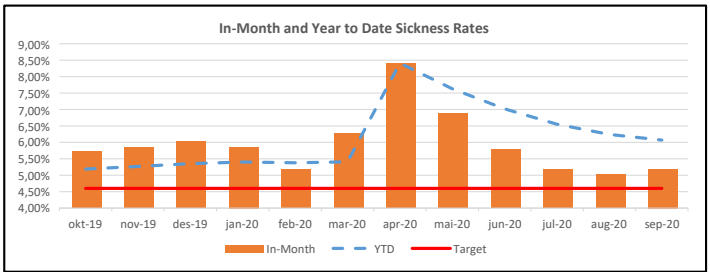


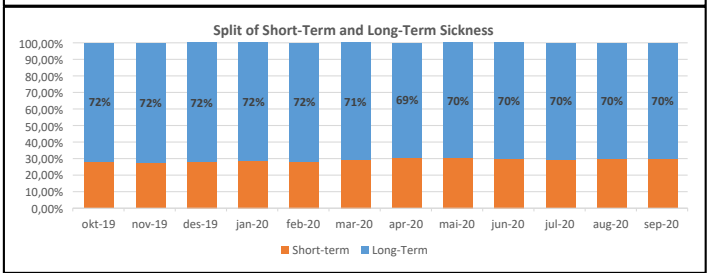


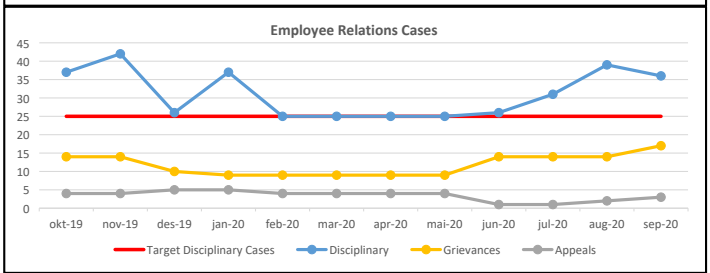


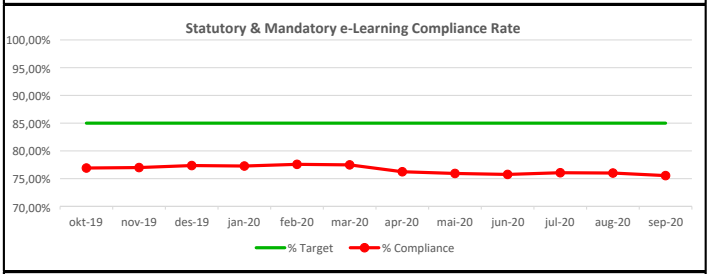


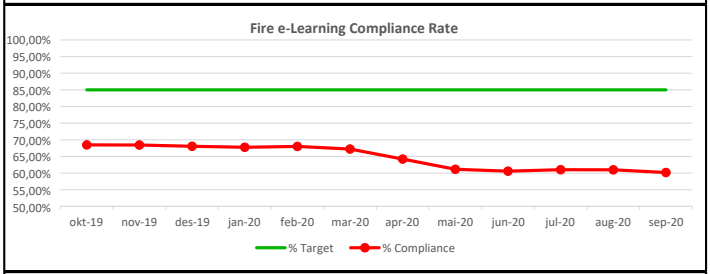


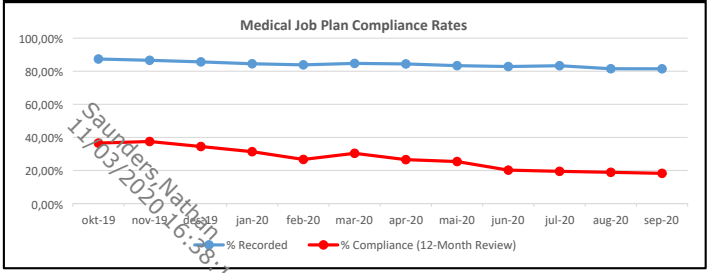


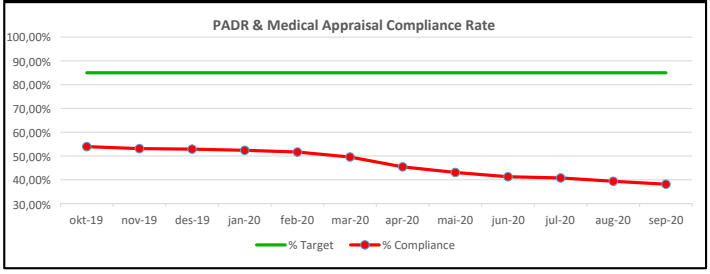












Report Title:	Culture and Leadership update								
Meeting:	Strategy and Delivery Committee						**Meeting Date:**	10.11.20	
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**		**x**
Lead Executive:	Executive Director of Workforce and OD								
Report Author (Title):	Head of Learning Education and Development								

SITUATION

This paper provides the Cardiff and Vale University Health Board (UHB) with an update regarding the approach to Culture and Leadership which encompasses:

- Leadership capability
- Talent Management and Succession Planning
- Widening Access

There is a real need to invest in the UHB's current and future leaders who can work differently and apply innovative approaches to delivering healthcare. These leaders must be appropriately equipped and supported to successfully deliver the organisation's strategic objectives and vision outlined in the Shaping our Future Wellbeing Strategy. The Welsh Assembly Government Healthier Wales Plan 2019 also recognises and supports the need for enhancing leadership and management capability.

Following the learning from New Zealand and specifically the Canterbury model, the UHB supported an Amplify event that took place in the Summer of 2019 and has continued to prioritise the importance of culture and leadership. Investment has included an evaluation of the leadership style and the climate it creates on their teams for forty senior leaders including Executive Directors and included individual and group feedback. Where appropriate, this approach will be adopted through the Values Based Appraisal process and will support and establish a common language and behaviours across the UHB around effective leadership.

The revised leadership programme Accele8 was launched in 2019 which incorporated leadership and improvement skills. The current tutor led programme is on hold due to the pandemic and operational pressures.

The remaining leadership programmes are being reviewed, this includes delivering sessions virtually and how this can be accommodated with the IT infrastructure we have available across the UHB.

While the review is being undertaken consideration will also be given to different offers and will include initiating a programme for Young Leaders and will include our current and future Graduates.

These enablers do not stand alone and require collaborative working with the Improvement and Implementation Team to ensure culture and leadership is woven into the strategic direction for the UHB.

Currently discussions are being held at Executive level to complete an honest assessment of Talent Management and Succession Planning into key (Tier 3) leadership positions across the UHB. This will support and strengthen the organisation and ensure the staff identified as demonstrating talent are developed to be ready to assume the next position in their career path. In conjunction with these Executive led discussions, talent management and succession planning is now be discussed at Clinical Board level.

The Talent Management and Succession Planning work at Executive level supported the UHB in being able to provide HEIW with considered and timely nominations for the NHS Wales Talent Pool and 'Talentbury' – the Festival of Leadership, Learning and Collaboration.

Details have also been incorporated into the Values Based Appraisal training. Line Managers are being asked to integrate career conversations into the appraisal process by completing the nine box grid and recording this and staff development needs onto the Electronic Staff Record (ESR). ESR reporting will provide the UHB with a Training Needs Analysis of development requirements and allow for the provision of bespoke educational and development opportunities.

It is recognised that development needs can be met in many ways and formal training is only one method of delivery. However with the current social distancing restrictions, more flexible opportunities need to be made available, this includes utilising on-line resources, shadowing, coaching and mentoring.

Mentoring opportunities are arising within the UHB where staff who are retiring and returning are offering their services by using their experience to mentor others. This can be a means of Continuous Professional Development to support those on the Talent Strength Bench.

REPORT
BACKGROUND

It is apparent that the approach to leadership and talent development that traditional 'command and control' models are no longer appropriate. The power invested in and represented by established hierarchies is diminishing, while change is happening at an ever increasing pace and is becoming more disruptive in nature. Today's operating environment requires leadership practices which are based on:

- compassion, inclusivity, influence and authenticity, rather than authority;
- shared ownership, rather than responsibility vested in the few.

In doing so, our current and future leaders need to recognise talent and solution all around.

There has been a historical tendency within the UHB to recruit externally to key leadership posts while overlooking internal candidates who may have required development opportunities to reach their full potential and be seen as successors. However a robust succession planning strategy will:

- Identify those positions most critical to the future success of the UHB
- Identify internal candidates with the values, skills and desire to take on critical roles.

Talent Management and Succession Planning can develop new leaders which will ultimately strengthen the workforce, make employees feel valued and allow them to grow in their careers.

In line with Cardiff and Vale University Health Board strategy 'Shaping our Future Wellbeing', developing the right people with the right skills and the right values is recognised as a key priority to enable the sustainable delivery of health services, and leadership is one of the most influential factors in shaping the UHB's culture. This programme of work will ensure the UHB is prepared for succession and when senior leaders leave their posts, offering ongoing development and progression will be critical to the success of this work.

ASSESSMENT

The link between leadership and organisational performance, development and culture, and employee engagement is acknowledged. Furthermore, it is recognised that through the development and promotion of the desired leadership qualities, the UHB will strengthen, progress and provide opportunities to create a values-based culture and environment which will ultimately assist the UHB in being a high performing organisation.

RECOMMENDATION

Following the evaluation of the Accele8 leadership programme, plans are underway to design an experiential leadership programme which will focus on an improvement project linked to the UHB key objectives. A suite of inclusive programmes will be developed including a Young Leaders programme. These will include:

- Working in collaboration with expert external speakers to facilitate exposure to NHS leaders to engage with industry colleagues and gain alternative perspectives on how to lead and improve services.
- A psychometric tool will be utilised to provide leaders with a deeper understanding of themselves and their abilities and to allow them to get to know themselves, to understand what makes them unique and strengthen their emotional intelligence. This process can support individuals to recognise their potential, aspirations and motivations, and improve their well-being.
- Each delegate will be allocated a Coach to provide a holistic approach to improving both individual and organisational performance. In some instances a Mentor may be more appropriate which can guide the mentee towards finding the right approach. A robust mentoring scheme can lead to increased staff commitment, job satisfaction and retention. Welsh Government, Academi Wales have Coaching/Mentoring schemes and opportunities are available to engage with other external providers including 'Quest', Cardiff and Vale College, Cardiff University and the University of South Wales to suggest an exchange programme of Coaches/Mentors.
- Self-directed / virtual sessions will be included, with follow up group discussion to embed learning.
- Action Learning will also be included to support networking opportunities.

The Committee is asked to:

- Continue to support and cascade the Talent Management and Succession Planning approach across the UHB.
- Encourage all staff attendance at the Values Based Appraisal training to support the UHW wide understanding of the new process
- Support the development of an experiential leadership programme aimed at a small group of Senior Leaders across the UHB.
- Consider the exploration of an internal and external Mentoring Scheme to support CPD activity identified by staff at all levels.
- Support a young leaders network which will assist the design of a leadership career pathway for the next generation.

Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	√
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5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	√

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:	**Not Applicable**								