

Health and Care Scrutiny Committee

Man Cyfarfod

Dyddiad y Cyfarfod
Dydd Iau, 28 Mai 2020

Amser y Cyfarfod
11.00 am

I gael rhagor o wybodaeth cysylltwch â
Lisa Richards

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Neuadd Y Sir
Llandrindod
Powys
LD1 5LG

Dyddiad Cyhoeddi

Mae croeso i'r rhai sy'n cymryd rhan ddefnyddio'r Gymraeg. Os hoffech chi siarad Cymraeg yn y cyfarfod, gofynnwn i chi roi gwybod i ni erbyn hanner dydd ddau ddiwrnod cyn y cyfarfod

AGENDA

1.	Ymddiheuriadau Derbyn ymddiheuriadau am absenoldeb.
2.	Datganiadau o ddiddordeb Derbyn datganiadau o ddiddordeb gan Aelodau.
3.	DATGANIAD O CHWIPIAU PLAID Derbyn datganiadau o chwipiau plaid a gyflwynwyd i aelodau yn gysylltiedig â'r cyfarfod, yn unol ag Adran 78(3) Mesur Llywodraeth Leol 2011. (DS: Atgoffir aelodau, o dan Adran 78, ni chaiff Aelodau y cyflwynwyd chip plaid iddynt gymryd rhan yn y bleidlais ar fater gerbron y Pwyllgor.)
4.	Polisi Cartrefi Gofal Integredig PtHB/CSP Ystyried Polisi Cartrefi Gofal Integredig PtHB/CSP. (Tudalennau 1 - 42)

	5.	Neges Brîffio Cartrefi Gofal MDT Nodi Neges Brîffio Cartrefi Gofal. (Tudalennau 43 - 44)
	6.	Gwasanaethau Plant Ystyried y diweddaraf o ran y Gwasanaethau Plant ar 14 Mai 2020. (Tudalennau 45 - 48)
	7.	Gwasanaethau Plant - Perfformiad Ebrill 2020 Ystyried adroddiad ac Adroddiad Perfformiad y Pennaeth Gwasanaethau Plant ar gyfer Ebrill 2020. (Tudalennau 49 - 76)
	8.	RHAGLEN WAITH Cynhelir y cyfarfod nesaf ar 10 Mehefin 2020 rhwng 2pm a 3pm.

Children's Services Scrutiny Group

Cllr David Jones, Cllr Matthew Dorrance Cllr Maureen Mackenzie, Cllr Kath Roberts-Jones, Cllr Aled Davies, Cllr Roche Davies,
Parent Governor Representatives Angela Davies

Education Scrutiny Group

Cllr David Jones, Cllr Matthew Dorrance, Cllr Maureen Mackenzie, Cllr Rachel Davies, Cllr Kath Roberts-Jones, VACANCY, Cllr Susan McNicholas, Cllr Aled Davies
Parent Governor Representative Angela Davies



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Author:	Director of Nursing & Midwifery PTHB Assistant Director Quality & Safety, PTHB Section 33 Pooled Funds Manager PCC	
Document Owner:	Assistant Director Quality & Safety, PTHB Section 33 Pooled Funds Manager PCC	
Accountable Executive:	Director of Nursing & Midwifery PTHB Director of Social Services PCC	
Approved By:	Gold Command PTHB	
Approval Date:	April 2020	
Document Type:	Policy	Non-clinical
Scope:	The policy applies to staff within PTHB and PCC who provide services to care homes.	

The latest approved version of this document is online.
If the review date has passed please contact the Author for advice

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

VERSION CONTROL

Version	Summary of Changes/Amendments	Issue date
1	Original policy published	30 April 2020
1.1	Inclusion of feedback from PTHB and PCC colleagues	28 April 2020
1.2	Review and feedback on version 1.1	29 April 2020
1.3	Additional comments from DoN	29 April 2020
1.4	Addition of draft SITREP	29 April 2020
1.5	Approved documents added to Appendices Optimal & Consistent Primary Medical Care in Care Homes May 2020 added to evidence base	20 May 2020

ENGAGEMENT & CONSULTATION

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Director of Nursing & Midwifery PTHB
Director of Planning and Performance PTHB
Director of Social Services PCC
Assistant Director Quality & Safety PTHB
Section 33 Pooled Funds Manager PCC
Board Secretary PTHB
Director of Finance PTHB
Director of Therapies and Health Sciences PTHB
Medical Director PTHB
Director of Public Health PTHB
Head of Commissioning Social Services PCC
Assistant Director of Nursing PTHB
Senior Nurse Lead CHC PTHB
Consultant Public Health Medicine
Assistant Director Innovation & Improvement PTHB

Circulated to the following for Consultation

Date	Role / Designation
28.4 2020	PTHB Executive Director and Director of Social Services
29.0.2020	Director of Nursing & Midwifery PTHB
29.4.2020	PTHB GOLD
20.5.2020	All members of MDT and Care Homes Oversight Group

Evidence Base

This policy and Standard Operating Procedure is based on the application of Welsh Government's policies and guidance and identified best practice.

Legislation which determines the Council's dealings with care homes

This includes:

- Social Services and Wellbeing (Wales) Act 2014
- Part 9 of the Social Services and Well-being (Wales) Act 2014 reference to primary care responsibilities
- Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA)
- Deprivation of Liberty Safeguards, as an amendment to the Mental Capacity Act 2005

Guidance documentation

This includes:

Infection control guidance

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

British Geriatric Society COVID-19: Managing the COVID-19 pandemic in care homes for older people.

<https://www.bgs.org.uk/sites/default/files/content/attachment/2020-04-14/BGS%20Managing%20the%20COVID-19%20pandemic%20in%20care%20homes%20V2.pdf>

Public Health Wales guidance

<https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/information-for-healthcare-workers-in-wales/>

Primary Care

Optimal & Consistent Primary Medical Care in Care Homes May 2020

The COVID-19 pandemic is an unprecedented event in our lifetimes. Local Health Boards, Clusters and General Practices listened to the advice offered and took action to prepare for a massive wave of patients infected with coronavirus. General practices in particular have taken extraordinary steps to rapidly change its operating model and adopt new ways of working. However, not only has that single massive wave not appeared, but the service changes have exposed risk and potential harm. Health Service leaders need to adjust focus of the COVID-19 campaign, and make changes to service delivery to minimise that risk of harm and provide high value, safe care in the community.

A Task and Finish group was set up, and tasked with focusing on 3 main standards;

1. To be assured that every care home resident has had an appropriate and recently opportunity to develop or review an advance or future care plan (ACP) in place
2. To be assured that a call by a health professional working in a care home to any GP practice/primary care provider in Wales during Monday to Friday 0800-1830 will result in a timely and appropriate response
3. To be assured that care homes are effectively communicating the situation about which they are asking for professional advice through the use of an appropriate approach

The group was chaired by Dr Andrew Havers, Senior Medical Officer, Welsh Government.

IMPACT ASSESSMENTS

Equality Impact Assessment Summary					
	No impact	Adverse	Differential	Positive	Statement
					Please remember policy documents are published to both the intranet and internet .
Age				✓	The version on the internet must be translated to Welsh.
Disability				✓	
Gender reassignment	✓				
Pregnancy and maternity	✓				
Race	✓				
Religion/ Belief	✓				
Sex	✓				
Sexual Orientation	✓				
Marriage and civil partnership	✓				
Welsh Language	✓				
Human Rights	✓				
Risk Assessment Summary					
<p>Have you identified any risks arising from the implementation of this policy / procedure / written control document?</p> <p>No risks identified</p>					
<p>Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document?</p> <p>No issues identified</p>					
<p>Have you identified any training and / or resource implications as a result of implementing this?</p> <p>None</p>					

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1. Policy Statement

Powys Teaching Health Board (PTHB) and Powys County Council (PCC) are committed to improving the quality, efficiency and effectiveness of services for people residing in residential care homes, nursing care homes or dual registered care homes in Powys.

The COVID-19 pandemic raises particular challenges for care home residents, their families and the staff that look after them. To maximise the opportunity to protect health and prevent ill-health for residents and staff, as well as secure sustainability of the sector, it is essential that PTHB and PCC build on existing good practice, predicated on quality, assurance and improvement. The availability and accessibility of robust local data and intelligence is fundamental to identifying the need for added support, intervention, assurance and improvement.

This policy applies to older adults residing in care homes. It sets out the way in which Powys Teaching Health Board (PTHB) and Powys County Council (PCC) will monitor, seek assurance & respond to escalated issues in these homes during the COVID19 pandemic, within the context of the statutory responsibilities of both organisations including safeguarding. **This can be found at Appendix 1.**

The pressures faced by Powys' care homes are acknowledged and the measures taken in respect of this policy need to be proportionate to the capability of those settings to engage with and deliver.

2. Aim and Objectives

The aim of this policy is to save lives in the light of the COVID19 pandemic, by strengthening the opportunity for system leadership in Powys. To achieve this we will:

- 2.1 Work in partnership to ensure avoidable harm to residents, staff and more broadly across the system including the potential for increased spread by staff employed in more than one setting
- 2.2 Ensure that there are robust contingency plans in place
- 2.3 Provide a framework for provider performance and analysis of further risk elevation related to Covid-19
- 2.4 Provide a process that allow us to assess the level of risk for every home and provide a daily overview of that risk.
- 2.5 Provide a process that allows PTHB and PCC to analyse the level of risk and implement appropriate escalations processes to mitigate that risk.
- 2.6 Implementation of escalation protocols and processes to mitigate identified risks in a timely way.

- 2.7 Support the current and future sustainability of the care and home sector
- 2.8 Share learning in all arenas where this can influence policy and support improvement

It is recognised that there are a number of Powys funded residents in settings out of county which is outside the direct scope of this policy, and managed through existing processes.

Recognising that some of the established mechanisms that currently form part of the supportive and commissioning element to this sector are less accessible during the pandemic; this policy will enable PCC and PTHB, as joint commissioners, to fulfil their statutory duties and maximise the opportunity to protect, prevent and control the spread of COVID19 within care homes.

3 Integrated Focus

The COVID19 pandemic introduces a new, highly challenging environment in which people are living, working and providing a service. PTHB and PCC recognise that much of the care home provision within Powys is independently provided and therefore requires a collaborative approach.

The experience in Powys mirrors that in the rest of Wales and the UK and learning generated from these sources is being used to shape the response locally. An enhanced integrated monitoring and assurance approach expressed in a Standard Operating Procedure (**Appendix 2**) is required to enable identification, management and mitigation of risk, plus to share learning more widely, supported by:

- Robust integrated SITREP reporting, focusing on access, flow, staffing and impact of testing on supply and demand of both. Details of the SITREP can be found at **Appendix 3**.
- Standardised, regular nursing review in care homes, focusing on quality, safety, infection prevention and control, safeguarding, the experience, skillset, training, competency, and wellbeing of care home staff. Details of the nursing and quality review in care homes can be found at **Appendix 4**.
- Working collaboratively with Public Health Wales Closed Setting Cell
- The availability of personal protective equipment (PPE), its appropriate use, the training and competency of staff
- Cognisance of each resident's preference in relation to care and treatment including advanced care planning, status in relation to commencement of cardio-pulmonary resuscitation and the role of Primary Care

- The existence and effectiveness of application of standard operating procedures that specifically support the health and wellbeing of residents
- The accessibility and appropriate use of other services to support resident's health and wellbeing including general practice, safeguarding and Care Inspectorate Wales
- The environment in which the care home operates, e.g. the layout of the building, the ability to prevent and manage the spread of infection
- Existing local assurance processes
- Soft intelligence from other stakeholders
- The leadership and management response of care and residential home providers and the factors affecting it e.g. financial sustainability
- Care Inspectorate Wales reports
- Recommendations from national research and guidance
- Professional judgement based on all of the above, subsequently assessed against the escalation metrics. Details of the Care Homes Response Escalation Matrix can be found at **Appendix 5**.

4. Oversight, reporting and accountability

Joint integrated monitoring and assurance will be realised through a multidisciplinary team approach. The MDT Lead will report and contribute to the Executive Oversight Group, scheduled to meet twice weekly, who will scrutinise the work of the MDT in conjunction with taking a system wide view of the objectives listed under section 2 above. The Terms of Reference of the MDT Group can be found at **Appendix 6**.

The Executive Oversight Group will report directly into both PCC and PTHB Gold Command Groups initially. The arrangements for both groups will be reviewed regularly to ensure they maintain fit for purpose to deliver on the contents of this policy. The terms Of Reference of the Executive Oversight Group can be found at **Appendix 7**.

5. Post COVID19

This policy identifies the challenges faced in relation to maximising the health and wellbeing of both residents and staff in the care sector, including whole system change to effectively and efficiently respond. The lessons learned as a result of implementing this policy should be reflected upon formally, ensuring that the future integration of health and social care services is maximised. The existing Section 33 Residential and Nursing Home Operational Group will be used as the principle vehicle for taking this work forward.

Appendix 1: Statutory responsibilities

- The Health and Safety at Work etc. Act 1974
- The Public Health (Control of Disease) Act 1984 as amended
- The Registered Homes Act 1984, as amended by the Care Homes (Wales) Regulations 2002
- Data Protection Act 1998 (as amended) (DPA), the Privacy and Electronic Communications (EC Directive) Regulations 2003 (as amended)
- Care Standards Act 2000
- Health and Social Care Act 2001
- Social Services and Wellbeing Act (Wales) 2014 Act
- Regulation and Inspection of Social Care (Wales) Act 2016
- The Regulation and Inspection of Social Care (Wales) Act 2016, came into force in April 2018. This act replaced the Registered Homes Act 1984, Care Standards Act 2000
- Guide to the General Data Protection Regulation (GDPR)

Appendix 2: Standard Operating Procedure

1. Operational Overview		Key points
1.1	Purpose	The COVID19 pandemic introduces a new, highly challenging environment in which people are living, working and providing a service. The experience in Powys mirrors that in the rest of Wales and the UK and all possible learning generated from these sources is being used to constantly shape the response locally. An enhanced integrated monitoring and assurance approach via a multi-disciplinary team, is required to enable dynamic identification, management and mitigation of risk, plus to share learning more widely.
1.2	Data sources	<p>A number of data sources and information will be considered:</p> <ul style="list-style-type: none"> ▪ Integrated SITREP reporting, focusing on access, flow, staffing and impact of testing on supply and demand of both ▪ Standardised nursing review in care homes, focusing on quality, safety, infection prevention and control, safeguarding, the experience, skillset, training, competency, and wellbeing of staff ▪ The availability of PPE, its appropriate use, the training and competency of staff ▪ Cognisance of each resident’s preference in relation to care and treatment including advanced care planning, status in relation to commencement of cardio-pulmonary resuscitation ▪ The existence and effectiveness of application of standard operating procedures that specifically support the health and wellbeing of residents ▪ The accessibility and appropriate use of other services to support resident’s health and wellbeing including general practice, safeguarding and Care Inspectorate Wales ▪ The environment in which the care home operates, e.g. the layout of the building, the ability to prevent and manage the spread of infection ▪ Previous local assurances processes ▪ Soft intelligence from other stakeholders ▪ The leadership and management response of care and residential home providers and the factors affecting it e.g. financial sustainability ▪ Care Inspectorate Wales reports

Tudalen 11

		<ul style="list-style-type: none"> ▪ Recommendations from national research and guidance ▪ Professional judgement based on all of the above, subsequently assessed against the escalation metrics
Tudalen 12	1.3	<p>Lines of reporting and accountability</p> <p>The MDT Lead will report and contribute to the Executive Oversight Group, scheduled to meet twice weekly, who will scrutinise the work of the MDT in conjunction with taking a system wide view of points 2-1 – 2.4 above.</p> <p>The Executive Oversight Group will report directly into PTHB Gold Command initially. The arrangements for both groups will be reviewed regularly to ensure they maintain fit for purpose to deliver on the contents of this policy.</p>
	1.4	<p>Review</p> <p>The arrangements for both groups will be reviewed regularly based on the trajectory of COVID19, to ensure they maintain fit for purpose to deliver on the contents of this policy.</p>
	1.	Operational arrangements
	Key points	
	2.1	<p>Care Homes</p> <p>The MDT to seek assurance that:</p> <ul style="list-style-type: none"> ▪ Care homes should have in place standard operating procedures for individual residents with suspected and confirmed COVID-19 infection, including appropriate infection control precautions to protect staff and residents. ▪ Care home staff should be trained to check the temperature of residents displaying possible signs of COVID-19 infection, using a tympanic thermometer (inserted into the ear). ▪ Where possible, care home staff should be trained to measure other vital signs including blood pressure, heart rate, pulse oximetry and respiratory rate. This will enable external healthcare practitioners to triage and prioritise support of residents according to need. ▪ All staff working with care home residents should recognise that COVID-19 may present atypically in this group. It may be necessary to use barrier precautions for residents with atypical symptoms following discussion with General Practitioners or other primary healthcare professionals.

		<ul style="list-style-type: none"> ▪ If taking vital signs, care homes should use the RESTORE2 tool to recognise deterioration in residents, measure vital signs and communicate concerns to healthcare professionals. ▪ Care homes should have standard operating procedures for isolating residents who 'walk with purpose' often referred to as wandering as a consequence of cognitive impairment. Behavioural interventions may be employed but physical restraint should not be used. ▪ Care homes should consider whether it is feasible to manage residents entirely within their rooms during the COVID pandemic. This will have implications for safe staffing, which should be considered before adopting such a policy.
Tudalen 13	2.2 Primary Care	<p>Where possible, primary care clinicians should share information on the level of frailty of residents (mild, moderate, severe frailty) with care homes, and use the Clinical Frailty Scale to help inform urgent triage decisions. In addition, assurance must be given that:</p> <ul style="list-style-type: none"> ▪ A call by a health professional working in a care home to any GP practice/primary care provider in Wales during Monday to Friday 0800-1830 will result in a timely and appropriate response; ▪ Care homes are effectively communicating the situation about which they are asking for professional advice
	2.3 Advanced Care Planning	<p>Care homes should work with General Practitioners, community healthcare staff and community geriatricians to review Advance Care Plans as a matter of urgency with care home residents. This should include discussions about how COVID-19 may cause residents to become critically unwell, and a clear decision about whether hospital admission would be considered in this circumstance.</p> <p>Assurance must be given that every care home resident has had an appropriate and recently opportunity to develop or review an advance or future care plan (ACP) in place.</p> <p>Advance Care Plans must be recorded in a way that is useful for healthcare professionals called in an emergency situation. A paper copy should be filed in the care home records and, where the facility already exists, an electronic version used which can be shared with relevant services.</p>

2.4	Supportive Treatments	<p>There are some situations in which supportive treatments such as care home based oxygen therapy, antibiotics and subcutaneous fluids should be supported as part of the local responses to COVID-19.</p> <p>The harms and benefits of such treatments must be considered carefully and they should not be used in place of good palliative care.</p> <p>Care homes should work with GPs and local pharmacists to ensure that they anticipate palliative care requirements and order anticipatory medications early in the illness trajectory.</p>
2.5	Escalation to Hospital	<p>Care homes should be aware that escalation decisions to hospital will be taken in discussion with paramedics, general practitioners and other healthcare support staff.</p> <p>They should be aware that transfer to hospital may not be offered if it is not likely to benefit the resident and if palliative or conservative care within the home is deemed more appropriate.</p> <p>Care Homes should work with healthcare providers to support families and residents through this.</p>
2.6	Admission	<p>Care homes should remain open to new admissions as much as possible throughout the pandemic. They should be prepared to receive back care home residents who are COVID-19 positive and to isolate them on return, as part of efforts to ensure capacity for new COVID-19 cases in acute hospitals. They should follow the advice from Public Health Wales when accepting residents without COVID-19 back when there are confirmed COVID-19 cases within a home.</p>
2.7	Standard infection control precautions (SICPs)	<p>Standard infection control precautions (SICPs) were developed to manage the risks of infection from patients in healthcare settings. SICPs are the basic infection prevention and control measures that should always be used whether infection is known to be present or not, to ensure the safety of staff.</p> <p>SICPs are a combination of organisational arrangements, safe working practices, use of PPE, and the application of appropriate behaviours. Their application should take account of the task being</p>

		<p>performed, the level of interaction and/or the anticipated level of exposure to blood and/or other body fluids.</p> <p>SICPs can be categorised into nine areas which are applicable to work with the deceased:</p> <ul style="list-style-type: none"> ▪ Safe management of the environment; ▪ PPE Training & Compliance ▪ Hand washing; ▪ Safe management of blood and body fluid spillages; ▪ Occupational safety: prevention and exposure management (including sharps); ▪ Safe management of linen ▪ Safe management of contaminated PPE
<p>2.8 Tudalen 15</p>	<p>PPE Training & Compliance</p>	<p>Care should be taken to ensure that PPE is donned and doffed correctly to avoid inadvertent contamination</p> <p>All used PPE must be disposed of as category B clinical waste and any reusable items (for example eye protection must be cleaned according to manufacturer instructions</p> <p>All staff should be trained in the proper use of all PPE that they may be required to wear. In addition:</p> <ul style="list-style-type: none"> ▪ Staff who have had and recovered from Covid-19 should continue to follow infection control precautions, including the PPE recommended in this document. <p>All PPE should be:</p> <ul style="list-style-type: none"> ▪ Compliant with the relevant BS/EN standards (European technical standards as adopted in the UK); ▪ Located close to the point of use; ▪ Stored to prevent contamination in a clean/dry area until required for use (expiry dates must be adhered to); ▪ Single-use only;

		<ul style="list-style-type: none"> ▪ Changed following completion of a procedure or task; and ▪ Disposed of after use into the orange bag waste.
2.9	Rescue Staff & enhanced support	Nursing Support Escalation Framework under development.
2. Operational Assurance		Key points
Tudalen 16	Individual roles & responsibilities	<p>Assistant Director of Nursing PTHB and Head of Commissioning Adult Services PCC Delegated responsibility and accountability from lead directors, for the effective functioning of the multidisciplinary team and its functions as expressed above, escalating concerns related to the focus, function, output and outcomes of the team</p> <p>Individual members of staff</p> <ul style="list-style-type: none"> ▪ At all times, put quality and patient safety at the heart of all activity, embodying Powys Teaching Health Board Standards of Behaviour and the NHS Wales Core Principles, adhering to regulatory Codes of Conduct. ▪ At all times, put quality and patient safety at the heart of all activity, embodying Powys County Councils Values, Behaviours and Core Principles, adhering to the regulatory Codes of Conduct.
	Multi-Disciplinary Team Function	<ul style="list-style-type: none"> ▪ Meet daily and comprise the relevant PTHB and PCC staff who are in principal contact with care homes, i.e. responsible for clinical and professional support and management of contracts. The nominated individuals should be identified by their respective organisation. ▪ Based on data sources above, take a view of the whole sector and prioritise the cohort requiring reactive consideration ▪ Ensure there is a proactive plan developed to establish and maintain contact with homes not affected by COVID19 to maximise the opportunity for shielding. ▪ Review any reported or identified changes within homes (including but not limited to, staffing levels and infection rates) that may generate a need for escalation or implementation of mitigating measures.

Tudalen 17		<ul style="list-style-type: none"> ▪ Identify the most appropriate member of the team, based on matching expertise with the issue to be addressed, rather than employer, to work directly with the care home providing a single point of communication for the care home and other agencies. ▪ For residential homes, PTHB /PCC will make contact with the Community Service Manager for the specific area, to arrange a review with the respective District Nurse for that Residential Home. Also, GP for the resident to be contacted as part of the review. ▪ Using the intelligence gathered through data sources listed above and the escalation matrix, the PTHB/PCC lead within the MDT will escalate to the relevant PTHB Executive Director and Director of Social Services any situations potentially requiring mitigation, together with recommendations for action to be taken where appropriate. ▪ Through its daily operation the MDT may identify low-level issues affecting a care home that can be readily addressed by one of the individual partner organisations' through normal operational processes. The MDT will keep the Lead Directors PTHB/PCC informed of such decisions to ensure it is kept sited on such matters and any emerging trends or support requirements for care homes ▪ The MDT will need to be cognisant of developing arrangements for placements in homes and factor these into their consideration of escalation and mitigation issues. ▪ The Lead Director of PCC/PTHB will have a line of reporting to the relevant PTHB and PCC Silver/Gold Group; ensuring it is sited on emerging issues, escalations of concern or mitigating actions relevant to the overall strategic response to COVID-19 management in Powys. ▪ Ensure that all learning and supportive resources s is shared within the sector, keeping records of such. ▪ The MDT Lead will contribute to the twice weekly executive oversight group.
	Additional context: risk assessment	<p>In assessing risk, the MDT should note the variable sizes of individual care homes in Powys (both in terms of number of residents and staff) meaning that application of numerical or percentage-based trigger points alone as part of a risk assessment is not appropriate. Factor for consideration when determining risk include:</p> <ul style="list-style-type: none"> ▪ A high level of staff absence comprised of administrative or cleaning staff may still impact upon the safety and quality of care provided

Tudalen 18		<ul style="list-style-type: none"> ▪ A low overall level of staff absence can have a disproportionate effect quality and safety if it involves pivotal roles such as registered nurses or care home manager. ▪ A large nursing or dual registered home in purpose-built accommodation will potentially be well placed to effectively manage a number of residents with infection through having the necessary staff skills, accommodation and capability to robustly manage infection control. ▪ A small home in older converted accommodation may not have the ergonomic layout, infrastructure or staff skills to effectively manage the isolation or support of even a small number of resident infections ▪ The need to sustain provision during the pandemic means that information regarding the financial viability of a home may also have a bearing on the risk assessments considered by the MDT. <p>This means the application of the trigger points for escalation (as well as the consideration of mitigation actions) will require the MDT members to exercise their wider professional judgement and knowledge of the context of each home setting.</p>
Tudalen 18	Risk Matrix	<p>The matrix below can be used as an indicator in assessing staffing levels in residential and nursing care homes to determine their risk level, but consideration must be taken of the variables as described above that can impact on its use and application. See Appendix 5</p> <p>In addition to the ongoing monitoring and contact arrangements, nursing and residential care home managers have been instructed to contact the PCC Commissioning Team directly in the event of significant changes within their setting, e.g. reduction in staffing levels, residents presenting with COVID-19 symptoms. Similarly, nursing and residential care home business owners are actively encouraged to contact the County’s Commissioning team at the earliest possible point if there are concerns emerging about the financial viability of their business.</p>
	Escalation and de-escalation	<p>Using the intelligence gathered though data sources listed above and the escalation matrix, the PTHB/PCC lead within the MDT will escalate to the relevant PTHB Executive Director and Director of Social Services any situations potentially requiring mitigation, together with recommendations for action to be taken where appropriate.</p>

		Once mitigation actions have been successful, PTHB Executive Director of Nursing and PCC Director of Social Services will notify accordingly.
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Appendix 4 Nursing Review of Care Homes (Draft)

Tudalen 21

Nursing & Quality Review	Date	
Name of Care Home		
Completed by		
Care Home member of staff		

Overall Assessment	RAG	Justification
CAPACITY		
CAPABILITY		
RESILIENCE		
Ability to provide SAFE CARE		

CAPACITY						
Covid 19 Patients	Number	Comments				
In last 24 hours number of:		Res	EMI		General	
Current number of patients		Nursing	EMI		General	
Number of Powys patients						
Number of patient placed by other LA						
Covid19 related deaths						
Other deaths						
Confirmed cases						
Suspected cases						
Residents tested						
Residents awaiting testing						
Residents who have recovered						
Staffing Capacity	Number	Comments				
In last 24 hours number of:						
Registered nursing establishment						
Nursing assistant establishment						

Mix of staff normally rostered to work (Registrants, Advanced Carers, Nursing Assistants etc)				
Total number of nursing staff establishment				
No of Vacancies		Registrants		Assistants
Number of registrants absent from work		Suspect Covid		Other
Number of nursing assistants absence from work		Suspect Covid		Other
Covid19 related staff deaths				
No of Confirmed cases				
No of Suspected cases				
Staff tested				
Staff awaiting testing				
Staff who have recovered				
CAPABILITY	RAG	Comments		
Infection Prevention Control				
Training				
Equipment				
Confidence of Home / Staff				
PPE				
Training				
Equipment				
Confidence of Home / Staff				
Medication Concerns / availability				
Ability to isolate residents				

RESILIENCE	RAG	Comments
Staffing resilience - Our confidence in homes ability to provide safe care including rational for conclusion		
Staff Wellbeing		
Other issues or concerns impacting operational resilience		
ADDITIONAL Information from PCC / PTHB / Primary Care	RAG	Comments
Pressure Damage issues		
Falls issues		
Concerns / Complaints received by PCC or PTHB (RAG)		
Safeguarding issues		
Anything else of note		

Appendix 5 Draft Escalation Matrix

Risk Escalation level	Situation	Action Required	Lead	Status
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Tudalen 25 0 No infection</p>	<p>Standard operating processes are functioning and not compromising the service</p> <p>Care Settings should have in place standard operating procedures for individual residents with suspected and confirmed COVID-19 infection, including appropriate infection control precautions to protect staff and residents.</p>	<p><u>Maintain Business as Usual Contact</u></p> <ul style="list-style-type: none"> ▪ Engage with Care Home from quality and contract point of view ▪ Regular reviews ▪ HoS would be involved with 2x weekly meetings/ calls to check staff comfortable ▪ Respond to safeguarding issues ▪ Recessive Form 1 and manage DoLS ▪ Ensure Care Homes Invoices are paid in a timely way ▪ Respond to safeguarding report and poor practice concerns ▪ Ensure Care Homes Invoices are paid in a timely way 	PCC	Accept
		<p><u>Additional Covid 19 Contact</u></p> <ul style="list-style-type: none"> ▪ Environmental Health make contact every 3 days. Requirement for EH to share any pertinent intelligence about care homes picked up during their contact with homes with the MDT ▪ Daily Joint SITREP information collated ▪ Ensure settings have appropriate operating procedures in place (providing support to develop these where requested and reviewing as required) 		
		<p><u>Maintain Business as Usual Contact</u></p> <ul style="list-style-type: none"> ▪ Advance care planning including DNACPR where appropriate ▪ EOL support via PTHB 	PTHB	

	<ul style="list-style-type: none"> ▪ District Nurses undertake regular visits. Nursing reviews ▪ Liaising with families ▪ Liaising with Local Authority ▪ Scrutiny panel ▪ Pressure ulcer meetings ▪ Respond to safeguarding issues ▪ Work with other professionals e.g. therapies ▪ Best Interest Assessors are in contact with homes to complete assessments ▪ Maintain contact with other Health Boards ▪ Ensure Care Homes Invoices are paid in a timely way 		
	<p><u>Additional Covid 19 Contact</u></p> <ul style="list-style-type: none"> ▪ Daily Joint SITREP information collated ▪ DNs to share any pertinent intelligence about care homes picked up during their contact with homes with the MDT 		
	<p><u>Maintain Business as Usual Contact</u></p> <ul style="list-style-type: none"> ▪ Routine visits ▪ Emerging response ▪ Advanced care planning ▪ Standard cover under L.E.S ▪ Share any relevant intelligence gathered with the MDT 	GPs	
	<p><u>Maintain Business as Usual</u></p> <ul style="list-style-type: none"> ▪ Ensure standard operating procedures for infection control are disseminated and understood by staff 	Care Home	

		<ul style="list-style-type: none"> ▪ Review operating procedures and update as necessary when new or revised guidance issued by Welsh Government or Care Inspectorate Wales. ▪ Ensure sufficient stocks of appropriate PPE are available on premises for immediate use in the event of a suspected or confirmed COVID-19 infection. 		
Risk Escalation level	Situation	Action Required	Lead	Status
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Tudalen 27</p> <p style="font-size: 2em; font-weight: bold; text-align: center;">1</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">incident</p> <p>Moderate/ manageable pressure</p>	<p>Standard operating processes are functioning as efficiently as possible and not significantly compromising the service</p> <p>An <i>incident</i> of COVID-19 is a situation where there may only be one suspected or confirmed case of coronavirus present.</p> <p>An <i>incident</i> of COVID-19 will require immediate action so that the individual is isolated and that precautions can be put</p>	<p><u>All action listed in Risk Escalation Level 0 plus:</u></p> <ul style="list-style-type: none"> ▪ Raise staffing concerns with manager to understand why are staff off work ▪ Establish if home can safely cover shifts ▪ Daily contact for updates and numbers of residents who may be symptomatic and raise with health, environmental health and PCC via the MDT ▪ Look at volunteers being used for non-clinical areas ▪ Refer staff for testing ▪ Trace staff / family members ▪ Upload Covid 19 situation to Tarion system ▪ Daily contact with regard to symptomatic residents and staff ▪ Check infection control measure in the home ▪ Ensure relevant isolation processes are in place to prevent further spread ▪ Record on the emerging situation template ▪ Testing to be carried out using mobile testing ▪ Pass to senior management team in PCC for daily sitrep briefing and raised in daily DMT ▪ Remind Care Home about their business continuity plan. All providers have submitted these some time ago and where necessary requests were made for improving these. ▪ Providers expected to resolve their own issues. Where these cannot be resolved, provider to contact PCC 	PCC	Tolerate

	in place to prevent the spread of the virus.	<ul style="list-style-type: none"> ▪ Involve closed setting team in liaison with Public Health Wales – this team retains responsibility for investigating any outbreak. ▪ Home should have notified CIW and PHW ▪ Environmental health contact home daily ▪ Communication to families and any other parties will need to be done in agreement with the PCC / PTHB and Care Home. ▪ Ensure Care Home Staff made aware of Psychological and Wellbeing Services availability for self- referral 	
		<p><u>All action listed in Risk Escalation Level 0 plus:</u></p> <ul style="list-style-type: none"> ▪ Check care home access to agency staffing ▪ With staff agreement, share details of bank staff who might be available to be recruited by care homes ▪ Daily contact with the Care Home to gain oversight of infections ▪ Carry out review of nursing and quality of care ▪ Understand patient needs if infected ▪ PPE training and fit mask testing for care homes if required ▪ Leadership updates from teams to update Executives ▪ Oversight for quality contractual and financial regularity ▪ With regard to DPCCMH leadership perspective, receive updates from PTHB teams – contractually, financial and regulatory ▪ Communication to families and any other parties will need to be done in agreement with the PCC / PTHB and Care Home. ▪ Ensure Care Home Staff made aware of Psychological and Wellbeing Services availability for self- referral 	PTHB
		<p><u>All action listed in Risk Escalation Level 0 plus:</u></p> <ul style="list-style-type: none"> ▪ GP reviews undertaken 	GPs

Tudalen 29		<ul style="list-style-type: none"> ▪ Assess patient remotely if possible ▪ Utilise Anywhere Connect ▪ Rely on DN and care home staff to develop a picture of need in the home ▪ Just in time medications in place with charts ▪ Check advanced care planning pathways in place 		
		<p><u>All action listed in Risk Escalation Level 0 plus:</u></p> <ul style="list-style-type: none"> ▪ Assess the risk of infection to other Service Users and staff and monitor appropriately. ▪ Ensure that the individual is isolated and that precautions are put in place to prevent the spread of the virus in accordance with standard infection control operating procedures. Staff should immediately follow PPE guidance and infection control procedures ▪ The responsible Individual / Manager MUST inform that nominated representative from the Local Authority and/or Health Board. ▪ A deep clean should be carried out in the home and attention should be given to communal areas and surfaces such as handrails and door handles, this will help to reduce the risk of spread to others living in the setting. ▪ Create a separate area for non-affected Service Users and/or reduce communal gatherings. ▪ Communication to families and any other parties will need to be done in agreement with the PCC & PTHB. ▪ Ensure Care Home Staff made aware of Psychological and Wellbeing Services availability for self-referral 	Care Home	
Risk Escalation level	Situation	Action Required	Lead	Status

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Tudalen 30</p> <p style="font-size: 2em; text-align: center;">2</p> <p>Outbreak</p> <p>Significant Pressure</p>	<p>Enhanced support required with senior managers and Heads of Service working together across the whole care system to provide appropriate support</p> <p>An Outbreak of COVID-19 is when there are three or more suspected or confirmed cases in a setting (triggering the need to notify CiW/PHW)</p>	<p><u>All action listed in Risk Escalation Levels 0 & 1 plus</u></p> <p>The Local Authority will have a nominated Lead Officer who will work closely with the Manager.</p> <ul style="list-style-type: none"> ▪ Where care worker depletion; consider deployment of peripatetic crisis care workforce ▪ Consider transfer of affected residents to hospital (where appropriate and necessary) ▪ MDT for residents with LD ▪ Communication to families and any other parties will need to be done in agreement with the PCC & PTHB. ▪ Provide staff with opportunity to talk about their feelings; Refer to psychological and wellbeing services ▪ The Nominated PCC/PTHB lead officer will arrange a COVID-19 meeting within 48 hrs (to include Responsible Individual/Manager and relevant PCC & PTHB Senior Managers ▪ MDT to develop a weekend support plan supported / informed by any Joint Interagency Monitoring Panel (JIMP) meeting that has taken place regarding safety and service quality issues. ▪ Weekend and OOH plans to be shared with the patient flow hub for inclusion in the information to be available to Silver and Gold ▪ If we are concerned with staffing we would need to look at the sustainability of the home for the residents. 	PCC	Collaborate
		<p><u>All action listed in Risk Escalation Levels 0 & 1 plus</u></p> <p>In the case of the setting being both a Residential and Nursing Care, Powys Teaching Health Board will also have a nominated lead person</p>	PTHB	

- MDT to develop a weekend support plan supported / informed by any JIMP that has taken place.
- Weekend and OOH plans to be shared with the patient flow hub for inclusion in the information to be available to Silver and Gold
- Delegated Health Board Registered Nurse to in reach to the home daily and provide support
- Where care worker depletion; consider deployment of peripatetic crisis care workforce
- Consider transfer of affected residents to hospital (where appropriate and necessary)
- In extremis would need to consider acuity of residents who are Covid positive – duty of care to support in the short term
- Consider whether Covid positive residents would need to be admitted to a “hot” community hospital
- Complex Care Nurses are familiar with the residents and can review on site
- Advise re Infection Prevention & Control and request review and arrange appropriate daily support
- If a home is unable to fund its services the expectation would be that they approach HB Board who would assess the options
- MDT for older people takes place daily and JIMP can be called if MDT feel it is warranted.
- Communication to families and any other parties will need to be done in agreement with the PCC & PTHB.
- Provide staff with opportunity to talk about their feelings; Refer to psychological and wellbeing services
- The Nominated PCC/PTHB lead officer will arrange a COVID-19 meeting within 48 hrs (to include Responsible Individual/Manager and relevant PCC & PTHB Senior Managers
- Contact with the Community Service Manager for the specific area, to arrange a review with the respective DN for that Residential Home.

	<ul style="list-style-type: none"> ▪ GP for the resident to be contacted as part of the review. ▪ Ensure that nursing care settings have the capability to take a Service User’s temperature and peripheral oxygen saturations (Oxymetry). This will help to closely monitor individuals when they become unwell and enhance referrals/consultations with GPs/Secondary Care physicians/WAST. ▪ If we are concerned with staffing we would need to look at the sustainability of the home for the residents. ▪ Increase in DN and Respiratory Team services to advise and support, with other additional support on ICP. ▪ Review skill mix and patient acuity to ensure patient safety 		
	<p><u>All action listed in Risk Escalation Levels 0 & 1</u></p> <ul style="list-style-type: none"> ▪ Care homes will ensure that GPs are informed of the situation and appropriate advice is sought for each individual. (This may include discussing/reviewing palliative care arrangements.) 	GPs	
	<p><u>All action listed in Risk Escalation Levels 0 & 1 plus:</u></p> <p>The responsibility of managing the outbreak lies with the Responsible Individual/Manager.</p> <ul style="list-style-type: none"> ▪ Notify CiW/PHW ▪ Standards should be adhered to ensure that new admissions are possible ▪ Ensure that GPs are informed of the situation and appropriate advice is sought for each individual. ▪ Consider transfer of affected residents to hospital (where appropriate and necessary) ▪ Arrange for staff to work in separate teams: one team caring for affected residents and the other caring for unaffected residents. (Action: Care Home) 	Care Home	

		<ul style="list-style-type: none"> Use signage to inform residents and staff of areas/zones not to be entered. Ensure laundry of affected individuals are either placed in alginate bags or washed separately at the recommended temperature (infection control). Monitor the situation closely by carrying out regular monitoring of all Service Users, checking for elevated temperatures and other respiratory symptoms Inform the hospital and paramedics in advance if an individual requires admission to hospital during the outbreak. Communication to families and any other parties will need to be done in agreement with the PCC & PTHB. Provide staff with opportunity to talk about their feelings; Refer to psychological and wellbeing services 		
Risk Escalation level	Situation	Action Required	Lead	Status
3 Extreme Pressure	Requires crisis intervention from external support to continue service provision	<u>All action listed in Risk Escalation Levels 0, 1 & 2 plus:</u> <ul style="list-style-type: none"> MDT to escalate to HoSG for an urgent meeting to ensure that appropriate support is available and accessible during the weekend / OOH period. Weekend and OOH plans to be shared with the patient flow hub for inclusion in the information to be available to Silver and Gold Undertake transfer of affected residents to acute hospital (where appropriate and necessary) In agreement with the Care Home, undertake redeployment of PCC personnel to support the continuation of the service and/or undertake necessary social care need of affected residents If we are concerned with staffing we would need to look at the sustainability of the home for the residents. If home is closed to new admissions consider sustainability of the home 	PCC	Intervene

Risk Escalation level	Situation	Action Required	Lead	Status
		<p><u>All action listed in Risk Escalation Levels 0, 1 & 2 plus:</u></p> <ul style="list-style-type: none"> ▪ MDT to escalate to HoSG for an urgent meeting to ensure that appropriate support is available and accessible during the weekend / OOH period. ▪ Weekend and OOH plans to be shared with the patient flow hub for inclusion in the information to be available to Silver and Gold ▪ In consultation with PTHB Director of Operations and Medical Director consider the need to admit those residents who are infected to hospital to protect those remaining residents ▪ Undertake transfer of affected residents to acute hospital (where appropriate and necessary) ▪ In agreement with the Care Home, provide in reach guidance and support to ensure continuation of the service ▪ Consider undertaking necessary nursing care for affected residents ▪ Consider the offer PTHB nursing staff including temporary redeployment of staff to stop a home closing down until another solution can be found. ▪ If we are concerned with staffing we would need to look at the sustainability of the home for the residents. 	PTHB	
		<p><u>All action listed in Risk Escalation Levels 0, 1 & 2:</u></p>	GPs	
		<p><u>All action listed in Risk Escalation Levels 0, 1 & 2:</u></p> <p>The responsibility of managing the outbreak lies with the Responsible Individual/Manager.</p>	Care Home	

<p style="text-align: center; font-size: 2em; font-weight: bold;">4</p> <p style="text-align: center;">Service failure</p>	<p>Nursing / residential care home ceases to be able to continue to provide care and requires contingency such as transfer of residents to an alternative setting and/or external operation of the service</p>	<p><u>All action listed in Risk Escalation Levels 0, 1, 2 & 3 plus</u></p> <p>In the event of business continuity failure, Consider:</p> <ul style="list-style-type: none"> ▪ Re-configuration residents to other settings and unwell residents to hospital or other nursing settings ▪ Temporary Redeployment of PCC and/or PTHB staff to maintain provision of the service ▪ Operation of the setting by other organisation to stabilise the home on temporary basis. 	PCC	Contingency
		<p><u>All action listed in Risk Escalation Levels 0, 1, 2 & 3 plus</u></p> <p>In the event of business continuity failure, Consider:</p> <ul style="list-style-type: none"> ▪ Re-configuration residents to other settings and unwell residents to hospital or other nursing settings ▪ Temporary Redeployment of PCC and/or PTHB staff to maintain provision of the service ▪ Operation of the setting by other organisation to stabilise the home on temporary basis. 	PTHB	
		<p><u>All action listed in Risk Escalation Levels 0, 1, 2 & 3</u></p>	GPs	
		<p><u>All action listed in Risk Escalation Levels 0, 1, 2 & 3</u></p>	Care Home	

		<p>In the event of business continuity failure, Consider:</p> <ul style="list-style-type: none">▪ Re-configuration residents to other settings and unwell residents to hospital or other nursing settings▪ Temporary Redeployment of PCC and/or PTHB staff to maintain provision of the service▪ Operation of the setting by other organisation to stabilise the home on temporary basis.		
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Appendix 6: MDT Terms of Reference



POWYS TEACHING HEALTH BOARD & POWYS COUNTY COUNCIL MULTI-DISCIPLINARY TEAM (MDT) MEETINGS: CARE HOMES

Terms of Reference

1. Purpose

Using various sources of reliable data and intelligence and professional judgment, support, advise, escalate and intervene with the aim of maximising the opportunity to successfully present and control the spread of infection in care homes, escalating to the executive oversight group as identified within the escalation matrix.

2. Role

- Meet initially daily and comprise the relevant PTHB and PCC staff who are in principal contact with care homes, i.e. responsible for clinical and professional support and management of contracts. In addition relevant PCC/PTHB staff who are in a position to advise, support and contribute to the necessary discussions and actions to be taken.
- Based on data sources below, take a view of the whole sector and prioritise the cohort requiring additional support and/or intervention.
- Implement proactive plans to maintain contact with homes not affected by COVID19 to maximise the opportunity for shielding where this is deemed appropriate.
- Review any reported or identified changes within homes (including but not limited to, staffing levels and infection rates) that may generate a need for escalation or implementation of mitigating measures.
- Identify the most appropriate member of the team, based on matching expertise with the issue to be addressed, rather than employer, to work directly with the care home providing a single point of communication for the care home and other agencies.
- For residential homes, PTHB /PCC will contact the Community Services Manager for the specific area, to arrange a review with the respective District Nurse and/or Social Worker for that Care Home.
- Using the intelligence gathered through data sources and the escalation matrix, the PTHB/PCC leads within the MDT will escalate to the relevant PTHB Executive Director and Director of Social Services any situations potentially requiring mitigation, together with recommendations for action to be taken where appropriate.
- Through its daily operation the MDT may identify low-level issues affecting a care home that can be readily addressed by one of the individual partner organisations' through normal operational processes. The MDT will keep the Lead Directors PTHB/PCC informed of such decisions to ensure it is kept sited on such matters and any emerging trends or support requirements for care homes.
- The MDT will need to be cognisant of developing arrangements for placements in homes and factor these into their consideration of escalation and mitigation issues.

- The Lead Director of PCC/PTHB will have a line of reporting to the relevant PTHB and PCC Silver/Gold Group; ensuring it is sighted on emerging issues, escalations of concern or mitigating actions relevant to the overall strategic response to COVID-19 management in Powys.
- Ensure that all learning and supportive resources are shared within the sector, keeping records of such.
- The MDT Leads will contribute to the twice weekly executive oversight group.

2. Data sources

A number of data sources and information will be considered:

- Integrated SITREP reporting, focusing on access, flow, staffing and impact of testing on supply and demand of both
- Standardised nursing review in care homes, focusing on quality, safety, infection prevention and control, safeguarding, the experience, skillset, training, competency, and wellbeing of staff
- The availability of PPE, its appropriate use, the training and competency of staff in the case of using specialist equipment. – to be reported by exception.
- Cognisance of each resident's preference in relation to care and treatment including advanced care planning, status in relation to commencement of cardio-pulmonary resuscitation
- The existence and effectiveness of application of standard operating procedures, including Business Continuity Plans (BCP) that specifically support the health and wellbeing of residents.
- The accessibility and appropriate use of other services to support resident's health and wellbeing including general practice, safeguarding and Care Inspectorate Wales.
- The environment in which the care home operates, e.g. the layout of the building, the ability to prevent and manage the spread of infection.
- Previous local assurance processes, such as JIMP and HOSG.
- Soft intelligence from other stakeholders.
- The leadership and management response of care and residential home providers and the factors affecting it e.g. financial sustainability.
- Care Inspectorate Wales reports as and when required.
- Recommendations from national guidance
- Professional judgement based on all of the above, subsequently assessed against the escalation metrics

3. Membership

- Assistant Director of Nursing PTHB: co-chair
- Change Manager Health and Social Care (Ageing Well) PCC: co-chair
- Assistant Director of Community Services PTHB
- Strategic Commissioning Manager Ageing Well PCC
- Senior Contracts Manager Adult Social Care PCC
- Contract Monitoring Officer Care Homes PCC
- Lead Nurse for CHC and Care Home Governance
- Head of Nursing Community Services PTHB
- Head of Complex Care Risk management MH
- Senior Manager Safeguarding PCC
- PCC Environmental Health
- Public Health Wales

5. Meetings

Meetings will be held on a daily basis in the first instance. The frequency of meetings will be kept under review and updated as required.

6. Reporting, Governance and Quoracy

The MDT:

- Provides reports to the executive oversight group identifying escalated issues that cannot be managed within pre-existing single-agency duties or within the MDT
- Quoracy equates to the attendance of at least 2 senior individuals (or nominated deputy), one from each agency, to ensure a majority view
- The Terms of Reference will be reviewed on an as required basis
- The MDT Lead will report and contribute to the Executive Oversight Group, scheduled to meet twice weekly, who will scrutinise the work of the MDT in conjunction with taking a system wide view of points 2-1 – 2.4 above.

Appendix 7: Executive Oversight Group Terms of Reference



POWYS TEACHING HEALTH BOARD & POWYS COUNTY COUNCIL MULTI-DISCIPLINARY TEAM MEETINGS: CARE HOMES

Care Homes Oversight Group

Terms of Reference

Purpose

The Care Homes Oversight Group will gain assurance of safety and clinical effectiveness within care homes during the COVID-19 pandemic period. The Group will receive information from the multidisciplinary care home meeting (MDT), with special attention to escalated concerns; provide steer for real time actions; and consider market sustainability during the COVID-19 pandemic.

Scope

The Care Homes Oversight Group will focus on all Adult Care Homes across Powys and Supported Living.

Members

- Director of Nursing and Midwifery - PTHB
- Corporate Director Children & Adult Services - PCC
- Director of Public Health - PTHB
- Director of Primary, Community & Mental Health Services - PTHB
- Director of Planning & Performance - PTHB
- Assistant Director Innovation & Improvement - PTHB
- Assistant Director of Nursing - PTHB
- Health and Care Change Manager (Age Well) - PCC
- Head of Commissioning Social Services - PCC
- Assistant Director Safeguarding - PTHB
- Senior Manager for Safeguarding - PCC
- Environmental Health Officer - PCC
- Primary Care Cluster representation
- Care Homes Section 33 Pooled Fund Manager – PCC/Integrated Post

Quoracy

A director from both the Powys Teaching Health Board and from Powys County Council must be present. The directors, however, may nominate a representative for attendance.

The Care Home Oversight Group:

1. Is an advisory body. Any decisions regarding policy or procedure will be approved via existing scheme of delegation arrangements.
2. Receives reports from the MDT accepting escalated issues that cannot be managed within pre-existing uni-agency duties or within the MDT
3. Reporting and accountability for decision making is to the relevant PCC or PTHB officers or COVID-19 Gold
4. The Terms of Reference will be reviewed on an 'as required' basis
5. The Executive oversight group does not negate the need to escalate in real time in the appropriate organisation issues and risks

Agenda

- Sitrep from MDT:
 - Number of Homes with Covid19 infection, with breakdown:
 - Residents Infection (current and cumulative)
 - Staff Infection (current and cumulative)
 - Confirmed Deaths (current and cumulative)
 - Homes not open for admissions
- Other data and intelligence including quality clinical and safety issues
 - Support requested by care homes:
 - Staffing
 - Financial
 - Other
 - Financial sustainability issues
 - Homes in JIMP processes including copies of any Multi agency improvement plans
 - Homes in HOSG process
 - Issues for escalation/steer

The meeting will then cover either:

- Changes to Guidance
- Strategic issues

Meetings

Meetings will be held on a twice weekly basis in the first instance. The frequency of meetings will be kept under review and updated as required.

Normal Care Home Monitoring – Business as Usual

Reference – pages 48 and 57:

http://www.olderpeoplewales.com/Libraries/Uploads/Care_home_closure_report_FINAL_05082013_english.sflb.ashx

Mae'r dudalen hon wedi'i gadael yn wag yn fwriadol

Care homes MDT Briefing (DRAFT Terms of Reference)

This briefing paper outlines the background to the newly established Daily MDT Call process, which was set up between Powys Teaching Health Board (PTHB) and Powys County Council (PCC).

1. Background:

In response to the emerging challenges in Powys' Care Homes sector senior managers in PCC and PTHB decided to develop an escalation framework and process, which will build on existing structures such as the Section 33 Residential Care Home Operational Group, set up on 2018 to ensure oversight and assurance in the care home sector in Powys. T

2. MDT Operational Group

This newly established Care Homes Oversight Group will ensure effective governance during and beyond the Covid-19 period and will have representation by senior staff in both organisations. It is set within the context of the Integrated Monitoring, Assurance & Escalation of Nursing & Residential Care Homes Policy which is currently being developed by both organisations. The wider context is referenced in the aforementioned policy.

Reporting into this group a meeting of operational managers from both organisations will meet regularly, receiving updates from residential and nursing homes in relation to the indicators below. These updates will be gathered by the Contract Monitoring Officer PCC and the Lead Nurse for CHC and Care Home Governance.

The group will meet currently daily, to receive updates in relation to

- Resident Covid-19 infection rates in all care homes in Powys
- Staff Covid-19 infection rates in all care homes in Powys
- Number of deaths in care homes, with a particular emphasis on Covid-19 infections
- Care home resilience as expressed by the number of staff absences in individual care homes
- Actions agreed to address emerging issues in care homes.

The group will report to the Oversight group information about the above with a view to

- Provide operational assurance to the Oversight group in relation to Covid-19 challenges in care homes;
- Ensuring any escalation of issues identified in the MDT to the Oversight group with a view to
- Effective action to be taken by relevant members of the Oversight group.

3. Membership of the MDT Group

At this stage both the functioning and membership are in development and is subject to discussion and guidance from the Oversight Group. Current membership includes

Assistant Director of Nursing PTHB: co-chair

Change Manager Health and Social Care (Ageing Well) PCC: co-chair

Strategic Commissioning Manager Ageing Well PCC

Senior Contracts Manager Adult Social Care PCC

Contract Monitoring Officer Care Homes PCC

(Section 33 Pool Fund Manager Care Home Functions PCC)

Lead Nurse for CHC and Care Home Governance

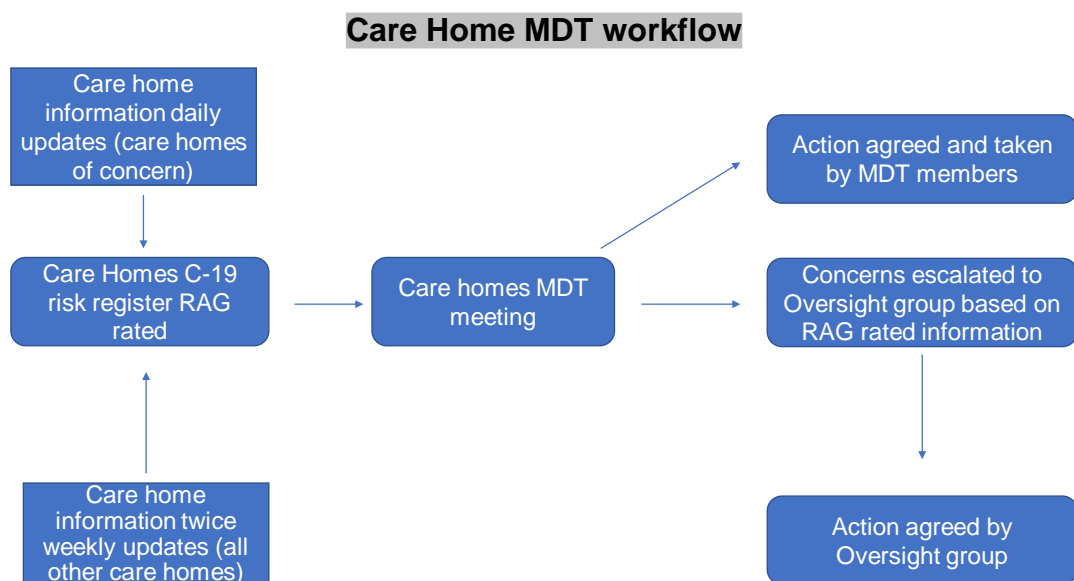
(Sue Pearce) Job title?

(Trevor Davies) Job Title?

Senior Manager Safeguarding PCC

...

4. Workflow (proposed)



29.4.2020

Martin Heuter

Change Manager Health and Social Care (Ageing Well) PCC

Circulation	Cllr Rachel Powell, Portfolio Member for Young People & Culture Ali Bulman, Corporate Director of Social Services
From	Jan Coles Head of Children's Services
Title	Children's Services and COVID-19
Purpose	Update from Children's Services during COVID-19 pandemic
Status	Information
Date	15 th May 2020

1. Workforce

Children's Services Workforce absences due to COVID-19 have reduced further and as at 15th May 2020:

- 19 staff throughout the whole of the service were self-isolating due to being in a shielding or vulnerable group but are working from home undertaking partial duties. Of these 19 members of staff, 10 are in business-critical teams and are therefore unable to undertake face to face work including statutory visits.
- There are no staff absent from work in the service due to COVID-19.

As of the end of April 2020 the number of agency staff being employed had reduced to 29, this is a reduction from 45 in September 2019. This evidences the impact of the work the service has undertaken to stabilise the workforce and recruit permanent social workers. The Service has plans to pick back up the 'Grow our own Social Workers' project work that was put on hold due to the COVID-19 pandemic.

During April the service had 3.8 FTE new staff starters and no leavers for the second consecutive month. Alongside this the average days sickness is reported at 0.8 days per FTE for April, this is lowest figure for the last 12 months. In April there were 4 compliments and 3 complaints received.

2. Early Help, Front Door, Assessment and EDT

The Early Help Service are continuing to work with families throughout the COVID-19 pandemic and referrals are reported to be increasing. The Early Help service are using alternative and innovative ways to support and work with families virtually. Home visits have been reduced but are still taking place based on the requests and needs of families.

A piece of analysis work has been undertaken by the Early Help staff on 927 children that received direct work (not including group work) from the team during the last

financial year. Of those 927 children only 64 children were referred back for statutory assessment. For and 50 of these children the reason was that their families did not engage with Early Help. This evidences the efficacy of the work the Early Help team are undertaking alongside families.

Contacts to the Children's Services Front Door have continued to increase following the initial quieter period at the start of lockdown. In April there were a total of 393 contacts to the Front Door Service and of these 87% were managed and supported through information, advice and Early Help services and not referred to statutory services.

The domestic abuse project group continues to meet to ensure that we are addressing the very concerning reported increase in domestic abuse in homes caused by lockdown. The group's focus is on getting information, about services that are available to help, out to the community without increasing the risk to families.

The temporary arrangements for the Emergency Duty Team rota which integrated the Assessment Team are continuing and there are some benefits. This will continue to be reviewed.

2. Care and Support, including Integrated Disability, Services

The Care and Support Services continue to be fully operational and are very busy ensuring children and families are kept safe. In April 2020 the percentage of child protection visits that were carried out in timescale was 97%. The teams have worked extremely hard and undertook 306 child protection visits in total which is exceptional considering the challenges they are facing due to lockdown and COVID-19.

The new parent and baby placement project in Powys that was set up in response to COVID-19 has so far seen very positive results. The families are being supported in the placement by Children's Services staff and Health colleagues are also visiting the families regularly.

We understand the importance of children having regular, meaningful contact with their families and this is a key part of our work. Therefore, we are currently reviewing, on a case by case basis, the contact arrangements for every child, to risk assess whether and how face to face Family Time can take place safely for children and their parents.

Work is continuing to identify and support our high priority children and families. We are supporting families and encouraging families to increase participation in the Hubs where appropriate. Attendance for children who come under the Welsh Government 'vulnerable' definition has increased but does still remain at low levels in Powys, there

are currently 38 children registered and attendance varies with 23 children booked in for the week commencing 18th May.

3 Corporate Parenting

The Corporate Parenting teams continue to be fully operational. The percentage of children looked after statutory visits carried in timescale was 92% in April. This has consistently been above 90% since August 2019.

Placement stability continues to be a priority for the service. The percentage of children looked after who have had three or more placements during the year was recorded in April as 4% for the second consecutive month. This performance indicator continues to be consistently well below the national average in Wales. This evidences our work around increasing stability in children's lives.

The Closer to Home project work continues and although there were no placement step downs in April due to logistical problems caused by COVID-19, the work is being undertaken to prepare placements and children and young people. The new Children's Home in Powys continues to be developed and following a recruitment drive staff have been appointed for when the first of the homes is ready to open in the South of the County.

The Fostering Team continue to keep in touch with all our Foster Carers to provide as much support as is needed during this difficult and stressful time. The recruitment drive for new foster carers continues despite COVID-19 and in April there were 27 enquiries made to the service about becoming a foster carer.

The Adoption Service is continuing to operate, however across the region there has been a diminished number of applications to adopt being received, which is very concerning.

4. Intervention and Prevention, including Youth Justice, Services

Intervention and prevention services are continuing for children, young people and families, staff have been redeployed to Care and Support and Through Care teams to provide these vital support services whilst the service is in business continuity mode.

Communication has gone out to all redeployed staff thanking them for their commitment and flexibility during this difficult time and also offering reassurance that they will return to their substantive teams when we begin to return to business as usual. This is being continuously reviewed by Children's Leadership Team.

5. Safeguarding and Quality Assurance

Safeguarding work continues as business as usual. Virtual child protection conferences and looked after children reviews are going well and feedback from partners has been positive.

Regional meetings with multi agency partners have continued and activity is increasing with sub-groups being restarted. Powys Children's Services were due to be the lead for the Regional Safeguarding Conference later this year, but due to COVID-19 this has been cancelled. Instead the Region is planning a series of Webinars across the week which we will be involved in the planning of.

During the COVID-19 response it is important that we continue to develop our workforce. As face to face training has had to be put on hold, we have developed and run over 20 webinars since the start of lockdown on a range of practice themes. The webinar's have been recorded and will be stored in a shared area so that they can be viewed again by staff. This way of blended learning could shape our future training programme after COVID-19.

6. Children's Commissioning

There are now 28 Early Years settings open for the children of key workers and vulnerable children across the County. Due to demand an additional setting was opened in Welshpool last week which has been very well received, with the majority of children in this setting being in the WG 'vulnerable' category.

The Children's Commissioning Team are keeping in regular contact with providers to ensure that placements remain stable. Providers are also kept up to date and receive communications about relevant PPE and COVID-19 testing.

PERFORMANCE BRIEFING
27th May 2020**REPORT AUTHOR:** Jan Coles, Head of Children's Services**SUBJECT:** Children's Services April Performance

REPORT FOR: Information

Children's Services UpdateWorkforce

Workforce absences due to COVID-19 have reduced and hasn't affected service provision. So as at 18th May:

- 20 staff in the service were self-isolating due to being in a shielding or vulnerable group but are working from home undertaking partial duties (e.g. not able to undertake visits if in a Social Worker role or not able to be on the office rota if in a Business Support role).
- There are no staff off work due to having COVID-19 symptoms or a confirmed diagnosis.

We are extremely pleased to report that we have been able to recruit 3 permanent qualified social workers into our frontline teams (2 of these are newly qualified). Once safer recruitment checks are undertaken start dates will be agreed.

As of the end of April 2020 the number of agency staff being employed had reduced to 29, this is a reduction from 45 in September 2019. This evidences the impact of the work the service has undertaken to stabilise the workforce and recruit permanent social workers. The Service has plans to pick back up the 'Grow our own Social Workers' project work that was put on hold due to the COVID-19 pandemic.

During April the service had 3.8 FTE new staff starters and no leavers for the second consecutive month. Alongside this the average days sickness is reported at 0.8 days per FTE for April, this is lowest figure for the last 12 months.

Performance

Key points to note in April performance report:-

- **CP stat visits** – 97% of child protection statutory visits were undertaken within timescale in April. The teams have worked extremely hard and undertook 306 child protection visits in total - an increase from 284 in March.
- **CLA stat visits** – Despite the challenges due to COVID-19 the percentage of CLA statutory visits undertaken in timescale was recorded at 92% in April. The performance indicator has now been consistently over 90% since August 2019.
- **Placement stability** - % of children looked after who have had three or more placements during the year was recorded in April as 4% for the second consecutive month. This continues to be consistently well below the national average in Wales.
- **Contacts to Front Door** – Of the 393 contacts made to the Front Door in April, 87% were supported and managed with information, advice and Early Help and not referred to statutory services. This figure has consistently been between 85 and 89% for the last 5 months.
- **Re-registrations on the CPR** – there were no re-registrations on the CPR in April.
- **Compliments & Complaints** - 4 compliments and 3 complaints.

Areas on the performance report to note:

- **Drop in assessments performance** – Assessments completed in timescale (includes wellbeing and S47's jointly) has seen a dip in performance in March 81% and April 74%. All assessment data is being reviewed and monitored as part of the weekly data meetings which have re-started in the last fortnight. The Assessment Team has recently merged their rota with EDT as part of a pilot project during COVID-19. There have been some teething problems during the transitional period which have now been resolved.
- **S47s undertaken in timescale** - 74% completed in timescale which was a decrease from March. 42 S47's were completed in total and 11 of these were out of timescale spread over 5 teams. A deep delve into these 11 as part of performance meetings between Head of Service and Senior Managers showed that the reasons for being out of timescale included a recording/cloning error for a sibling group (so it was in timescale but cloned incorrectly), delay in waiting for information from the Police and delay in management sign off due to capacity which has been addressed.
- **Increase in CLA** – Increase to 251
Number of children becoming looked after 8
Number of children ceasing to be looked after 0
The service is concerned about the increase in CLA and it is being reviewed as part of Head of Service/Senior Manager performance meetings as well as the Closer to Home project meetings which are continuing to take place fortnightly.
An analysis of Children Looked After data for 19/20 in comparison to 18/19 has been undertaken to help the service to understand any trends and identify priority areas of work around Children looked after.

- **Drop in supervision performance** Reported at 86%, now showing on insight at 91% due to late recordings on Trent from Managers.
- **Number of CP & CLA children without a care plan** - reported as 23 at the end of April. Care plans are now included in the weekly data meetings and monthly Head of Service/Senior Manager performance meetings. A new care and support plan went live in April, therefore some of the data is not available in the performance report this month around Care Plans. The service are working with BI to ensure it is correct.
- **Step downs** There were no step downs in April. There were plans for a number of children and young people to step-down but these have been delayed due for COVID-19. The Closer to Home Project meeting is addressing this and finding ways to overcome the barriers where possible.

Other Service Updates for the I&AB

Early Help

A piece of analysis work has been undertaken by the Early Help staff on 927 children that received direct work (not including group work) from the team during the last financial year. Of those 927 children only 64 children were referred back for statutory assessment. For 50 of these children the reason was that their families did not engage with Early Help. This evidences the efficacy of the work the Early Help team are undertaking alongside families.

Contacts to Front Door

The Front Door has seen an increase in the number of contacts and referrals being made in the last 2 weeks following an initial concerning quieter period when the schools closed. The Front Door reports that they are continuing to get progressively busier with an increase in Police and anonymous referrals. The Service has a contingency plan to cope with a further increase in demand and staff from Early Help have been trained and systems set up so they can assist the Front Door Team with contacts being made.

This increase in referrals coincides with a recent communications campaign that Children's Services undertook across the County. The campaign encouraged residents to report any concerns they had about children, young people and adults in their communities as well as highlight domestic abuse services. Flyers have been distributed to households by Powys Association of Voluntary Organisations alongside a social media campaign.

Priority children

Work is continuing to identify and support our high priority children and families. We are working closely with our colleagues in Education to increase participation in the Hubs and Social Workers are encouraging and supporting families to enable their children to attend. We are concerned that attendance of our priority children is very low and feedback from families is that they are fearful of sending their children due to COVID-19. We continue to work with

families to address barriers to attendance at the hubs and have committed to paying for meals at the hub for all our priority children who are not entitled to Free School Meals. There are currently 38 children registered and attendance varies with 23 children booked in for the week commencing 18th May.

Parent and Baby Placements

In response to a number of babies being born and the lack of available Parent and Baby assessment centre placements, Children's Services has developed an exciting new project within Powys. We have set up a community assessment centre for parents and their new-born babies, to enable us to undertake assessments of their care and support needs. Support workers are providing assistance, parenting guidance and practical support to the new parents and social workers are visiting regularly to complete assessments. By providing the service in house we are able to fully assess and support our parents and babies and the level of support required can be stepped up or down as needed. The property is also in our own County so families are being kept near or in their communities and not being moved out of county or out of Wales. This project was set up in response to COVID-19 however since our first parent and baby have moved in we can already see the many benefits and we will be monitoring and evaluating the project closely.

Placements & Closer to Home

Placement stability continues to be a priority for the service especially during this difficult time of uncertainty for all children and young people. As part of our COVID-19 business continuity planning Children's Services were able to temporarily secure a house within the County that could be used as an emergency placement for Children and Young People. Our Children's Commissioning Service worked tirelessly and in a very short period of time ensured the house was ready and on standby if required. This is an example of another innovative project that Children's Services have set up due to COVID-19 and is providing placements within our community. The house is being utilised. This has meant that we have been able to keep family members together safely in their communities with the support of our own Social Workers and Support Workers. This is another example of how, even in these times, we continue to 'work with' families rather than 'do to'.

Despite COVID-19, our work to deliver our Closer to Home strategy is continuing. The children's home in Ystradgynlais is progressing well and a recruitment drive for staff has taken place with appointments being made. Given the current situation we are in, the progress made has been excellent and highlights our commitment to our Closer to Home strategy.

Intervention & Prevention

The new Clinical Psychologist, in a joint project with PTHB and Powys Children's Services, started in post in April. The Clinical Psychologist will provide advice and support to our Intervention and Prevention teams on a generic and individual case by case basis. He will support our Edge of Care, Court, Through Care and Adoption Support work.

Mind of My Own

Work has taken place on the launch of the Mind of My Own app due to take place in May. The app will enable Young People to express their wishes and feelings which will support their engagement in their own care plans. This was postponed due to the COVID-19 response but we have worked with the company that runs the app to provide the training to staff virtually as we feel it is more important now than ever that Children and Young People have a voice and are provided with multiple ways of expressing their views.

Quality Assurance Work

The quality assurance work has been resumed in April by the Senior Manager for Safeguarding and Quality Assurance. A quantitative audit was undertaken on open case files in Care and Support and Through Care teams and this has formed a programme of monthly audits with an immediate focus on care plans.

Mae'r dudalen hon wedi'i gadael yn wag yn fwriadol



Children's Performance Report



Top 5 Indicators



Highlight Indicators



Front door



Early help



Integrated Disability Service



Assessments



Care and Support and Child Protection



Children Looked After



Workforce



How to use this report

Please select the Year and Month from the menu to the right for the data you wish to view.

For the Year selected - each month in the year (so far) will appear on most of the visuals in the report.

The Month selection is to highlight trends (top 5 indicators only) when compared to the previous month and specific month data on the Highlight Indicators and Front Door pages. Where the data is specific for your chosen Month, the Month name will be displayed.

Report date Charts

- May 2020
- April 2020
- March 2020
- February 2020
- January 2020

Report date single value

- May 2020
- April 2020
- March 2020
- February 2020
- January 2020

Based on your selections, the data in this report is for

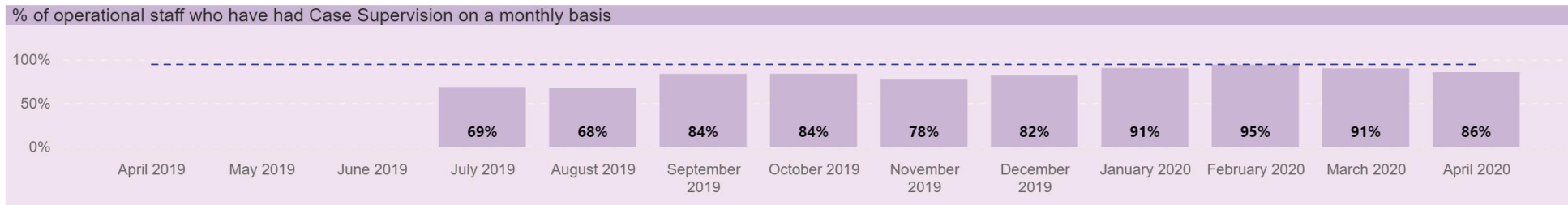
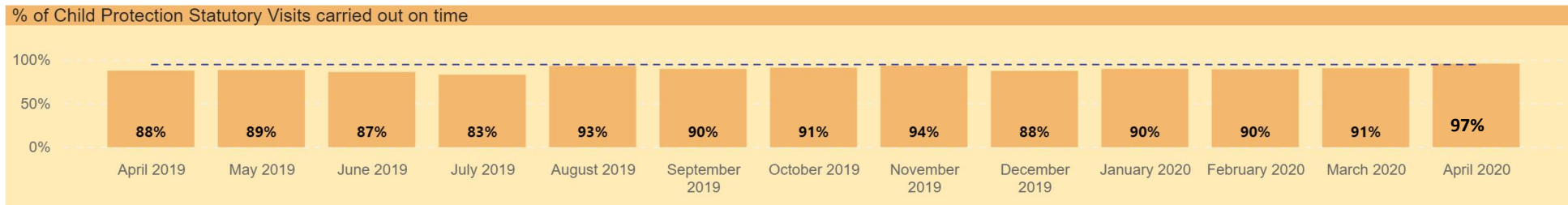
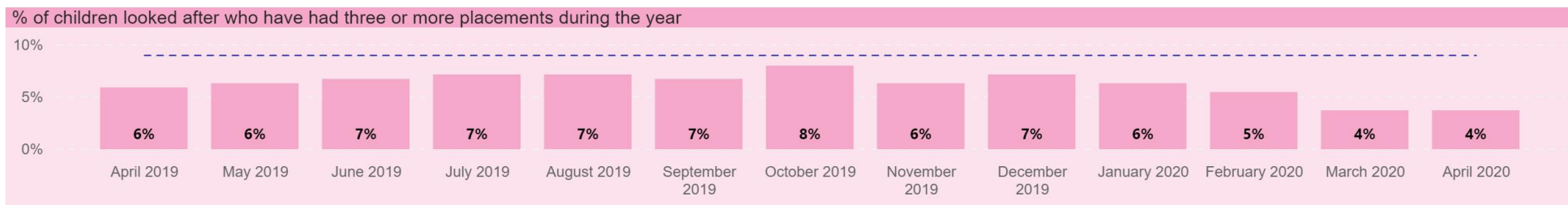
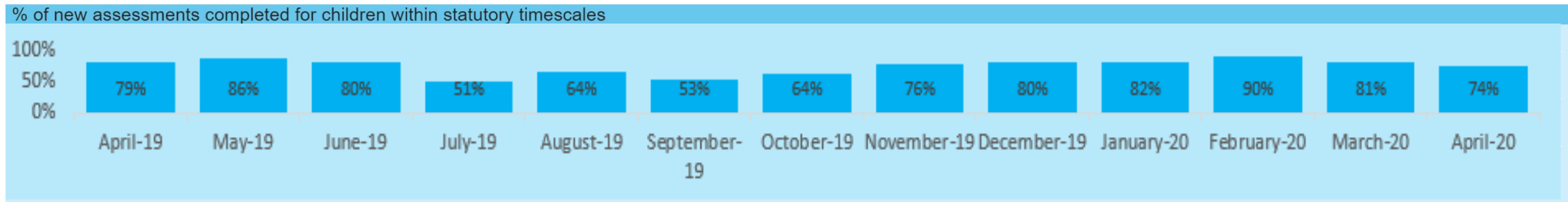
April 2020

***Please ensure that the Charts report date and the Single Value report date is selected for the same month**

How to publish report as PDF

[Publish as PDF using Power BI desktop and/or Power BI Service \(via browser\)](#)

Click File > Export to PDF > PDF file will automatically open in browser



Single Value report date

April 2020

Tudalen 58

Number of cases open to Children's Services

922

Indicator 1

Number of Children Looked After

251

Indicator 1a

Number of Children on Child Protection Register

98

Indicator 1b

Number of Children with a Care Support Plan

685

Indicator 1c

Number of CLA and CP Children without a Care Plan

23

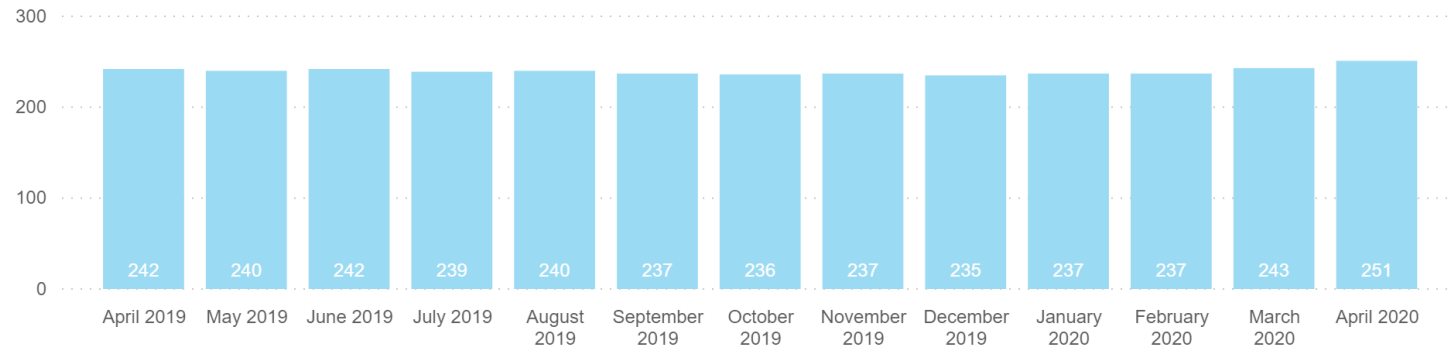
Indicator 1d

Number of Children currently undergoing an Assessment

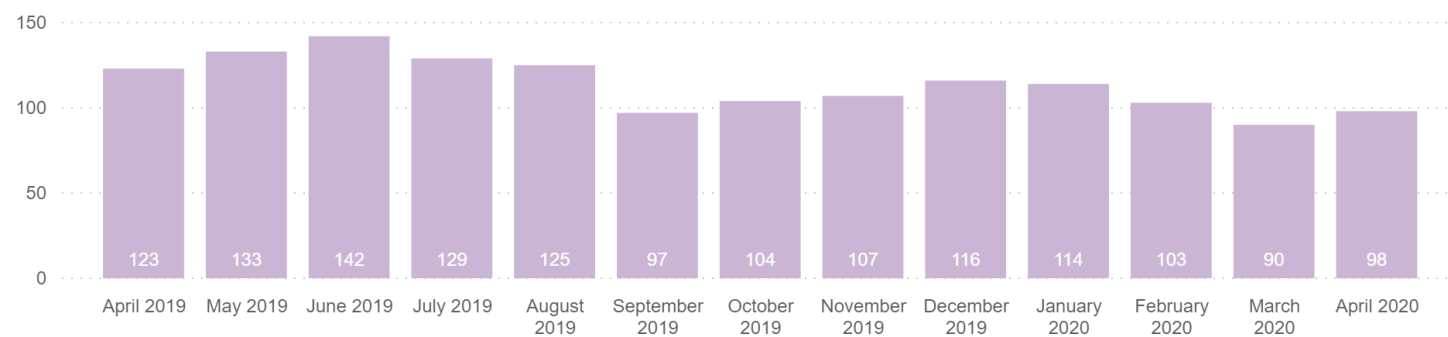
68

Indicator 1e

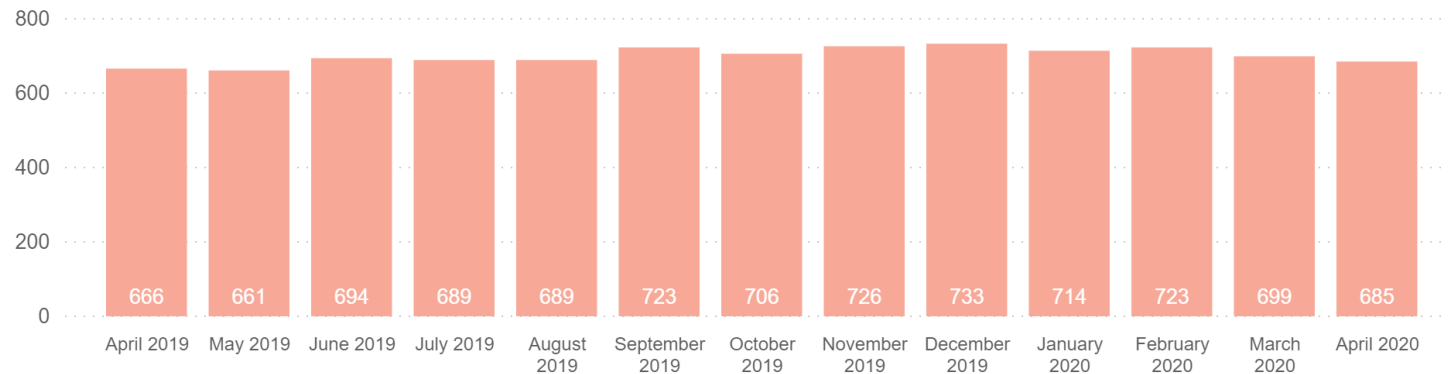
Number of Children Looked After



Number of Children on Child Protection Register



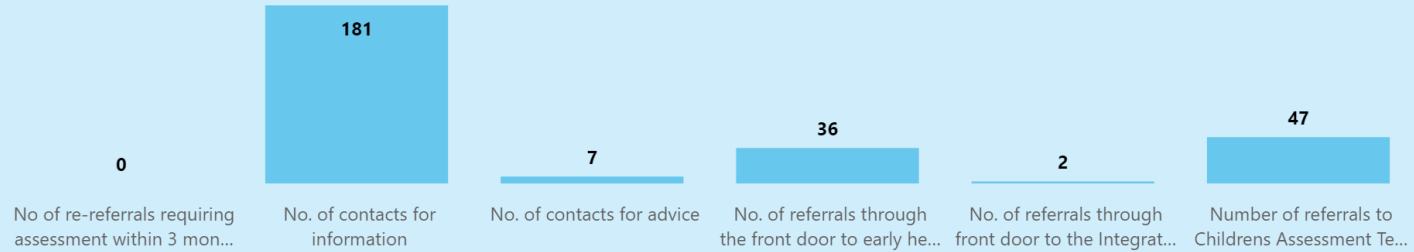
Number of Children with a Care & Support Plan



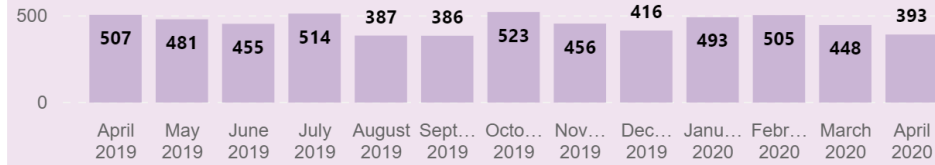
April 2020

120

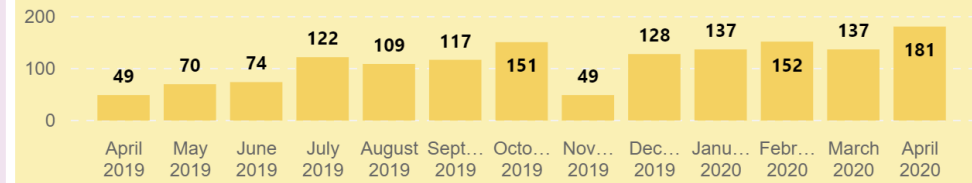
Number of contacts with no further action



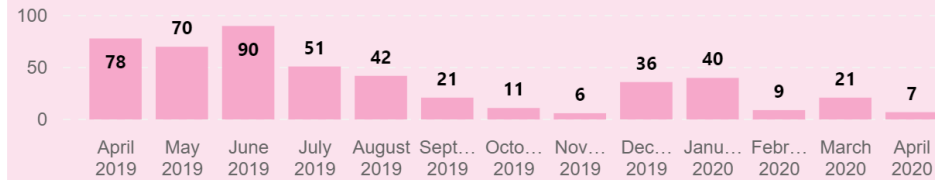
2. Total No. of Contacts to Children's Services



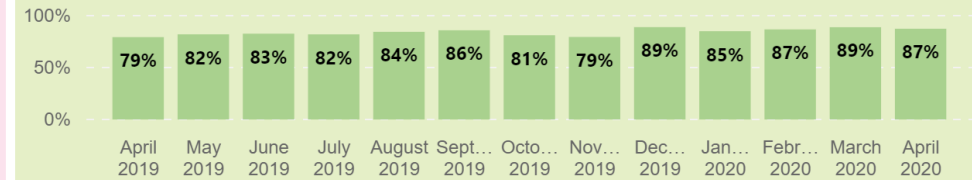
2a. No. of Contacts for Information



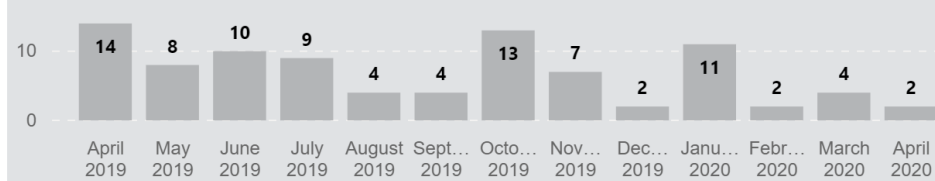
2b. No. of Contacts for Advice



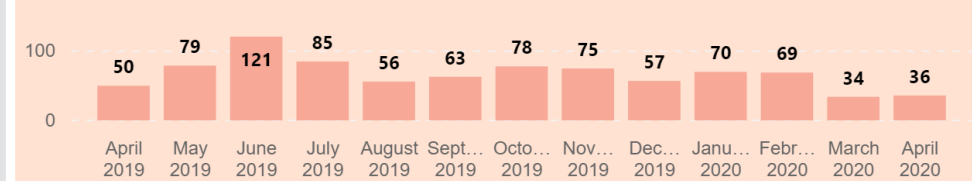
3. Percentage of contacts not requiring statutory services



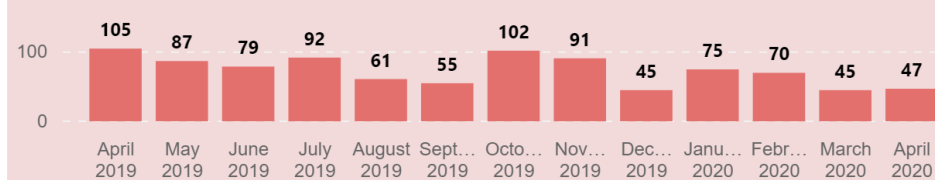
4. No. of referrals through front door to IDS



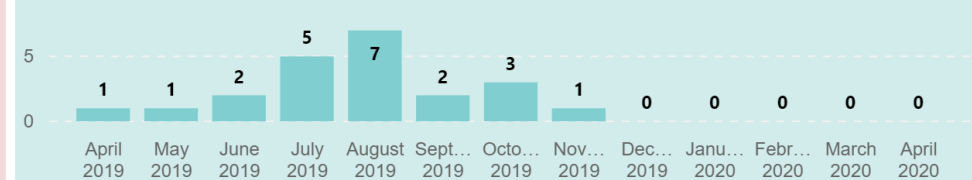
5. No of referrals referred to Early Help

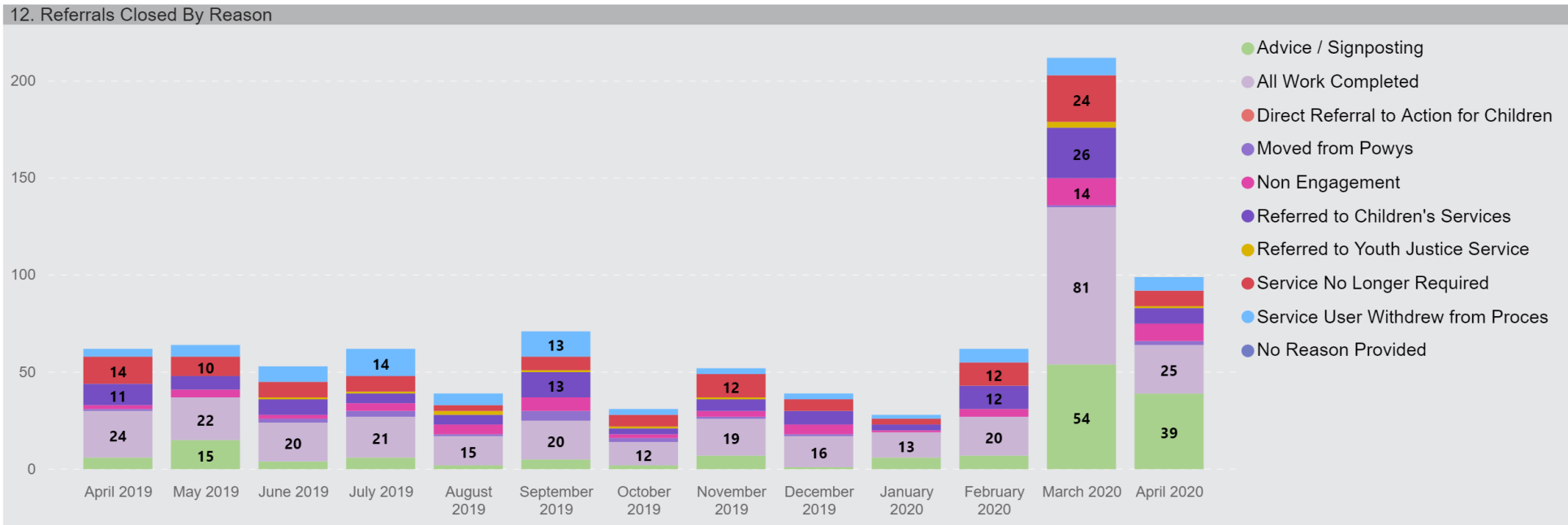
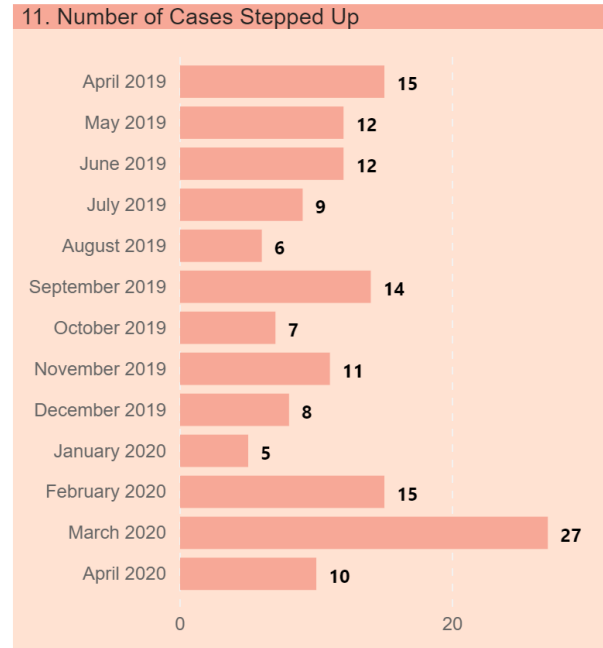
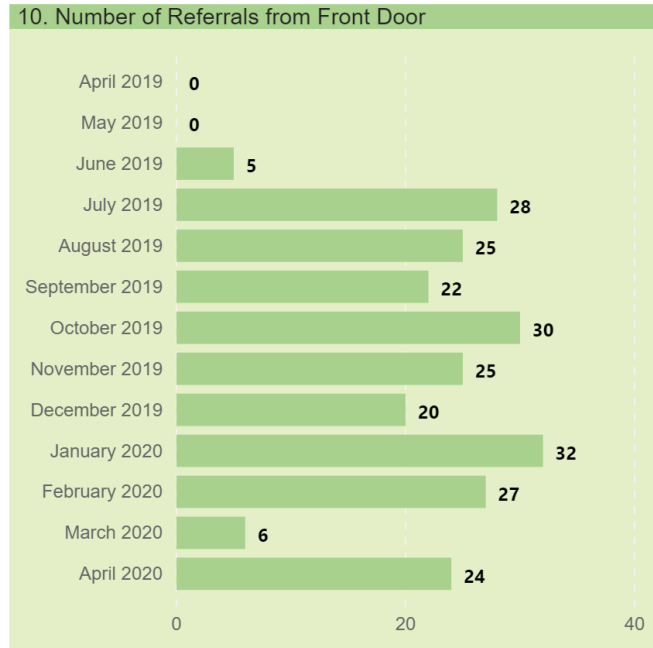


6. Number of referrals to Children's Assessment Teams



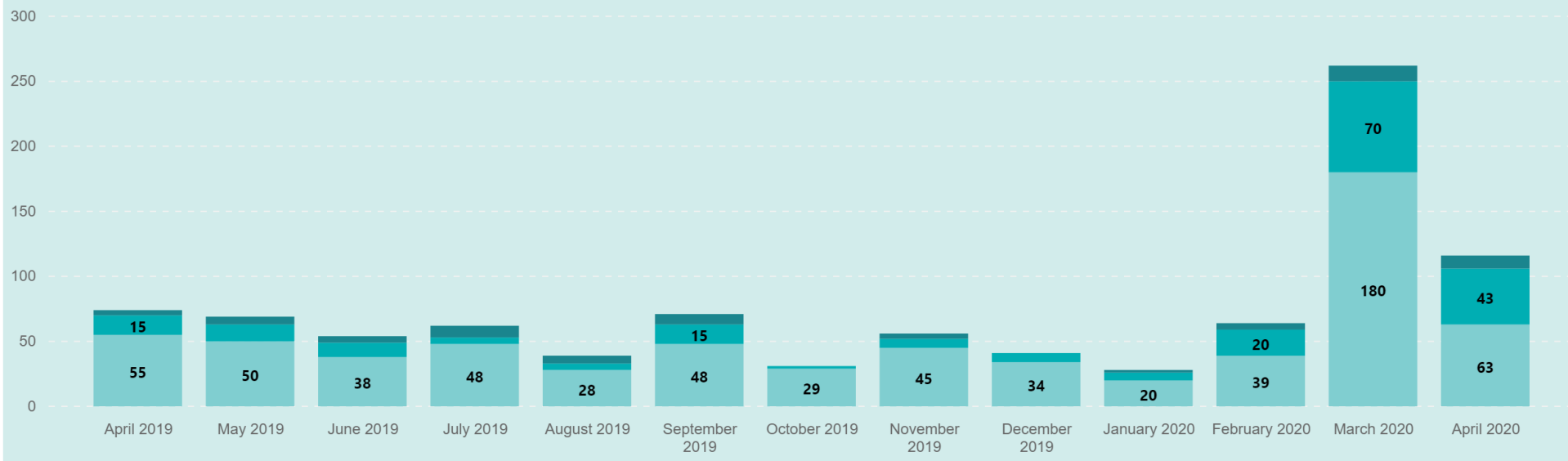
7. No. of Re-referrals requiring assessment within 3 months of original referral





12a. Of Referrals closed, how long were they open for?

● 0-6 months ● 6-12 months ● 12 months plus

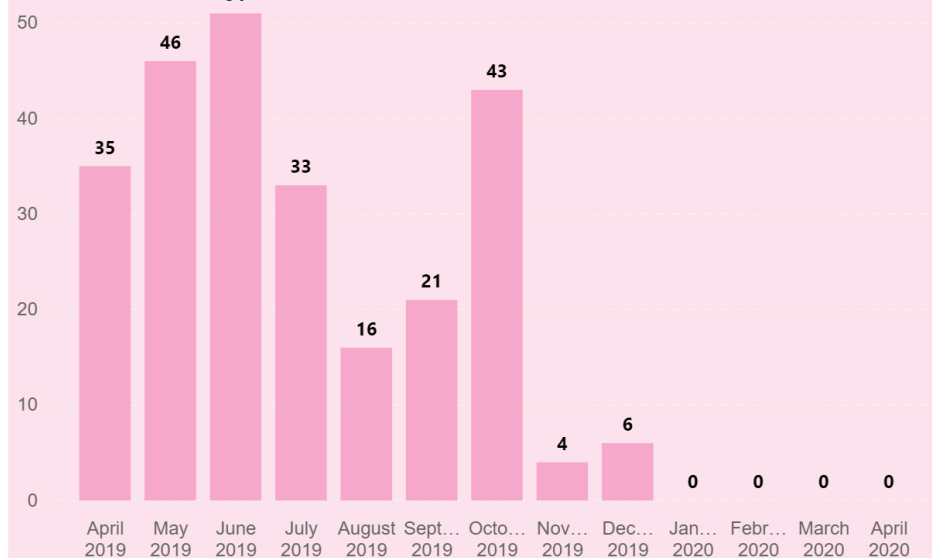


13. Distance Travelled Tool



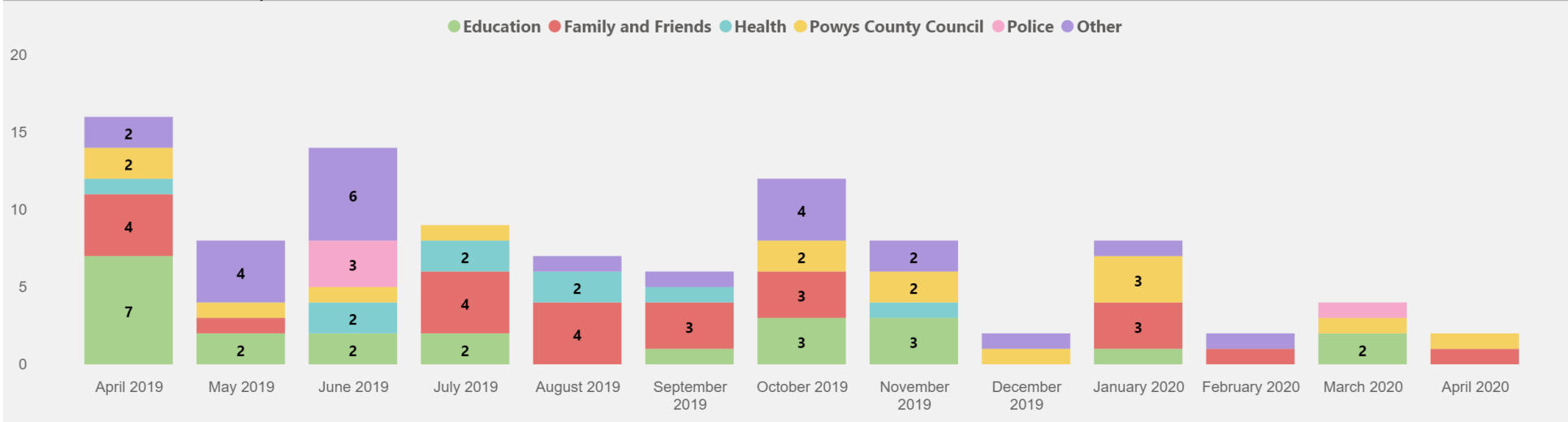
Measure defined and developed, but Service working on data capture/business process

13a. Number of CAF Assessments Opened

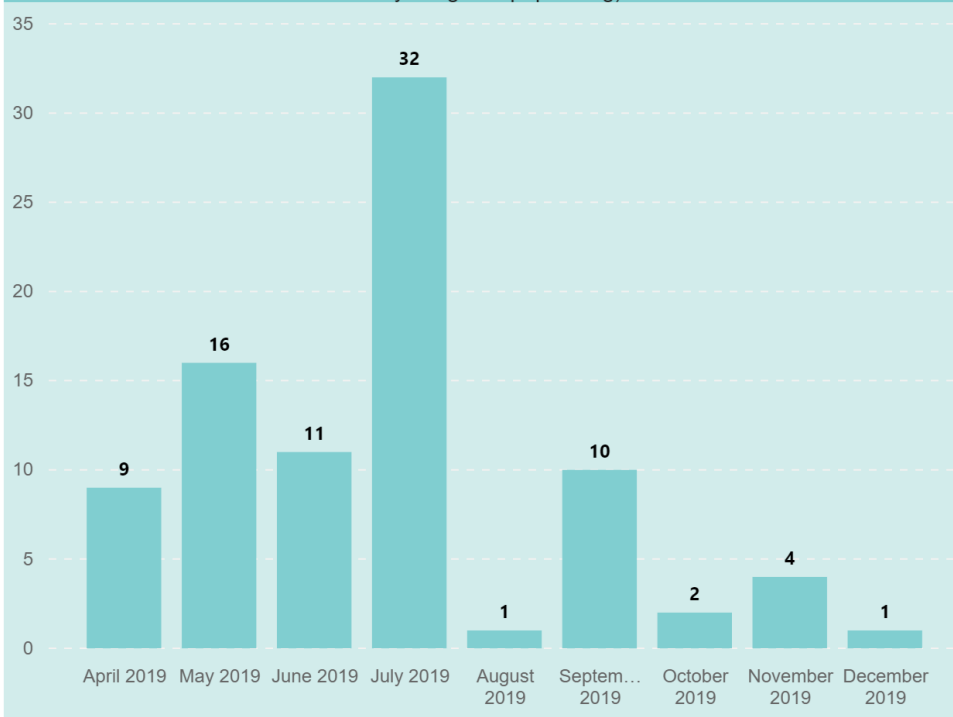




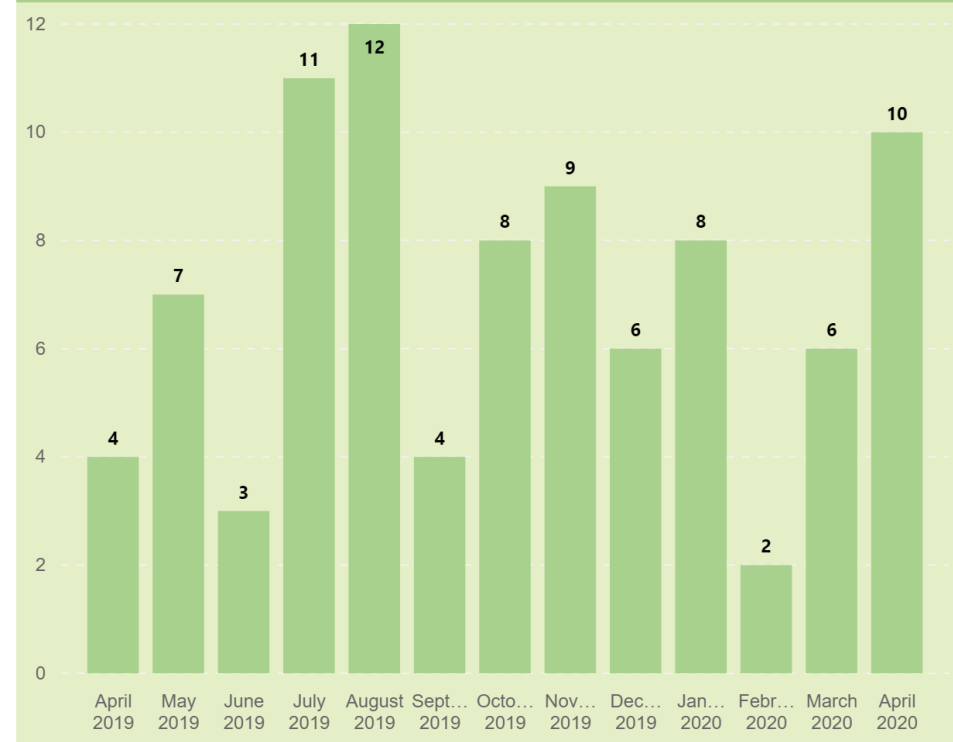
14. Number of IDS Referrals By Source



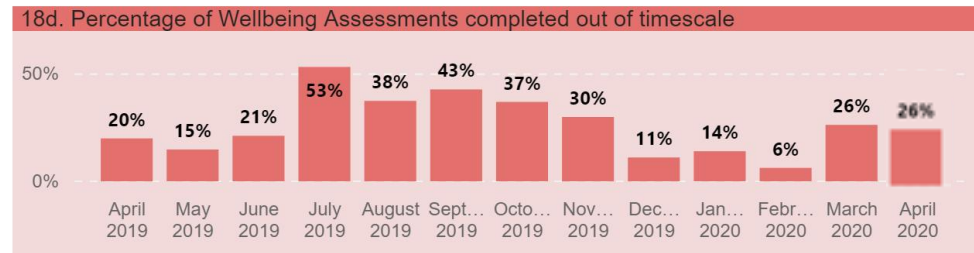
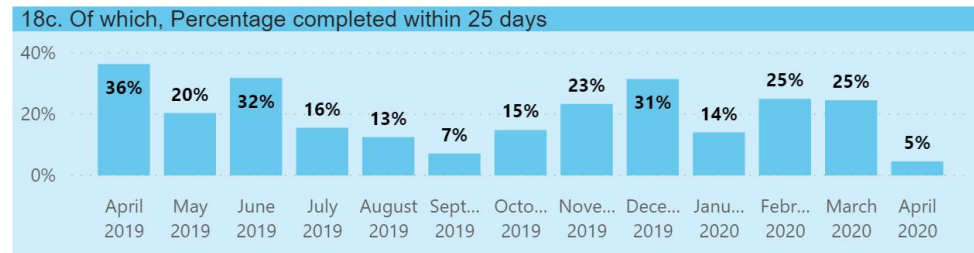
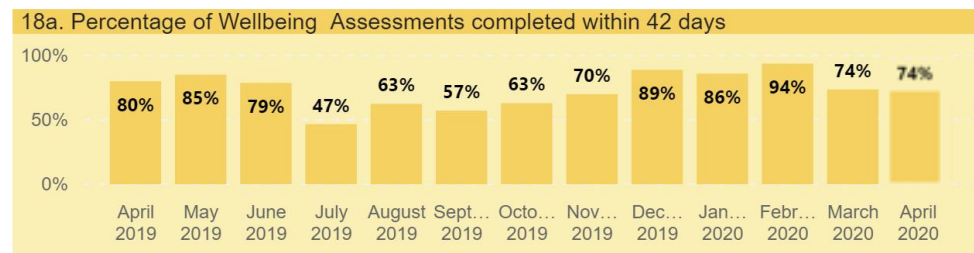
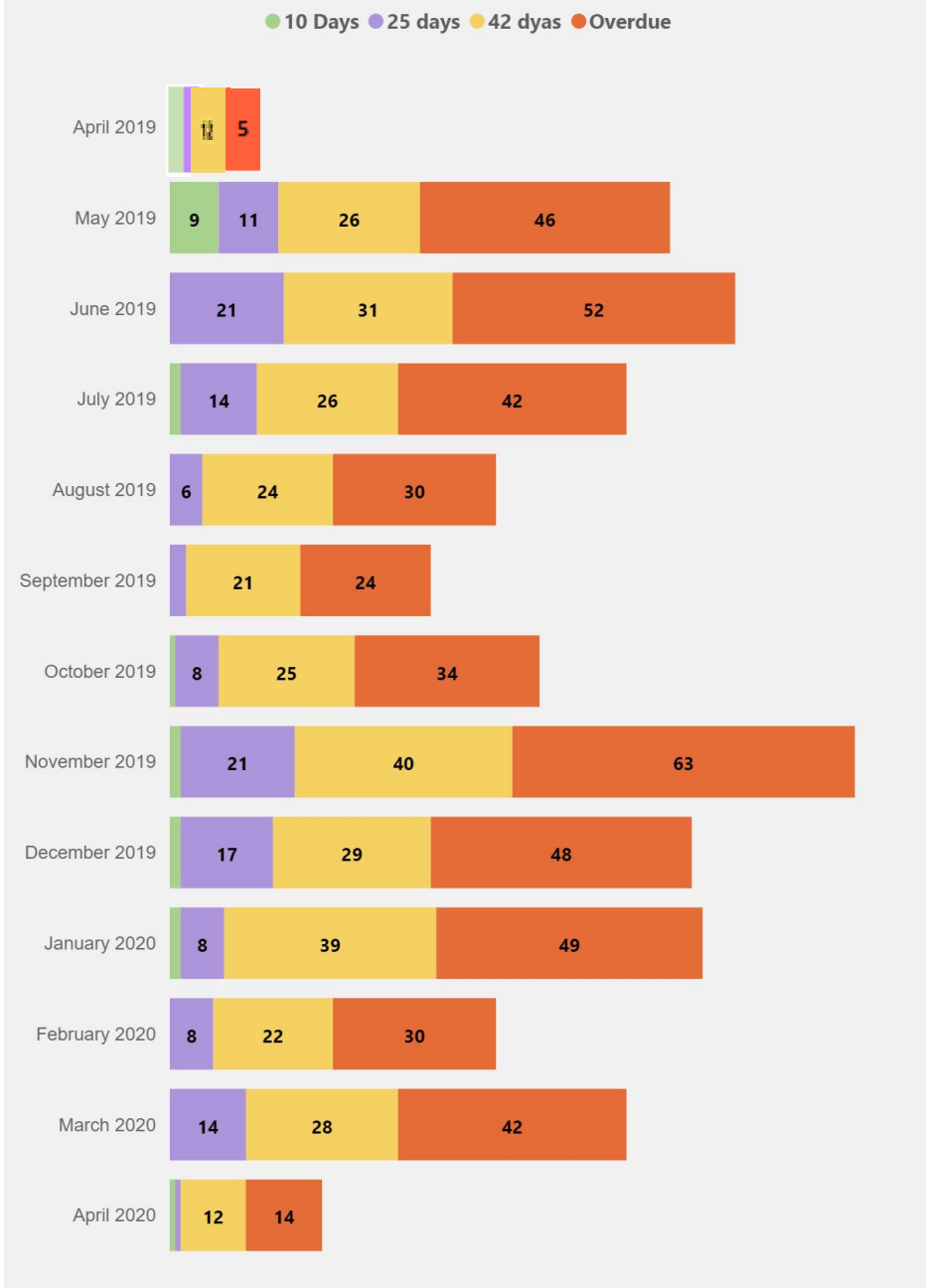
16. Number of IDS Initial and Review Meetings (due to timeline for population there will be a delay in figures populating)



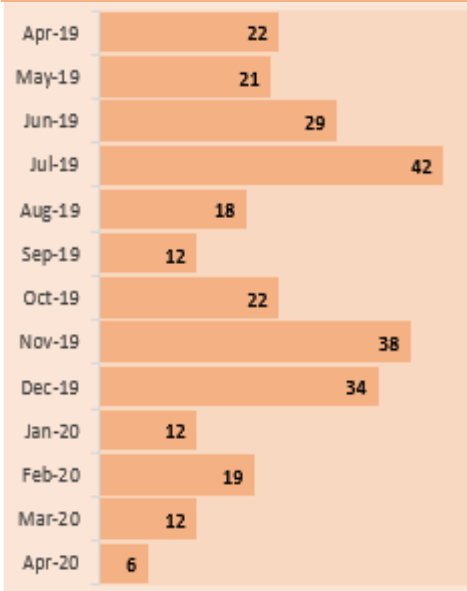
17. IDS Referrals Closed



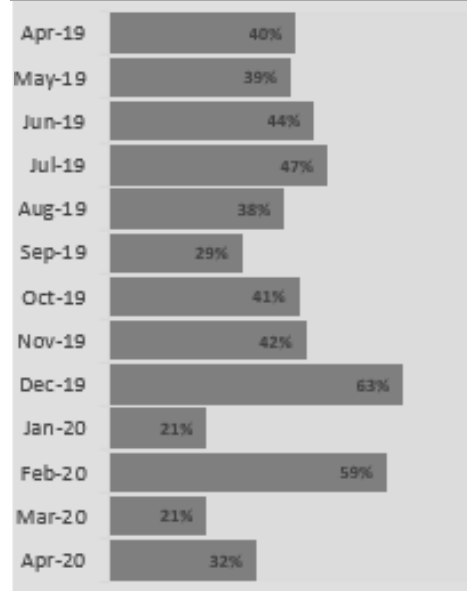
Number of assessments in/put of timescale



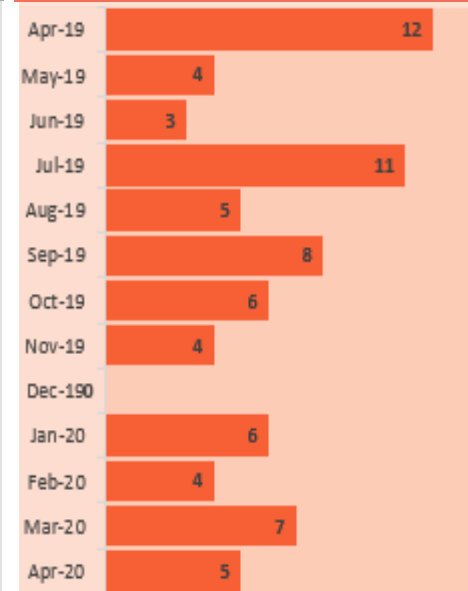
18e. No. of Wellbeing Assessments that lead to a Care and Support Plan (Assistance)



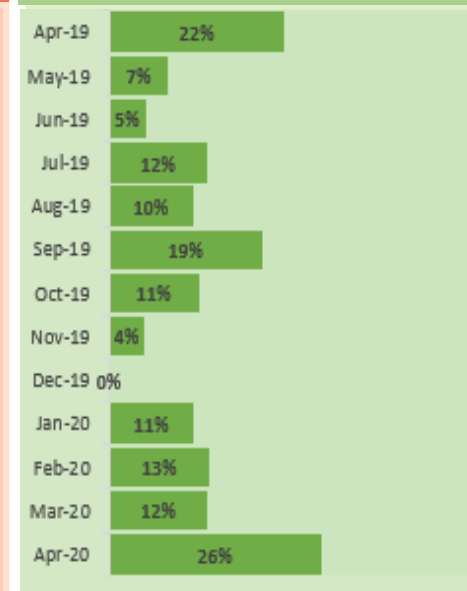
18f. Percentage of Wellbeing Assessments that lead to a Care and Support Plan



18g. Number of Wellbeing assessments that are stepped down to Early Help



18h. Percentage of Wellbeing Assessments that are stepped down to Early Help



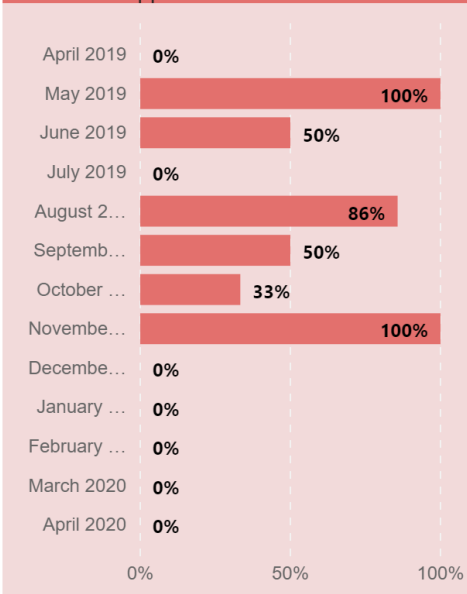
19. Number of assessments closed NFA that were referred to assessment within 3 months

Coming soon

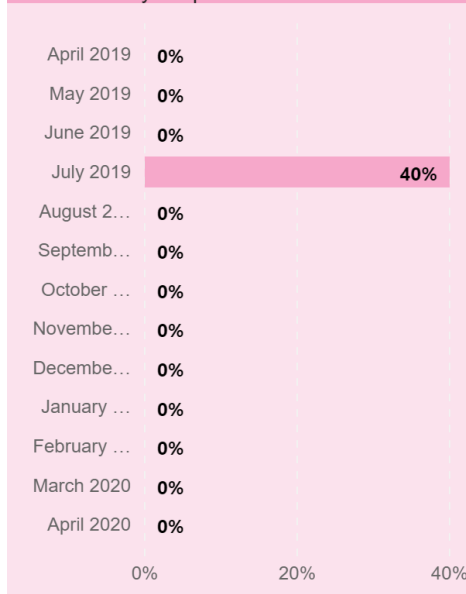
Under construction

Measure still in development.
Awaiting report build.

19a. Of these, Percentage that lead to a Care and Support Plan

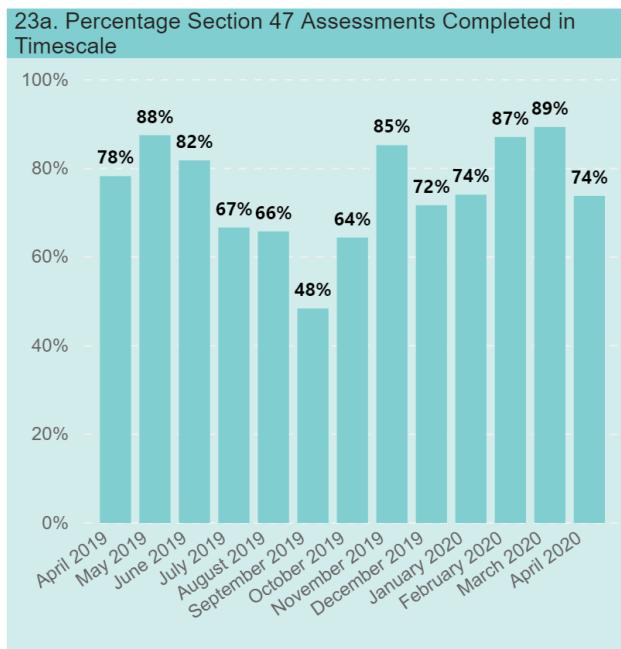
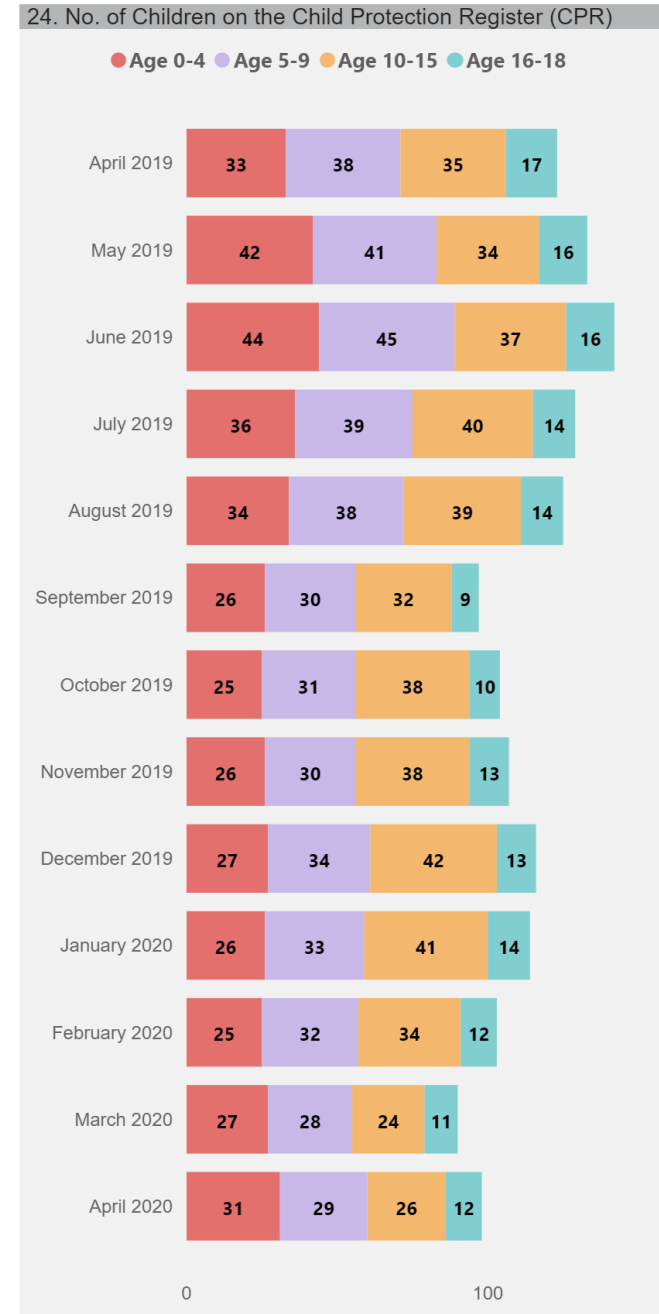
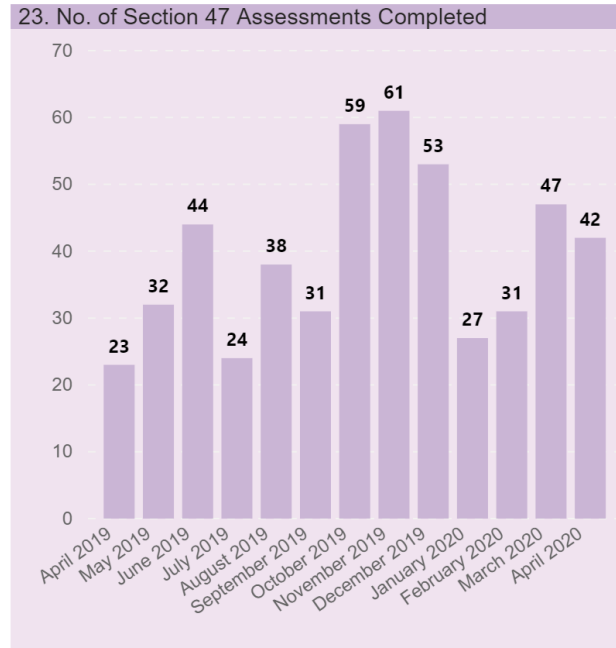
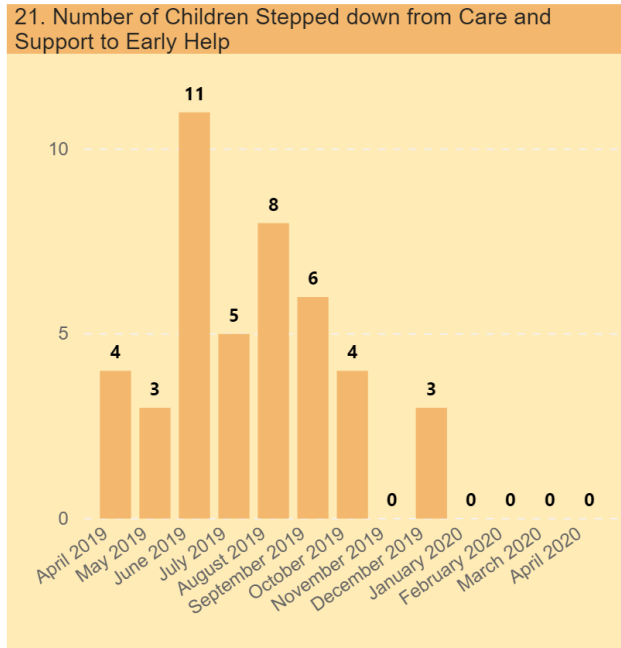


19b. Of these, Percentage that were stepped down to Early Help



20. Percentage of Referrals to Children's Teams closed following Assessment

Measure data being validated with BI

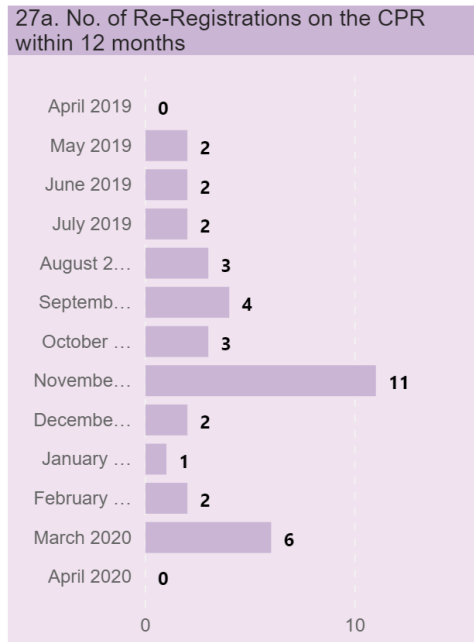
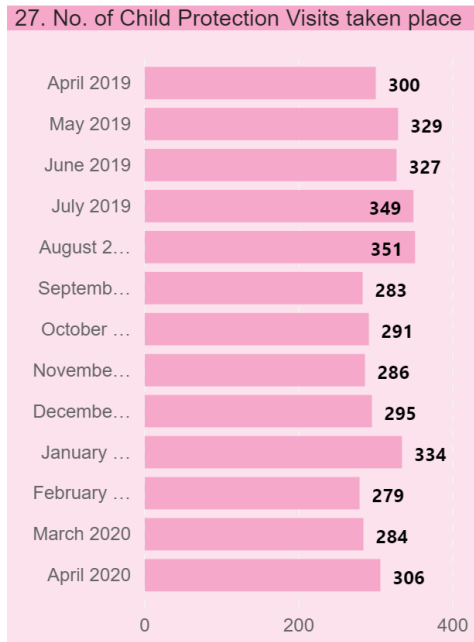
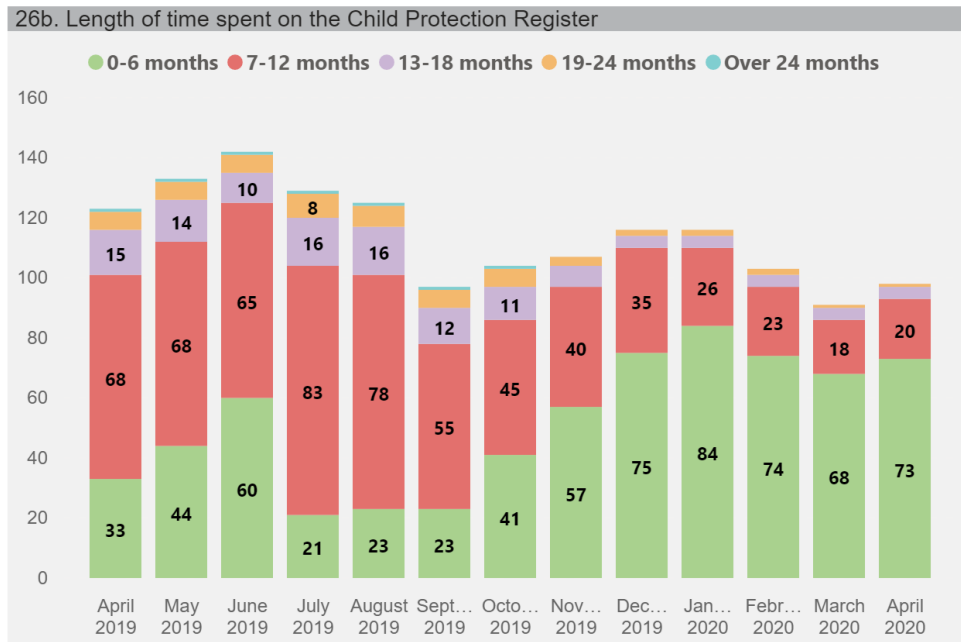
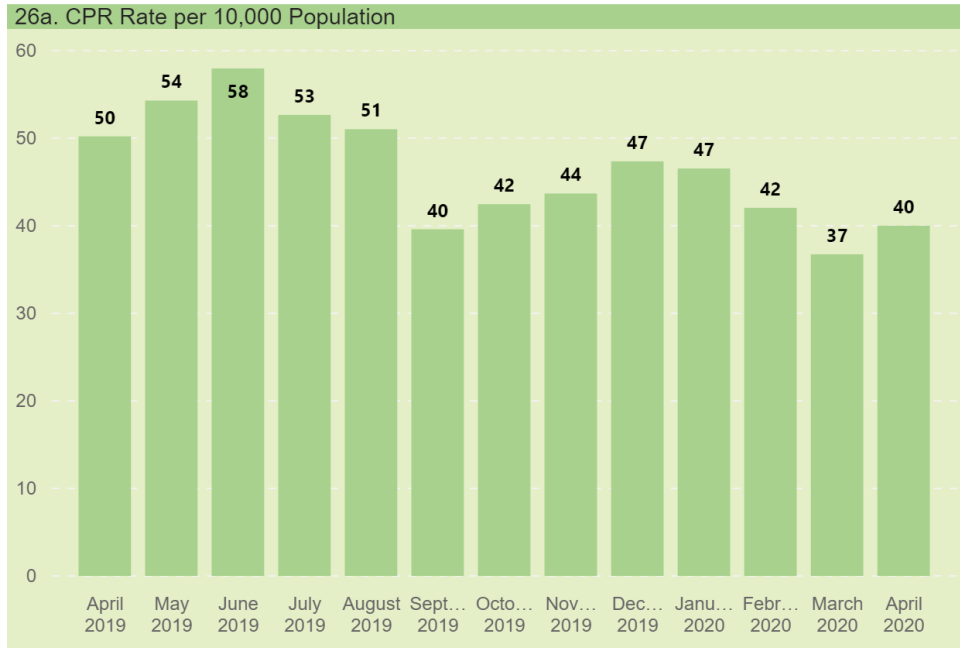
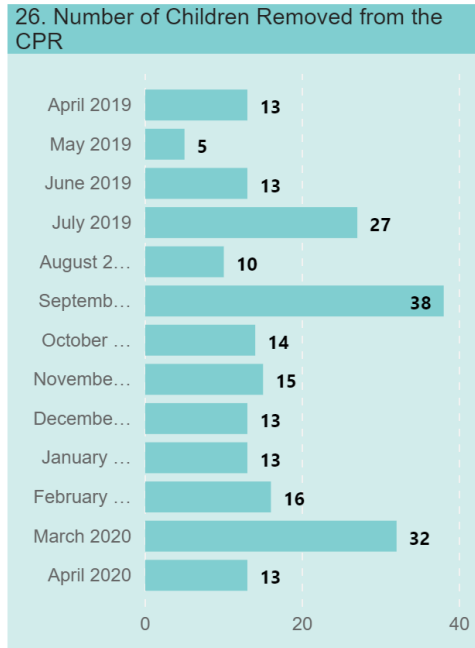


23b. Outcome of the Section 47 completed

Coming soon

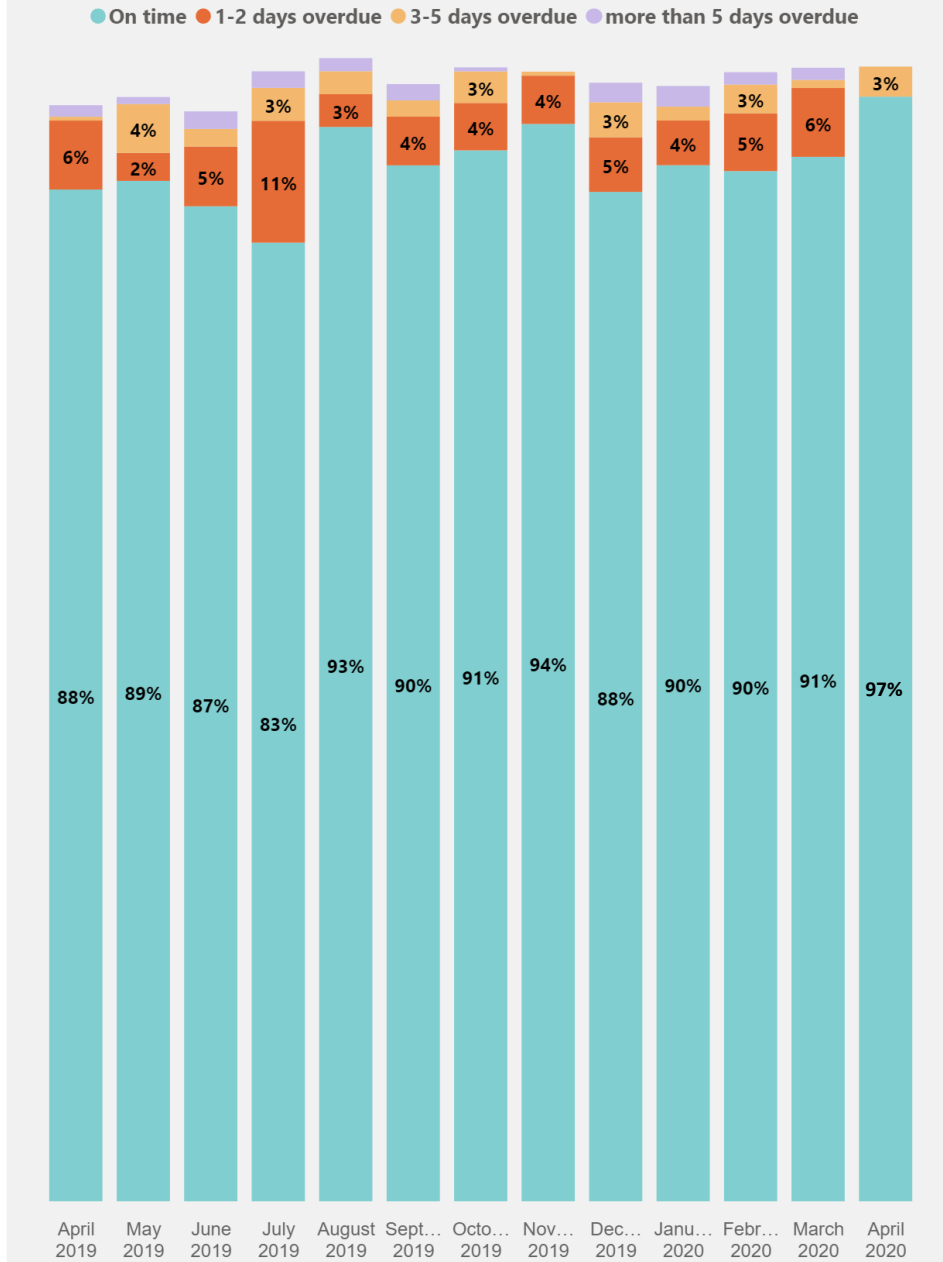
Under construction

Measure defined and developed, but Service working on data capture/business process

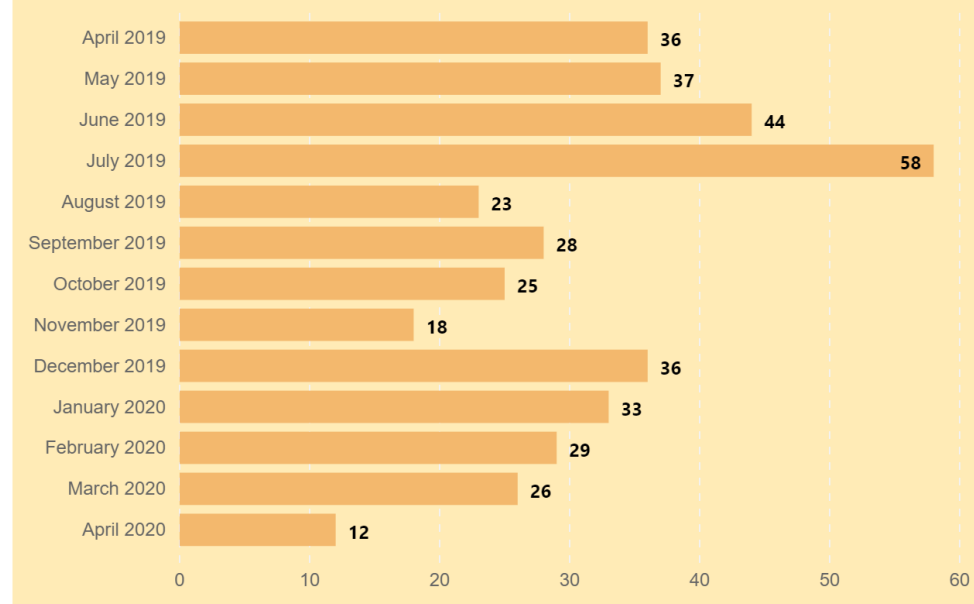




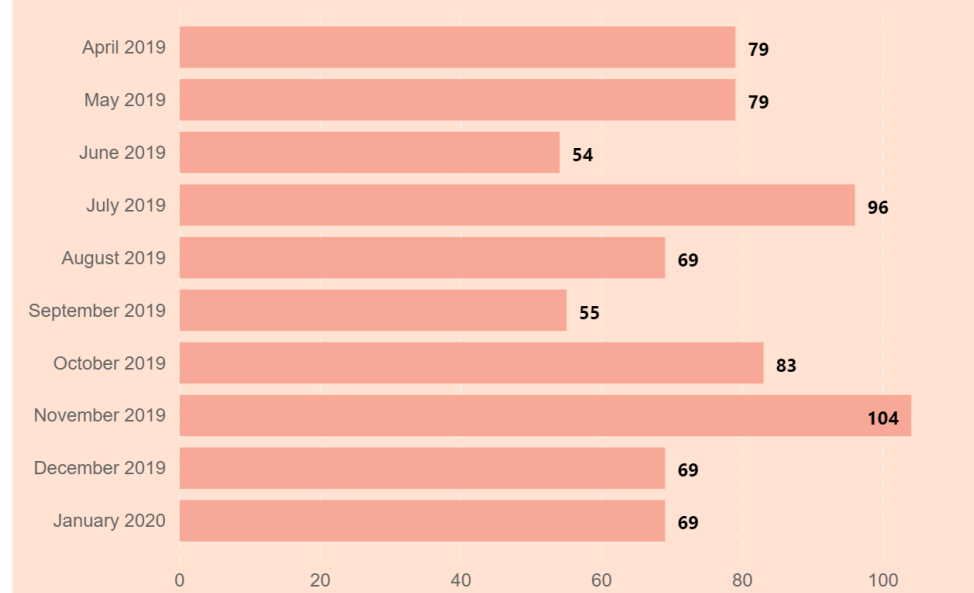
28a. Percentage of CP Statutory Visits on time



28b. No. of CP stat visits out of time

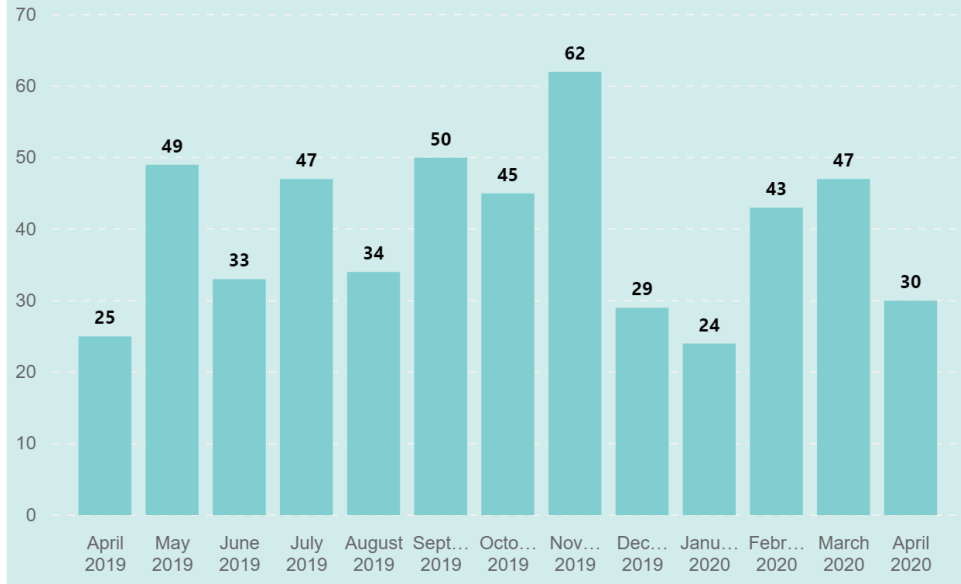


29. No. of Strategy Discussions held

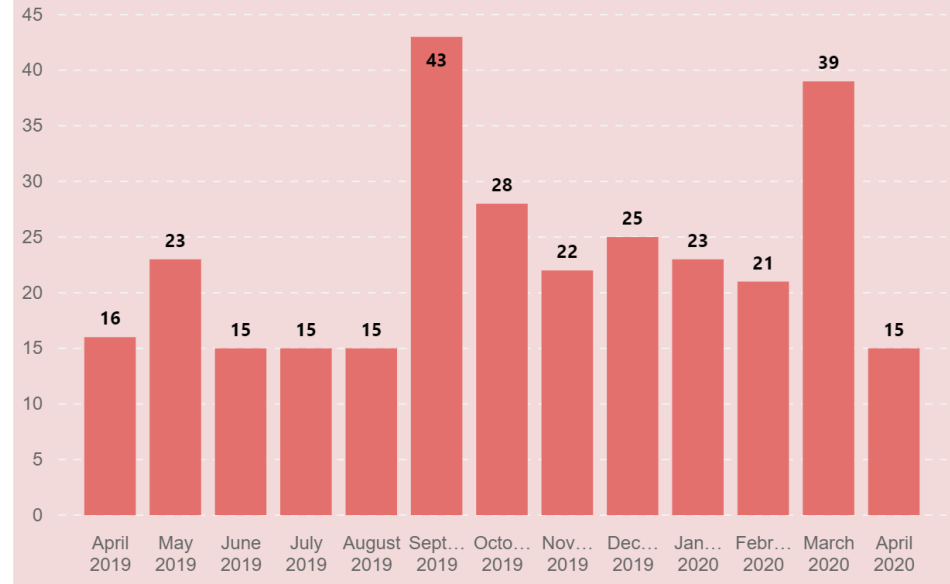




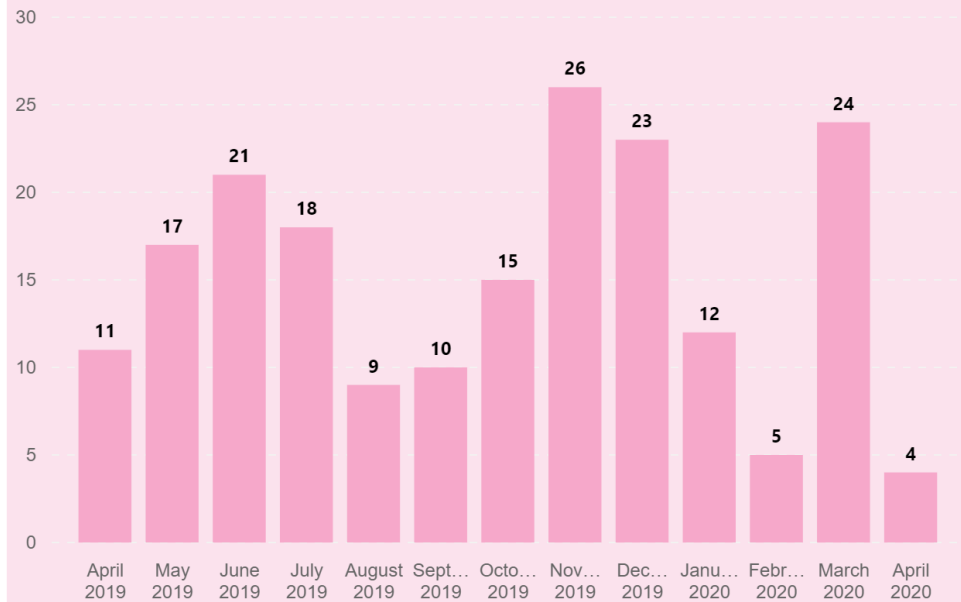
31a. No. of Section 47 Assessments Commenced



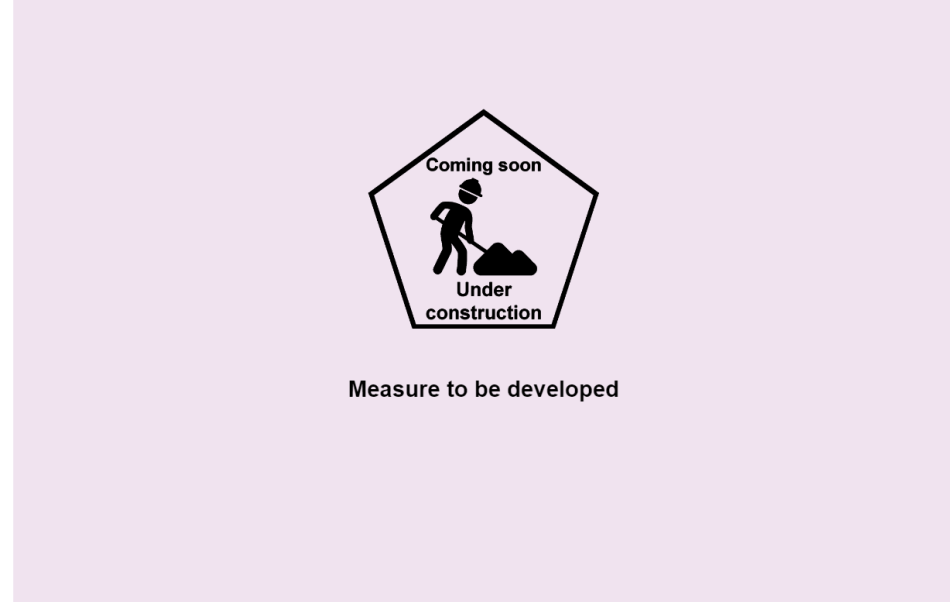
31b. No. of Strategy Meetings Held

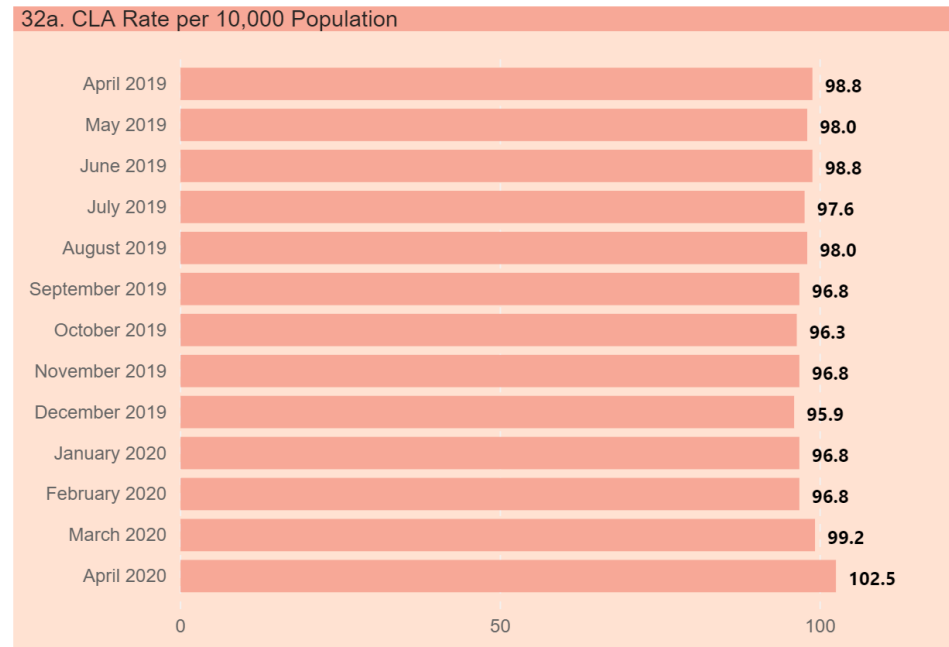
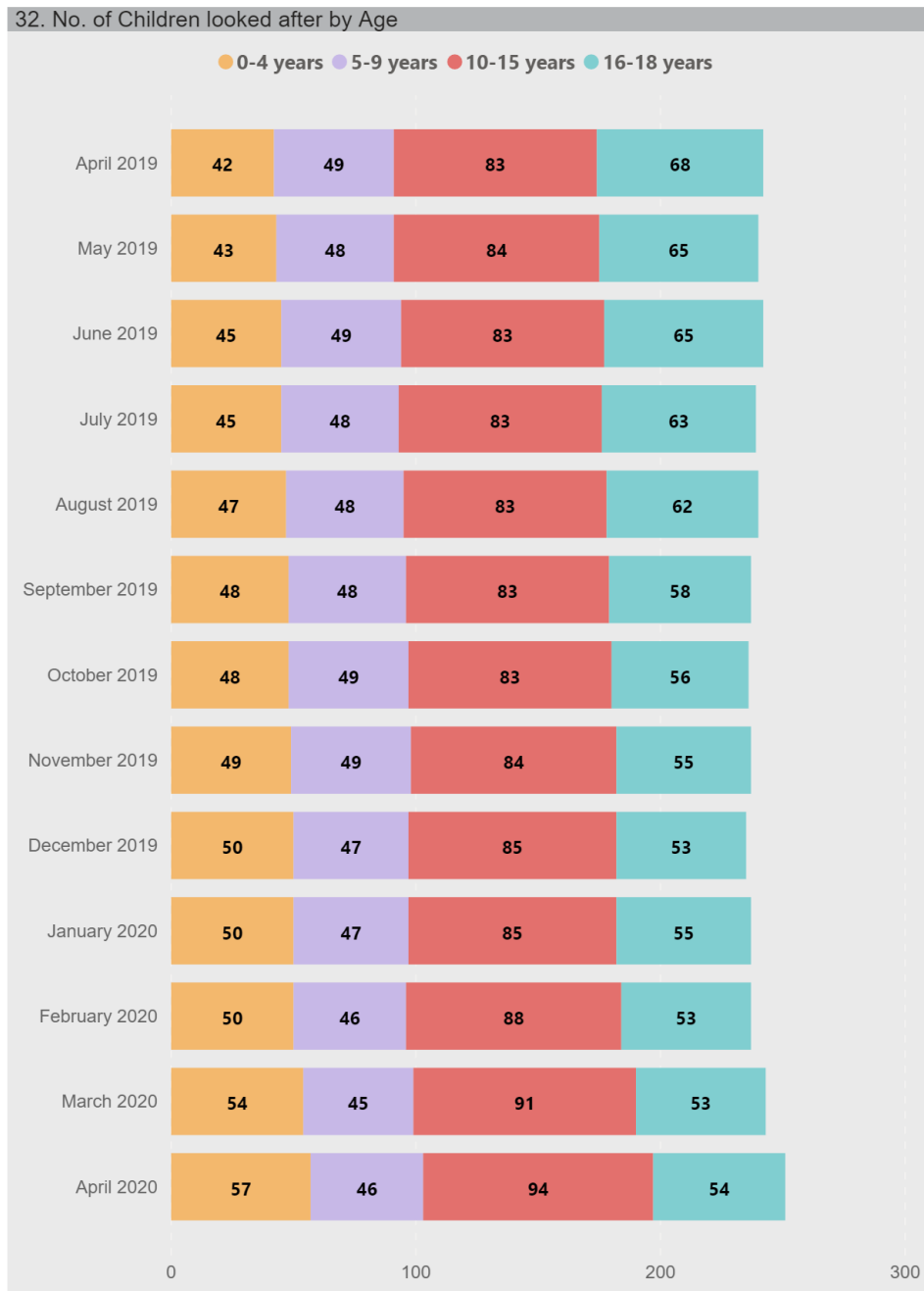


31c. No. of Initial Case Conferences

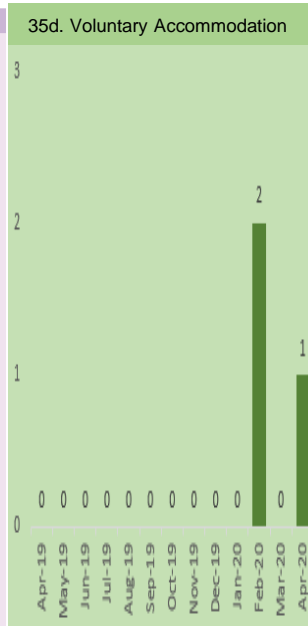
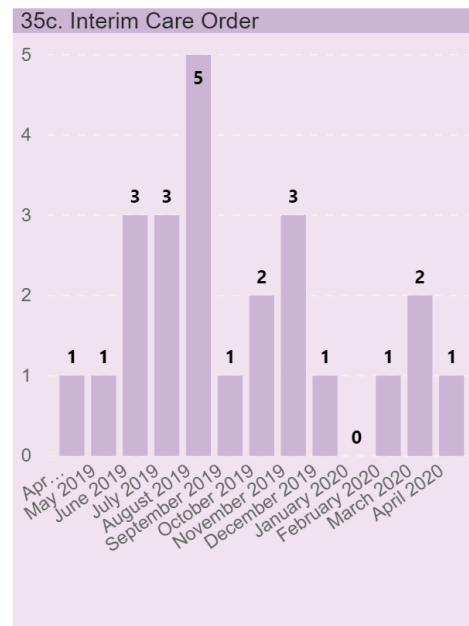
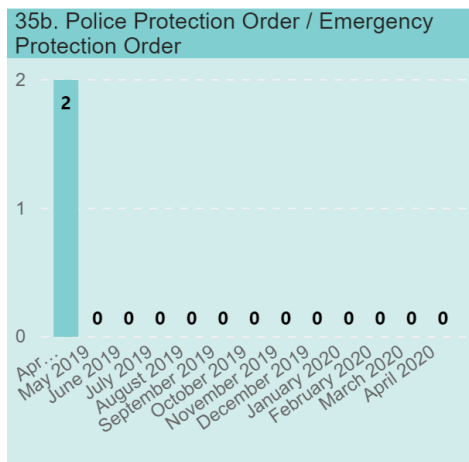
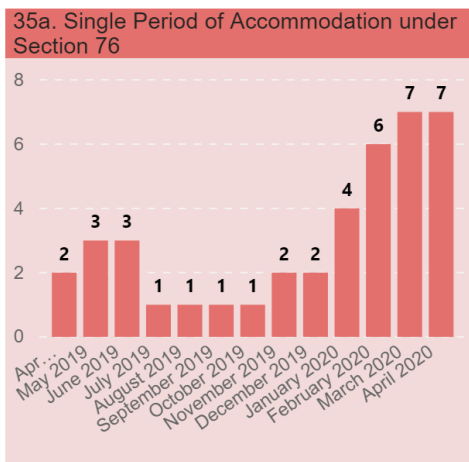
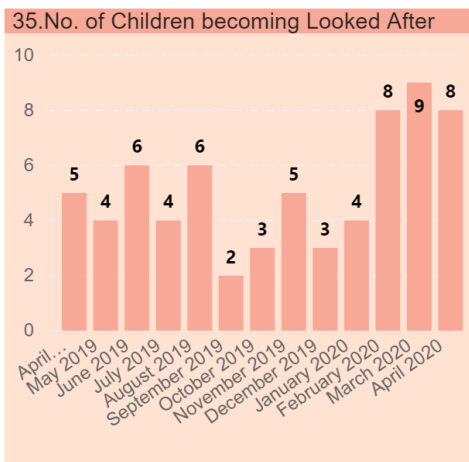
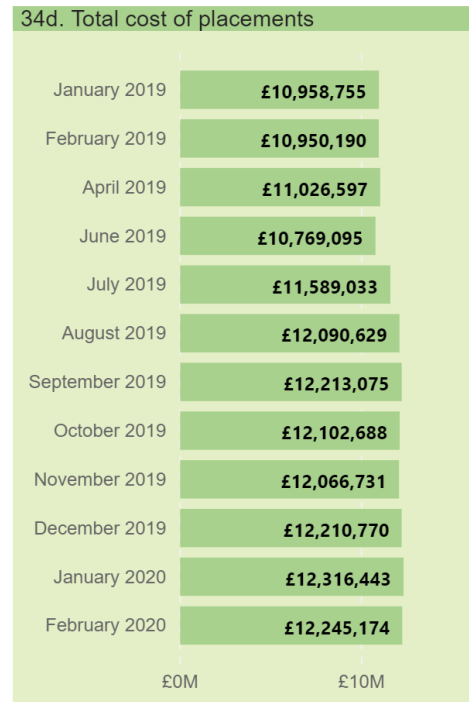
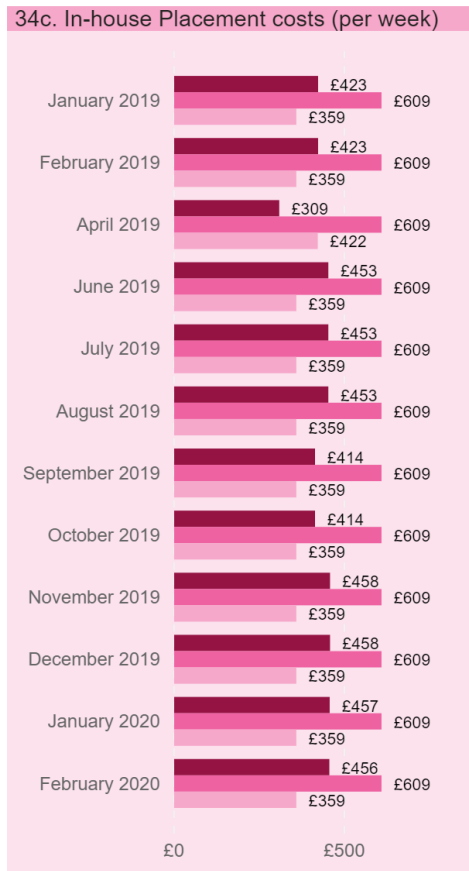
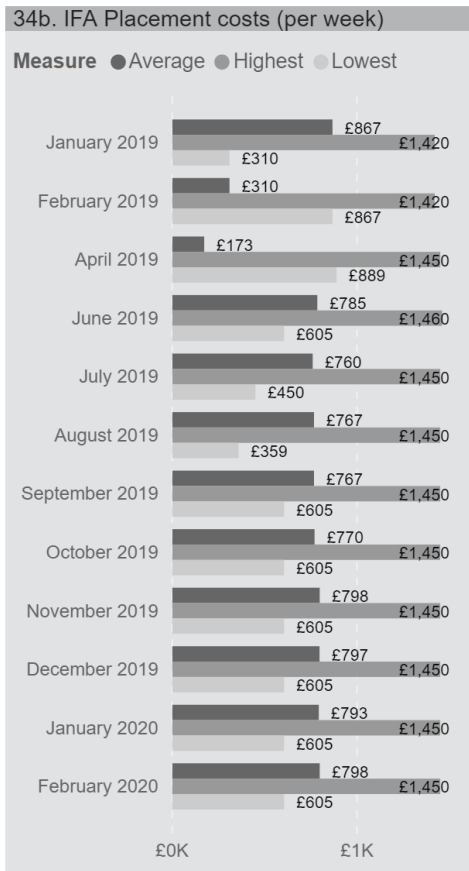
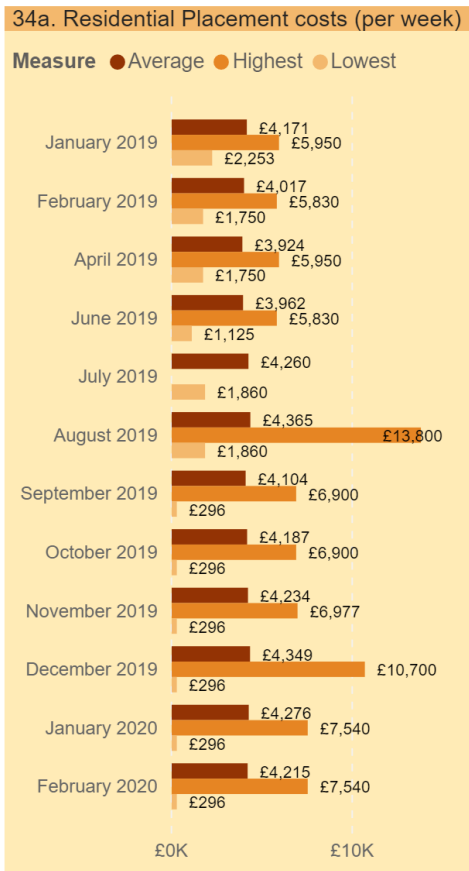


31d Percentage Reviews in timescale



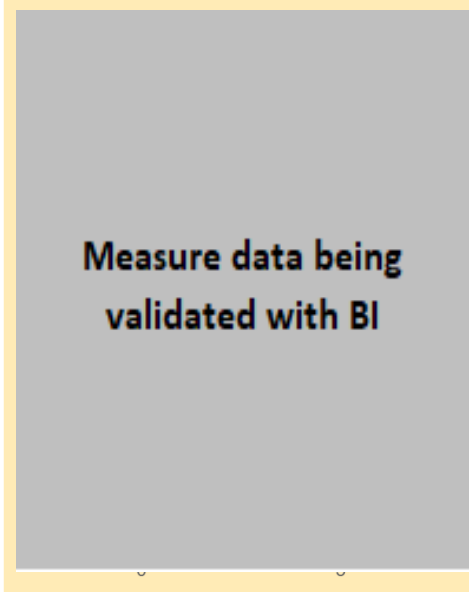


Tudalen 70

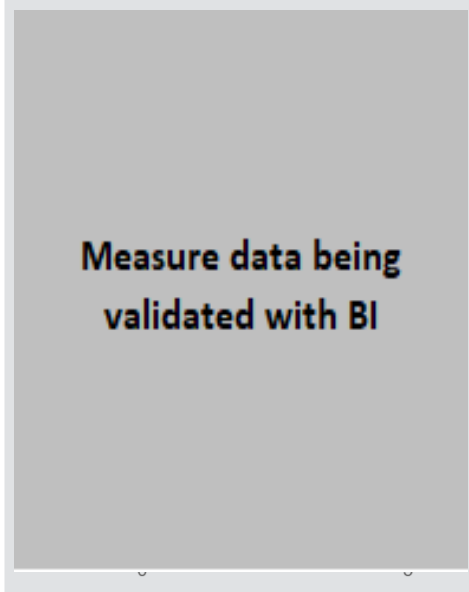




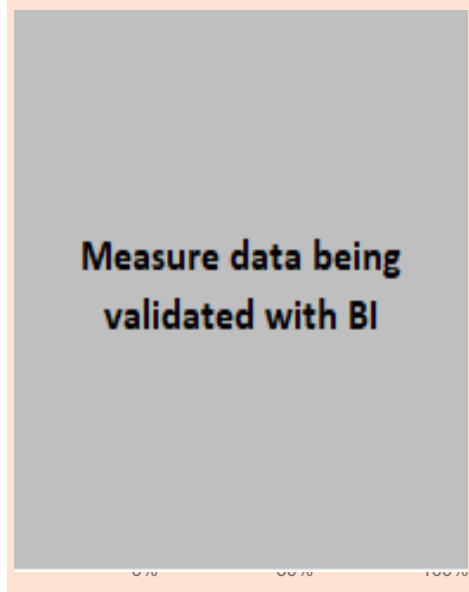
40. No. of Children who should have had a care plan within 10 days of placement



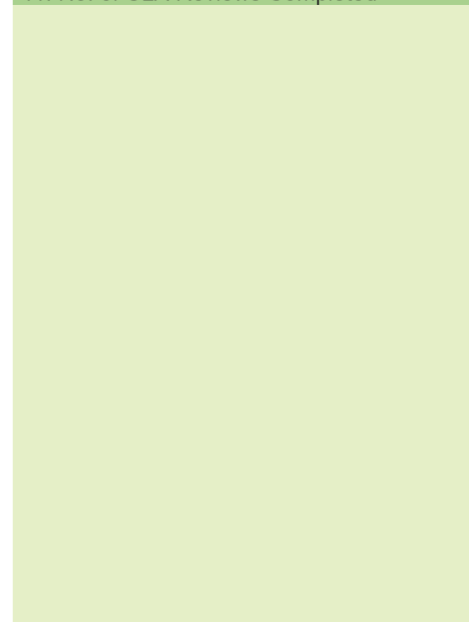
40a. No. of Children who had a care plan within 10 days of placement



40b. Percentage of children who had a care plan within 10 days of placement



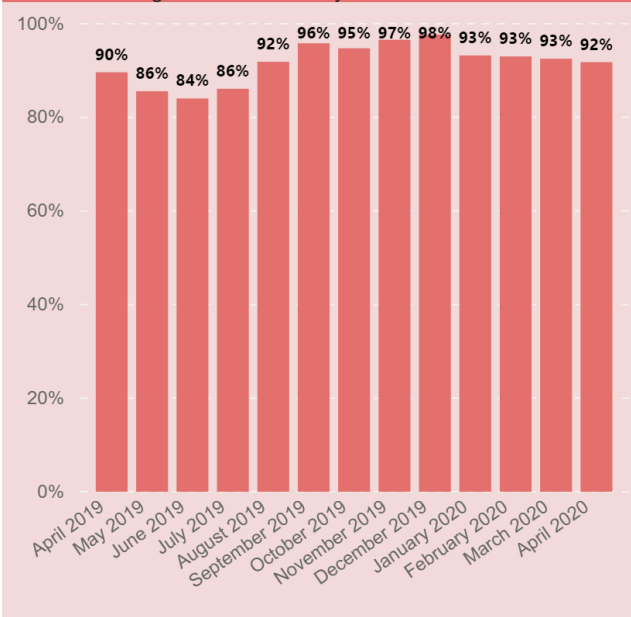
41. No. of CLA Reviews Completed



42. No of CLA Stat Visits Taken Place



42a. Percentage of CLA statutory visits on time



42b. No. of CLA stat visits out of time





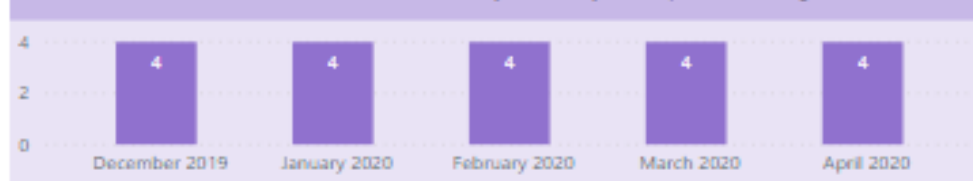
Out of County Placements

Tudalen 73

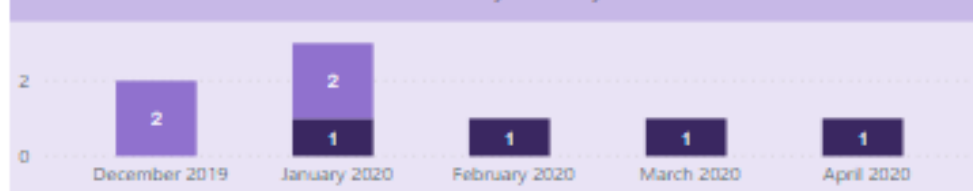
Total Number of Children Placed Outside Local Authority Boundary



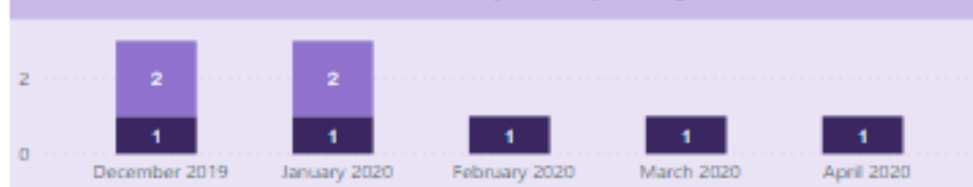
Number of Children Placed Outside Local Authority Boundary - Independent Living



Number of Children Placed Outside Local Authority Boundary - Secure accommodation



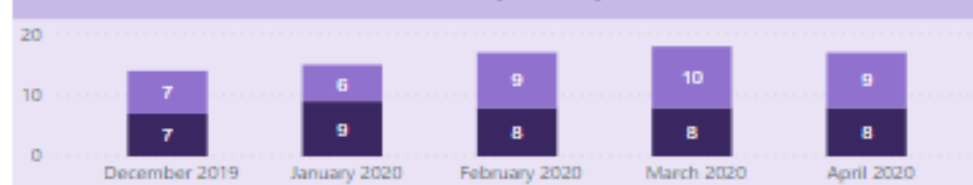
Number of Children Placed Outside Local Authority Boundary - Unregulated Placement



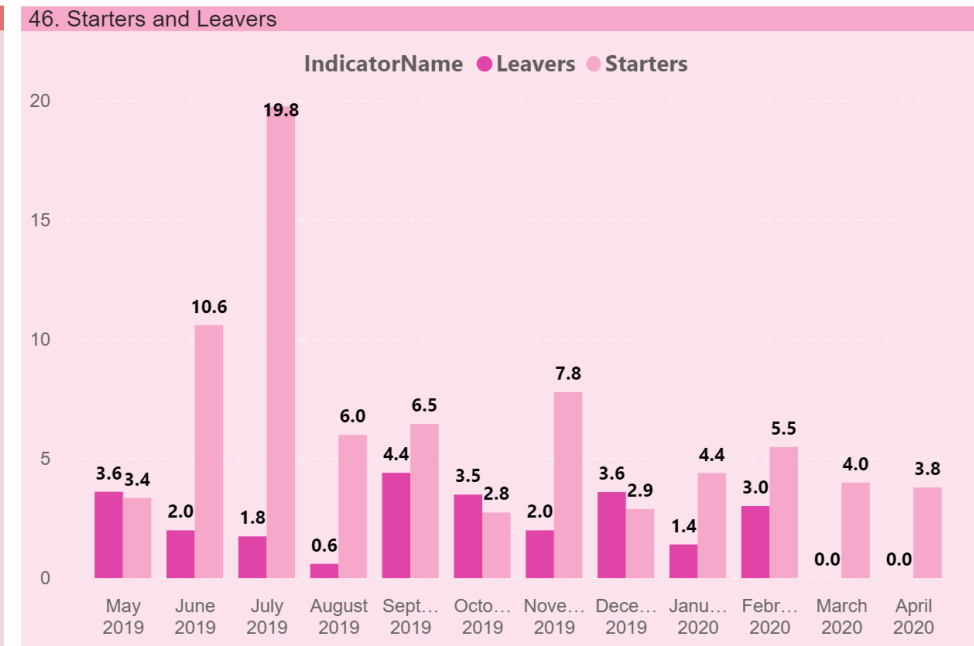
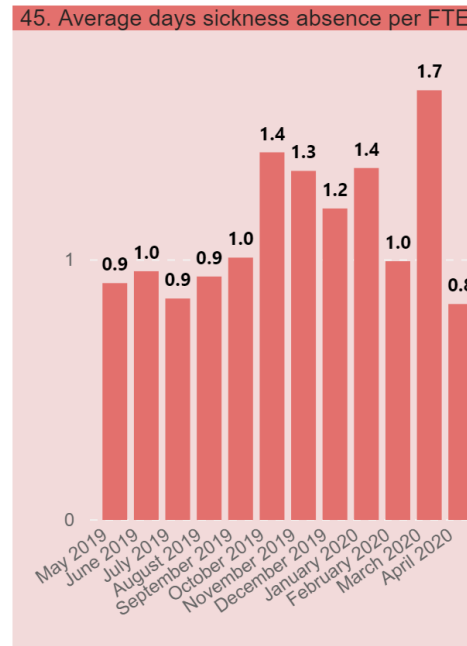
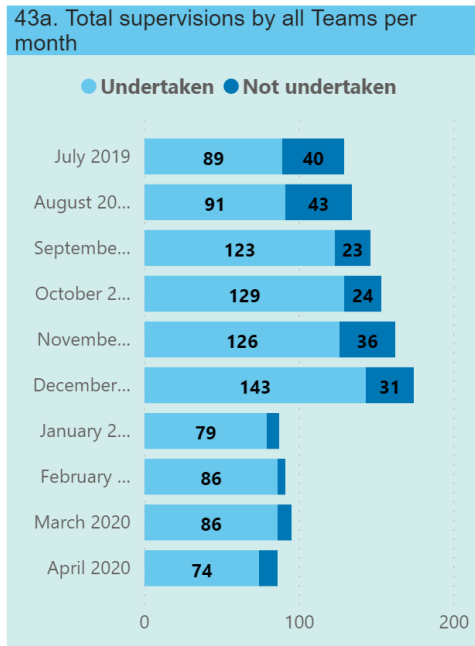
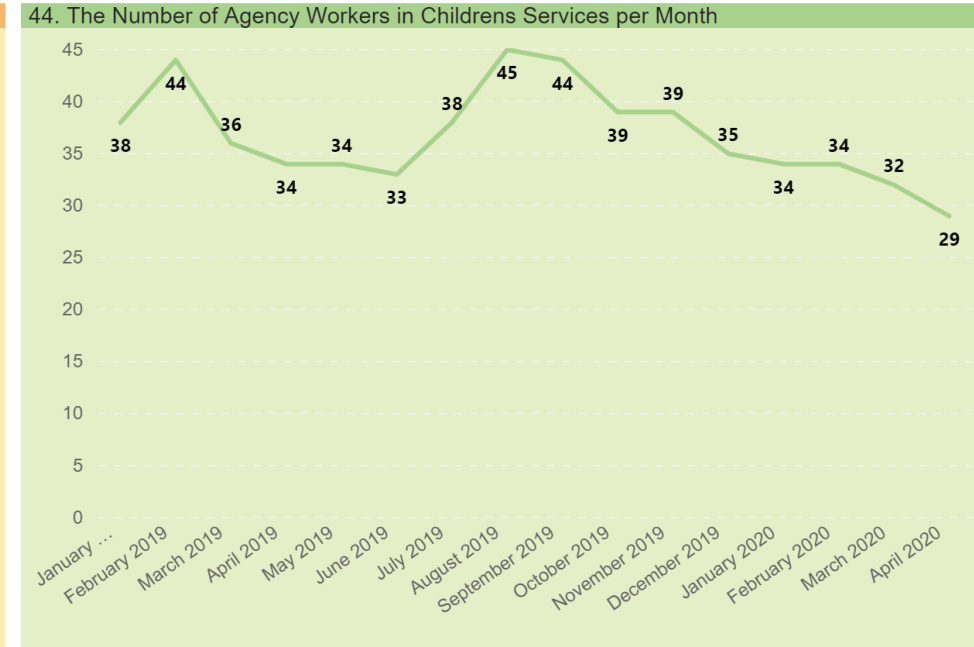
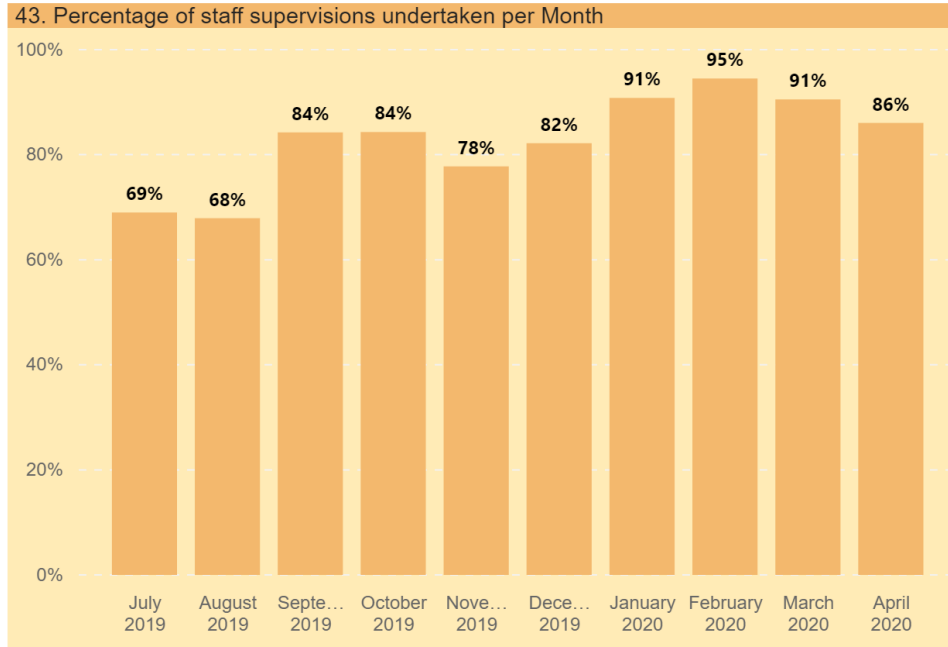
Number of Children Placed Outside Local Authority Boundary - IFAs



Number of Children Placed Outside Local Authority Boundary - Residential



● Outside Local Authority Boundary and Inside Wales ● Outside Local Authority Boundary and Out...

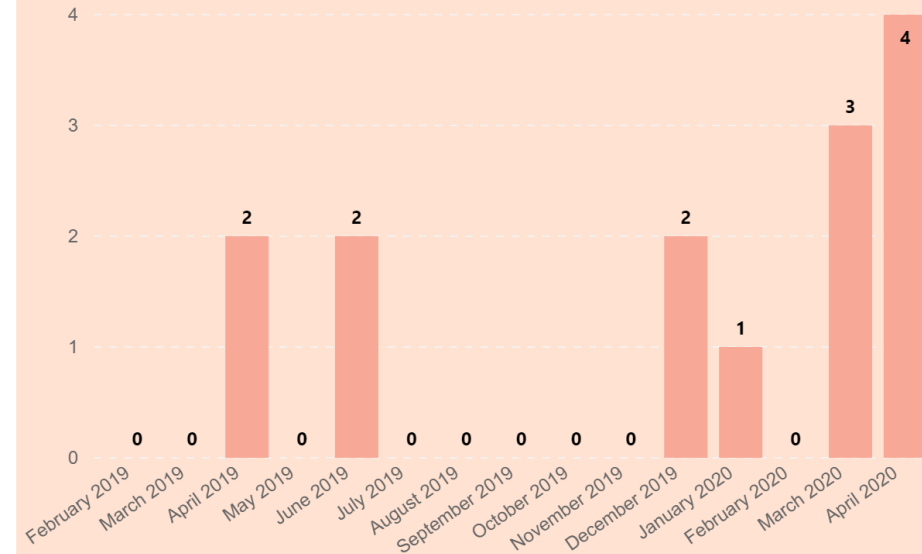


48. Case quality audits overview

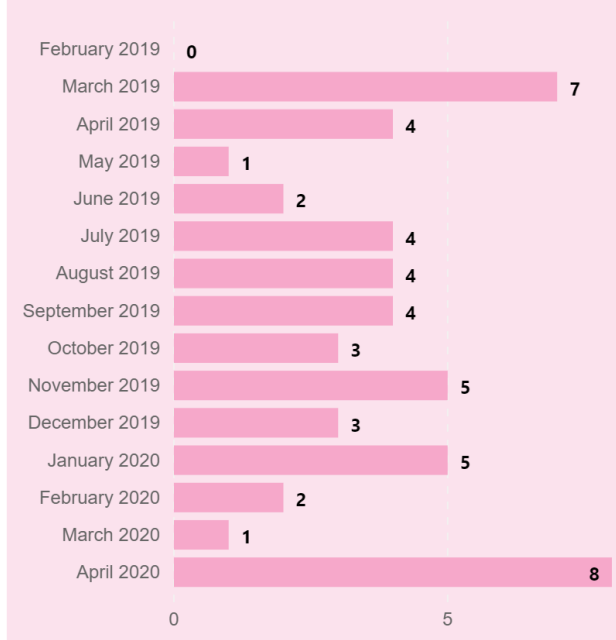


New reporting excel sharepoint link under construction for these measures

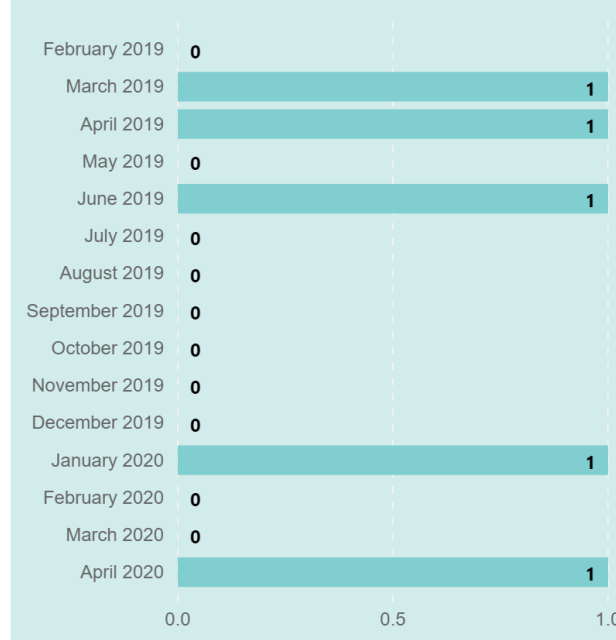
49. Number of Compliments



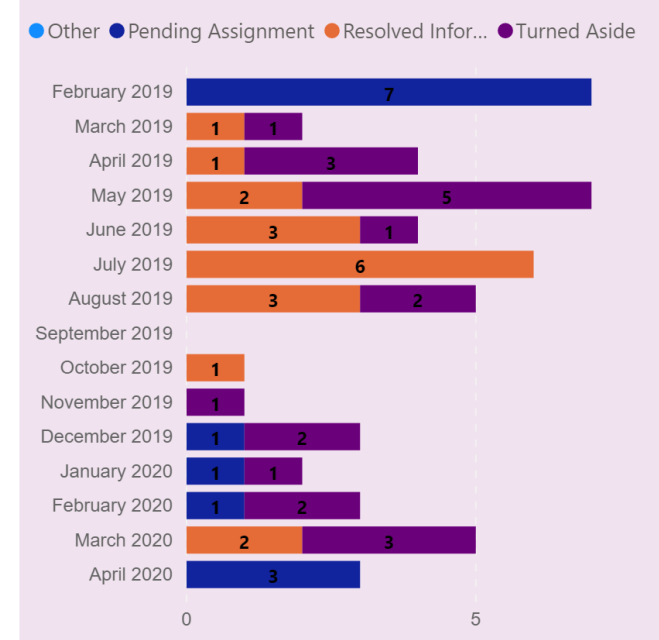
51a. Number of Complaints RECEIVED - Stage1



51b. Number of Complaints RECEIVED - Stage2



51c. Number of Complaints RECEIVED - Other



Mae'r dudalen hon wedi'i gadael yn wag yn fwriadol