

Bundle Health Board 15 October 2020

10.00am-12.30pm Via Webex and Livestreamed in Public

- 1 10:00 - B20/1 Joint Chairs' Welcome
- 2 10:05 - B20/2 Apologies for Absence
- 3 10:06 - B20/3 Declarations of Interest
- 4 10:07 - B20/4 Draft Minutes of the Joint Meeting held on 10.10.19 for accuracy and review of actions
B20.4 Minutes B2B CHC 10.10.19 V0.04.docx
- 5.1 10:17 - B20/5 COVID-19 Update
- 5.1.1 B20/5.1 Safe Return to Services - Gavin MacDonald
B20.5.1 Return to safe services_bilingual pptx.pptx
- 5.1.2 B20/5.2 Immunisation - Teresa Owen
B20.5.2 Vaccination Update v2_Bilingual.ppt
- 5.1.3 B20/5.3 Testing - Teresa Owen
B20.5.3 Test Trace Protect v0.2_Bilingual.ppt
- 5.1.4 B20/5.4 Outbreak Management - Chris Stockport
Slides to follow 13.10.20
- 6 11:17 - B20/6 Mental Health Services - Teresa Owen
B20.6 Mental Health_Bilingual.ppt
- 7 11:37 - B20/7 Vascular Services - Arpan Guha
B20.7 Vascular v3 JG 3.10 AG 5.10_Bilingual.ppt
- 8 11:57 - B20/8 Closure of Penrhos Polish Nursing Home - Chris Stockport
B20.8a Penrhos Polish Home CHC_letter from CHC to BCU.pdf
B20.8b Penrhos Polish Home reply to CHC 07 10 20 CE20-2454.pdf
B20.8c Penrhos Polish Home_bilingual_received 7.10.20 @ 1629.pptx
- 9 12:12 - B20/9 Access to NHS Dentistry in North Wales - Chris Stockport
B20.9 Dental_bilingual_received 7.10.20 @ 1629.pptx
- 10 12:27 - B20/10 Special Measures - Gill Harris
B20.10 Special Measures Update Report.pdf
- 11 B20/11 Date of Next Meeting
To be arranged May 2021



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Betsi Cadwaladr University Health Board (BCU)
and
North Wales Community Health Council (NWCHC)

Joint Board Meeting

Minutes of the meeting held on 10.10.19 in Venue Cymru, Llandudno

Present:

Health Board

Mr Mark Polin, Chair
Prof Nicky Callow, Independent Member (University)
Cllr Cheryl Carlisle, Independent Member
Mr John Cunliffe, Independent Member
Mr Gareth Evans, Associate Board Member
Mrs Gill Harris, Executive Director of Nursing & Midwifery
Ms Sue Hill, Acting Executive Director of Finance
Mrs Jackie Hughes, Independent Member
Cllr Medwyn Hughes, Independent Member
Mr Eifion Jones, Independent Member
Mrs Marian Wyn Jones, Vice Chair
Mrs Lyn Meadows, Independent Member
Miss Teresa Owen, Executive Director of Public Health
Mrs Lucy Reid, Independent Member
Ms Dawn Sharp, Acting Board Secretary
Dr Chris Stockport, Executive Director of Primary Care & Community Services
Mr Mark Wilkinson, Executive Director of Planning & Performance

Community Health Council

Mr Mark Thornton, Chair
Mr Geoff Ryall-Harvey, Chief Officer
Mrs Jackie Allen, Wrexham Local Committee
Ms Eleanor Burnham, Wrexham Local Committee
Cllr Phil Capper, Conwy Local Committee
Mrs Celia Hayward, Wrexham Local Committee
Dr Garth Higginbotham, Vice Chair
Miss Morfudd Jones, Denbighshire Local Committee
Ms Val Monaghan, Ynys Môn Local Committee
Mrs Sian Ramessur, Conwy Local Committee
Mr Peter Rendle, Ynys Môn Local Committee
Mrs Carol Williams, Deputy Chief Officer

In Attendance:

Mrs Kate Dunn, Head of Corporate Affairs
Prof Arpan Guha, Deputy Executive Medical Director
Mr Lawrence Osgood, Associate Director of Workforce
Mrs Lesley Singleton, Director of Partnerships Mental Health & Learning Disabilities

Agenda Item Discussed	Action By
<p>B19/1 Joint Chairs' Welcome and Introductions</p> <p>Mr Thornton welcomed everyone to the meeting and invited those present to speak either in Welsh or English. Mr Polin introduced a range of deputies from the BCUHB Executive Team.</p>	
<p>B19/2 Apologies for Absence</p> <p>Mr Mark Polin noted that apologies had been received on behalf of Mr Gary Doherty, Dr David Fearnley, Mrs Sue Green, Mr Andy Roach, Mr Adrian Thomas and Mrs Helen Wilkinson for the Health Board and explained the valid reasons for his. He also acknowledged receipt of a list of apologies from the CHC namely Ms Joy Baker, Mr Phil Edwards, Mr Aaron Osborne-Taylor, Mrs Kelly Benton, Mr Adrian Drake-Lee, Mr Gordon Hughes, Ms Liz Liddall, Ms Sue Wright, Mrs Di Gill, Ms Linda Harper, Ms Vera Wilson, Ms Margaret Buttigieg and Ms Rita Jones.</p>	
<p>B19/3 Declarations of Interest</p> <p>None declared at this point.</p>	
<p>B19/4 Draft Minutes of the Joint Meeting Held on 15.10.18</p> <p>B19/4.1 It was agreed that the minutes were an accurate record and noted that all actions had been completed.</p> <p>B19/4.2 A matter arising had been raised in terms of a paper having been provided on staff retention as agreed at the last meeting. Mr Osgood presented the paper and highlighted that the Board currently faced a challenging recruitment environment. Although vacancy rates within nursing, medical and midwifery were currently lower than average, the situation was not where the organisation would wish to be and there were a range of plans in place to address this. Key to improving the situation were ensuring exit interviews were undertaken across the Health Board, identifying and targeting high risk areas, promoting the good practice of buddying. Mr Osgood reported that the first cohort of a programme showed significant improvements in staff engagement and that the second cohort had now commenced. There was a strong focus on the induction programme and engaging with newly appointed staff as there was evidence that a large proportion of leavers from the organisation were leaving within their first two years of employment with the Health Board. Exit interviews had identified three main areas of concern which were communication, workload and violence & aggression.</p> <p>B19/4.3 Mr Ryall-Harvey was pleased to see an improvement in retention rates, noting there remained room for improvement. He suggested that recruitment should have a similar focus and Mr Osgood set out a range of initiatives including a revised consultant recruitment programme; the appointment of a Head of Resourcing; participation in recruitment fairs and the use of social media. In terms of improving the pace of the recruitment process, Mr Osgood reported that BCUHB was benchmarking each stage of the Trac system across Wales with the aim of moving to a 'best in Wales' position.</p>	

B19/4.4 Mrs Allen suggested that conversations with staff considering leaving should start at the earliest opportunity rather than at the exit interview. Mr Osgood supported this and that the workforce teams would be trying to gather this sort of intelligence.

B19/4.5 Ms Burnham noted that staff often shared frustrations with CHC members during visits around workload, work-life balance and overuse of agency workers. She would support an increased focus on filling vacancies in-house through regradings and developing staff – for example healthcare support workers. Mr Osgood supported the development of existing staff and confirmed that there was a current drive to move many healthcare support workers to substantive posts. In terms of agency use he reported there were a number of programmes such as more efficient rostering, the better utilisation of the substantive workforce and making the BCUHB bank staff rates of pay more attractive. He noted that the Board would need to retain the flexibility to utilise temporary staff to ensure services were safe. Mrs Harris added that having more staff on the BCU bank would mean a wider pool of staff who were familiar with the organisation's ways of working. Mrs Ramessur wondered if there was any evidence that nursing staff left and returned as agency nurses as the pay was more attractive. Mr Osgood suggested this information could be sought at exit interview.

B19/4.6 Mrs Wyn-Jones felt it was important to build on the successes relating to students going onto develop their careers and living in North Wales. Professor Guha supported a holistic approach to recruitment and retention, and increasing the level of support available to existing staff to give them opportunities. Mr Rendle enquired about the GP training scheme and how quickly the doctors came 'on stream'. Dr Stockport confirmed that for the first time in many years the trainee list was full and there had been permission given to increase the scheme. He reported that the individuals on this list were qualified specialist GP trainees who had already undertaken their hospital training and were undertaking the three year GP training scheme.

B19/4.7 Ms Monaghan enquired about the redeployment of older members of staff or those less able to continue to meet the physical demands of some jobs. Mr Osgood confirmed that occupational health profiles could be undertaken to help place individuals appropriately.

B19/4.8 Mr Thornton suggested that it should not be underestimated how the availability of modern facilities and equipment affected recruitment and retention. Mr Polin agreed that it was essential to be proactive in terms of the use of digital technology and developing the estate. He made reference to a complementary paper on recruitment that was discussed at the Finance & Performance Committee and offered to share a copy with the CHC. He suggested that the workforce would need to change to support the wider transformation and sustainability agenda for the Health Board which would mean some challenging times but he was reassured by the comprehensive programme of work that was in place.

MP

B19/5 Special Measures

B19/5.1 Mr Polin confirmed that the recently received new framework from Welsh Government (WG) provided an enhanced format, requiring the Health Board to make a judgement around key areas of improvement and whether progress was sufficient. He reminded members of areas of positive progress in that GP out of hours had been de-

escalated from Special Measures, and there was a good commentary around adult mental health services and sustainability. He went on to highlight the key areas that required continued focus, namely – leadership; finance and use of resources; strategic vision and challenge / sense of direction; operational performance. He indicated that he personally chaired the Special Measures Improvement Framework (SMIF) Task & Finish Group which would develop the response against the new framework, and that the Executive Team were currently assessing the current performance to identify where gaps existed. Mr Polin outlined his own view as to where the key challenges lay: 1) ensuring a clear direction and vision for the organisation; 2) financial recovery and 3) poor performance particularly around unscheduled care and planned care. He was of the view that until the organisation could demonstrate grip and control in financial recovery and deliver sustained improvements in performance, it was unlikely that it would come out of Special Measures. He was assured that the focus was in the right areas but pace needed to significantly improve.

B19/5.2 Mrs Harris stated that there were robust conversations around unscheduled care and referral to treatment to ensure performance was monitored appropriately and potential harm was identified and minimised. The numbers of patients who were waiting a very long time in Emergency Departments (EDs) had been addressed. She reminded members that having a focus on performance also had a corresponding improvement to patient experience and care.

B19/5.3 Mr Ryall-Harvey asked whether there had been any noticeable change in how WG was supporting the Health Board and Mr Polin felt that the relationship and communication had improved in his view in that the Board was clearer on WG's expectations. He felt that challenges made by WG were fair. Mrs Harris indicated there had been an acknowledgement that officers needed appropriate time between the quality and delivery meetings with WG to enable adequate time to make improvements.

B19/5.4 Ms Burnham sought clarification of the follow up backlog challenges and Mrs Harris set out that compared to other Health Boards, BCU offered a disproportionate amount of follow up appointments that were often not clinically required. She assured Ms Burnham that clinicians (including GPs) were part of the process to determine if a follow up was required or not, and that if there was a clinical need then a follow up appointment would still be made.

B19/5.5 Mrs Ramessur suggested that for many staff and patients, being in Special Measures had become the norm. Mr Polin acknowledged this comment but noted that the Board continued to attract high calibre candidates for vacancies that positively brought new perspectives to the leadership and clinical teams. Mr Ryall-Harvey thought it important to remember that it was not the staff nor individuals who were in Special Measures and did not reflect on the level of care that was provided to the population of North Wales. Mrs Ramessur suggested that the good news stories were often not sufficiently highlighted. Mrs Harris accepted this point and noted that there were some areas where BCUHB was pioneering services across Wales and these could be better celebrated.

B19/5.6 Mrs Ramessur raised the issue of waiting times from GP referrals. Mrs Harris indicated that by reducing the number of follow up appointments, capacity would be

created to enable patients to be seen at first appointment more quickly. She indicated that teams were also reviewing demand and ensuring this was aligned to appointments. The current backlog did mean that this wouldn't be achieved overnight but it was a firm commitment.

B19/6 Executive Team Changes

Mrs Harris informed members of a range of recent appointments or changes to the Executive Team within BCU including:

- The appointment of Dr David Fearnley as the new Executive Medical Director
- The appointment of Ms Sue Hill as Acting Executive Director of Finance
- The interim appointment of Mr Philip Burns as Recovery Director

B19/7 Digitally Enabled Clinical Strategy

B19/7.1 Professor Guha introduced the agenda item by summarising that he was conscious of the many challenges facing the delivery of a digitally enabled strategy for clinical services, however, he remained optimistic. He also felt that the Health Board had many things to be proud of and he gave examples including a UK wide award won for caring for patients who may develop an embolism; having one of the lowest sepsis mortality rates in Wales and some of the best indicators for neonatal care.

B19/7.2 Professor Guha and Mrs Harris jointly delivered a presentation which encompassed:

- The opportunity to pause and reflect on progress with the development of the clinical strategy.
- The clear need to engage with partners including staff and public, to listen to their views and ensure that the challenges facing the Board are widely understood.
- The need for the strategy to be clinically driven.
- The need for the strategy to meet quality standards and Royal College guidance
- The importance of driving service sustainability and using the workforce differently.
- Exploring partnership opportunities such as unified pathways.
- Ongoing conversations with Welsh Government about short term delivery to enable the longer term plans.
- Reflection on what would drive the strategy including the example of stroke pathways and use of digital technology.
- BCU-wide ambition and solutions.
- Giving confidence that digital technology can support care closer to home and remove unnecessary patient journeys.
- Using digital technology to future proof services

B19/7.3 A discussion ensued. Ms Burnham enquired how digital technology would help patients such as those with high blood pressure or with catheters. Mrs Harris reported on work through the 'safe clean care' infection prevention programme to reduce use of catheters and that the text reminder service could be used to arrange a visit by a district nurse or health visitor. Professor Guha also noted that there were opportunities to use technology in the home to monitor things like blood pressure, blood sugar etc. and to enable early notification and early mobilisation of resources to

prevent people from coming into secondary care in the first place. Ms Burnham also raised the impact of the General Data Protection Regulations and Mrs Harris indicated that ongoing governance checks were being undertaken and that there were issues around the sharing of information across organisations to be resolved. Mrs Allen enquired whether there would be an 'opt out' facility for individuals in terms of their information being shared. It was stated this would be a longer term challenge to resolve, and Mr Cunliffe added that this matter would also be a focus for the Digital Information & Governance Committee.

B19/7.4 Mrs Allen noted that there would be a cohort of patients who were unable or unwilling to utilise technology. Mrs Harris stressed that the main benefit for patients would be around technology freeing up time elsewhere so that healthcare professionals could provide more face to face and personal care. Mrs Reid added that another significant benefit would be to enable connectivity between hospitals and services so that clinicians were better informed and enabled. Mr Thornton felt that some individuals would be unable or unwilling to engage with the technology. Mrs Harris accepted that changes from the status quo could often be a challenge for some people.

B19/7.5 Mr Higginbotham suggested that having the population and stakeholders on side would be essential and there was a need to combat the negative messages. Mrs Harris referred to a conversation around communications that had taken place at a recent Board Workshop and the acknowledgement of the effect communications and organisational reputation had on staff morale.

B19/7.6 In terms of the next steps Mrs Harris confirmed that conversations would be built upon with the CHC in terms of engagement for the strategy, together with working with stakeholders to prioritise actions for early pathway work in 2020-21. Mr Polin added that he had requested a further discussion at the Board Workshop in December.

B19/8 Financial Recovery

B19/8.1 Ms Hill presented the paper. She highlighted that it was essential for the organisation to establish grip and control of the run rate and to address the financial baseline. She noted that the work of the Financial Recovery Group which reported into the Finance & Performance Committee was key to making progress towards the challenging control total that Welsh Government had set. Ms Hill reported that the month 5 position was a £18.2m deficit which was £4.5m off plan. £6.7m of savings had been delivered in-year in terms of cash releasing schemes. Ms Hill drew members' attention to the forecast scenarios set out on page 3 and finally she confirmed that all the savings programmes were subject to quality impact assessment.

B19/8.2 Mr Thornton recognised the impact that the financial position had on the reputation of the organisation and reiterated that the main concern for the CHC was patient experience and patient care. He sought reassurance that in managing the deficit there wouldn't be a deterioration in care. Mrs Harris confirmed that nursing was exempted from some of the vacancy recruitment controls and that there was a clear process to ensure if there were clinical concerns to a savings scheme then it was halted.

<p>B19/8.3 Mrs Allen raised issues around some parts of the BCU estate. Ms Hill confirmed there was an estates strategy in place and reminded members that around £150m had been invested over a period of five years. Mrs Harris reiterated the need for prioritisation of resources and that risk assessments did support strategic decisions. Mr Polin stated that it must be recognised that the status quo was not an option and a consolidation of services was necessary which would have implications for the estate and workforce. He assured members that this would be undertaken in an informed and consulted way but there should be no doubt that there would be difficult decisions ahead.</p>	
<p>B19/9 Mental Health</p> <p>B19/9.1 Mrs Singleton provided a verbal update and highlighted key areas of work within the Mental Health and Learning Disabilities (MHDLS) Division, noting that presentations had also recently been made to the CHC. She outlined a transformation project to build resilience within community services by addressing crisis points much earlier on. It was noted there were three “ICan” centres within unscheduled care to support colleagues to help people attending EDs who were in crisis. Finally she reported on an unannounced visit by HIW to Cefni Hospital and that the informal feedback was broadly positive in terms of clinical leadership, nursing care and the environment, with some recommendations for improvement around estates.</p> <p>B19/9.2 Mrs Allen indicated that she had been unable to locate the ICan centre in Wrexham Maelor Hospital on a recent visit despite asking the staff. Mrs Singleton asked her to provide details which she would look into. Mrs Ramessur raised the issue of Child Adolescent & Mental Health Services (CAMHS) and Mrs Singleton confirmed that the strategy encompassed all ages and the teams were working closely with CAMHS to ensure appropriate and timely intervention to prevent escalation into adult mental health services. Mr Polin highlighted the strong position in terms of the intervention target. Mr Thornton recognised the good work within the Division.</p>	JA/LS
<p>B19/10 Performance</p> <p>B19/10.1 Mr Wilkinson presented the Integrated Quality and Performance Report (IQPR), noting that much of the earlier discussion also related to performance. He confirmed that the Board was focusing its efforts on the key area of timely access to planned and unscheduled care.</p> <p>B19/10.2 With regards to unscheduled care he noted that:</p> <ul style="list-style-type: none"> • The measures impacted much wider than just EDs. • Whilst it was easy to focus on metrics there was a need to contextualise that the demand was increasing and out-stripping capacity. There was also a higher level of acuity amongst patients. • WG were looking for year on year improvement. • Three out of four measures had improved in August 2019 compared to August 2018. • There were consistent improvements to ambulance wait targets. • Wrexham Maelor Hospital continued to be challenged in terms of the 4 hour wait but the Board was fully appraised of this. • In summary the Board was falling short against the overall plan. 	

B19/10.3 A discussion ensued. Mrs Harris set out a range of improvements to address unscheduled care which had had some success but there was still a way to go. On a site basis she reported that the new ED at Ysbyty Gwynedd would facilitate a range of improvements and improvements were also in train at Ysbyty Glan Clwyd (YGC). Wrexham Maelor Hospital remained the biggest challenge and there were ongoing conversations with Local Authority colleagues to ensure appropriate and more timely discharge; plans for the use of Advanced Nurse Practitioners to support the ED; and an enhanced package of support including more presence by Executives on site. Mrs Harris also reported that winter plans were being developed with partners to focus on preventing admissions and enabling earlier discharge across all sites.

B19/10.4 With regards to planned care Mr Wilkinson noted that:

- The organisation was failing to provide timely access.
- There was limited evidence that the Board was not delivering expected activity.
- Long waiters had reduced slightly over the past 6 weeks but it was too soon to say if this was a trend.
- A 'treat in turn' approach was being taken.
- There were improvements to theatre productivity.
- Insourcing and outsourcing was being utilised to provide additional activity via WG investment.
- There was a drive to place orthopaedic services on a more sustainable footing.

B19/10.5 A discussion ensued. Mr Thornton noted that the totality of the IQPR also obtained a high level of scrutiny at the Quality, Safety & Experience (QSE) Committee. Mrs Allen summarised her perspective of the three District General Hospitals following recent visits. Common issues were shared across all three around long waits in EDs, the use of trolleys and long delays in ambulances awaiting triage and handover. The CHC were concerned at the length of time ambulances were tied up waiting at EDs and suggested that actions needed to be taken to ensure they were available for other calls as soon as possible. Mrs Harris confirmed that patients were assessed inside ambulances and depending on clinical need it did mean some would be brought into the hospital sooner than others. Mrs Reid indicated that Clare Bevan from the Welsh Ambulance Services NHS Trust was scheduled to attend the next QSE meeting and handover issues could be picked up there. Mrs Ramessur raised a point regarding access to medication and diagnostics by out of hours GPs on the YGC. Mr Stockport was not aware of any specific concerns but he would follow up with Mrs Ramessur outside of the meeting.

CS

B19/11 Diagnostics

Mrs Harris reported that there were continued concerns around breast radiology and endoscopy. A breast radiologist had been appointed but it would be some time before they took up post, therefore, capacity would be accessed from another source – either internally or from the Countess of Chester. In terms of endoscopy additional capacity had been bought in.

B19/12 Primary Care

B19/12.1 Dr Stockport presented the paper and drew out a range of points to note:

- The national GP contract had been significantly refreshed to tighten up issues around access and to make general practice in Wales more appealing.
- Three Wrexham managed practices would transfer back to being independent practices. The hard work and open minded approach with partners that had enabled this was acknowledged.
- A dental reform programme around sustainability was being taken forward across Wales and a third of BCU practices were participating in the programme.
- There was excellent work around independent prescribing within community pharmacy, together with a swab for sore throats pilot scheme was now being rolled out.
- There were examples of exemplary work within the clusters.
- An Academy had been established to support practices and professionals who wanted to develop advanced practice roles.

B19/12.2 A discussion ensued. Ms Burnham welcomed the update on the range of innovations but felt that the reality for many patients was a long wait to see the GP of their choice. Dr Stockport accepted there were challenges, and Mr Polin suggested there needed to be a level of optimism to look forward whilst recognising the problems. Mrs Hayward welcomed the increased use of community pharmacy but expressed concern that this might adversely impact on other services such as the delivery of repeat prescriptions. She also made reference to a disparity between independent and chain pharmacies. Dr Stockport indicated the Board was fully aware of a current issue regarding a large pharmacy chain and Mr Ryall-Harvey confirmed that the CHC was already dealing with this matter through ongoing correspondence.

B19/13 Changes to Nursing Rotas

B19/13.1 Mr Thornton opened this agenda item by reminding members that Health Board terms and conditions for staff were not an issue for the CHC, although if changes impacted upon the care and experience of patients, or indirectly affected retention and recruitment that would of course be of concern to the CHC. Mrs Harris summarised that the current issue had arisen following the intention of the Board to standardise nursing shifts across North Wales which had been a concern raised by staff themselves that there was disparity around being paid for breaks or not. A second element was around the length of the shift and ensuring people took their appropriate breaks and this was being monitored with the support of trade union partners. A concern had also been raised around the use of the electronic roster system in that staff sometimes did not receive notification of their shift patterns sufficiently in advance to allow them to plan. Implementation had been delayed until the new year to ensure the Board had the opportunity to listen and respond to the concerns, and Mrs Harris acknowledged that there would always be exceptions in cases of rurality, availability of public transport etc. She concluded by assuring members that the proposals were nothing exceptional to BCU and the impact would be closely monitored.

B19/13.2 Mrs Ramessur indicated that a leaflet was circulating from trade union partners which suggested that staff were being required to work an extra 30 minutes per day without pay. Mr Osgood confirmed that the standard terms and conditions were that if the length of the shift meant that staff must take a break on safety grounds, these breaks were unpaid. This did create capacity to reduce agency requirements.

<p>B19/13.3 Mr Thornton asked that the CHC be kept informed of the discussions and Mrs Harris would determine how best to provide relevant updates. Mr Polin acknowledged the concerns that had been raised around this issue.</p>	GH
<p>B19/14 Date of Next Meeting</p> <p>To be arranged during May 2020. Mr Thornton indicated that this was his last joint board meeting as his tenure with the CHC was coming to an end. Mr Polin thanked him for his challenge and scrutiny of health services, and the positive partnership approach.</p>	
<p>B19/15 Any Other Business – Vascular Services</p> <p>B19/15.1 A declaration of interest was raised by Prof Nicky Callow as the University member on the Health Board and Dean of the College of Human Sciences in which the School of Medical Sciences is housed. She confirmed that one of the Health Board's vascular consultants is the Head of the School of Medical Sciences, meaning she was their University line manager.</p> <p>B19/15.2 Mr Ryall-Harvey reported that the CHC had received a range of written submissions from both groups and individuals regarding vascular services and that he had agreed with Mr Doherty that an evaluation of the service six months into the new arrangements would go some way to assure the CHC of the robustness and safety of the service. Mr Polin confirmed that the Board was committed to reviewing the arrangements and he had recently met with a group of clinicians in Ysbyty Gwynedd who had raised some concerns over the pathway.</p> <p>B19/15.3 Prof Guha reminded members that the centralisation of the vascular service with a major arterial site at Ysbyty Glan Clwyd had been implemented following recommendations made by a range of bodies. He confirmed that diagnostic and other procedures continued across all three acute hospital sites. In terms of a review the initial three months' data was looking encouraging, and more incidents were now being recorded as negligible so whilst a higher level of reporting was being seen, the incidents were of less concern. Prof Guha acknowledged there had been some issues in setting up the service but there had been no major incidents regarding the transfer of patients to the major arterial centre. There were lessons being learnt from an incident relating to diagnostics, and Prof Guha was also aware of risks in terms of consultant staffing. There were also some clinical concerns about pathways not being followed correctly and these were being addressed.</p> <p>B19/15.4 Mr Thornton was assured that a review would be undertaken. Mr Ryall-Harvey enquired how patients, members of the public and clinicians would be involved and Prof Guha confirmed that there would be opportunities for involvement.</p>	

Summary Action Plan		
Minute Ref	Action Agreed	Officer(s) Responsible
B19/4.8	Share copy of F&P Committee paper on retention Progress – Completed. Email sent to CHC 28.10.19	Mark Polin
B19/9.2	CHC to provide detail of the issue around location of ICAN within Wrexham Maelor site, for further investigation. Progress – Completed. Email received from Jackie Allen on 24.9.20 and response sent to CHC 6.10.20	Jackie Allen / Lesley Singleton
B19/10	Follow up with Mrs Sian Ramessur her concerns around access by GPs to medication and diagnostics out of hours Progress - ongoing. A meeting is arranged for the 12.10.20	Chris Stockport
B19/13.3	Consider how best to keep the CHC updated on nurse rostering and changes to rotas Progress – Completed. Email sent to CHC 28.10.19	Gill Harris

Gwasanaethau'n dychwelyd yn
ddiogel

Safe Return to Services

Gavin MacDonald



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
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University Health Board

Maint yr Her The Scale of the Challenge

Amharwyd yn sylweddol ar ofal wedi'i drefnu gan y pandemig Covid-19

Mae nifer y rhai sydd wedi bod yn aros yn hir dros 36 wythnos wedi cynyddu i 40,000

Mae gweithgaredd theatr nawr ar 60% o'r gweithgaredd theatr cyn-covid

Mae gwasanaethau hanfodol yn dal i gael eu cynnal ond mae llai o weithgaredd o fewn yr ysbytai oherwydd yr uchod

Mae ail-ddechrau gwasanaethau rheolaidd yn cymryd yn hirach na'r disgwyl

Mae dull haenu risg yn cael ei ddefnyddio ar draws Cymru ar gyfer cam 4 ac mae model capasiti Gogledd Cymru wedi ei ddatblygu i hwyluso hyn drwy rannu capasiti ar gyfer arbenigeddau allweddol

Planned care has been significantly disrupted by the Covid pandemic

Long waiters over 36 weeks has increased to over 40,000

Theatre activity is now 60% of the pre-covid theatre activity

Essential services are still being maintained but at reduced activity within the hospitals due to the above

Re-starting of routine services is taking longer than expected

A risk stratification approach has been adopted across wales for stage 4 and a North wales capacity model has been developed to facilitate this by sharing capacity for key specialties

Rhaglen ail-ddechrau ac adfer C3/4 ***Q3/4 re-start and recovery programme***

Deall gweithgaredd man cychwyn C3/4 – Wedi'i gwblhau

Understand the Q3/4 baseline activity- Complete

Cynnal gwasanaethau hanfodol – archwiliadau rheolaidd – haen risg P -
Monitro

Maintaining essential services – regular audits – P risk stratification
- Monitoring

Opsiwn 5 – Dull "Unwaith dros Ogledd Cymru" mewn arbenigeddau
allweddol –

Option 5 – "Once for North Wales" approach in key specialties –

- GI isaf wedi ei gwblhau,
- Endosgopi wedi ei gwblhau
- Cataract wedi ei gwblhau
- Wroleg WIP- cysylltu â'r strategaeth

- lower GI complete,
- Endoscopy complete
- Cataract complete
- Urology WIP- linking into strategy

Ail-ddechrau gwasanaethau OPD mwy rheolaidd – wyneb yn wyneb

Re-starting more routine OPD services – face to face

- Rhaglen 'Consultant Connect'
- 'Attend Anywhere' – rhaglen adfer gyflym

- Consultant connect
- Attend anywhere – fast track recovery programme



GIG
CYMRU
NHS
WALES

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Ail-ddechrau Cataract re-start

Rydym yn cydnabod bod gennym ôl-groniad o gleifion yn aros am ofal llygaid a llawdriniaeth cyn Covid-19, ac yn ystod Covid-19 mae hyn wedi cynyddu ymhellach oherwydd bod llai o gapasiti a rhaid ystyried y risg.

Mae'r rhestr aros cataract wedi cael ei haenu yn ôl risg ac rydym wrthi'n trefnu apwyntiadau llawdriniaeth i'r cleifion sydd o fewn y risg uchaf. Ail-ddechreuodd llawdriniaethau cataract ym mis Awst ac fe'i trefnir bellach ar sail Gogledd Cymru.

Rydym yn gweithio ar ein cynlluniau adfer ond gallwn sicrhau'r CHC bod llawdriniaethau brys wedi parhau drwy gydol y cyfnod Covid-19.

We recognise that prior to covid-19 we had a backlog of patients waiting for eye care and surgery and that during covid this has further increased due to reduced capacity and balancing risk.

The cataract waiting list has been risk stratified and we are currently scheduling those patients within the highest risk for surgery. Cataract surgery re-commenced in August and is now booked on a North Wales basis

We are working through our recovery plans but can assure the CHC that urgent and emergency surgery continued throughout the covid-19 period.

Brechu COVID-19 COVID-19 Vaccination

- Mae llywodraethau'r DU, gan gynnwys Llywodraeth Cymru, wedi archebu miliynau o ddosau o frechlynnau addawol COVID-19.
- Bydd llinellau amser brechu yn dibynnu ar argaeledd y brechlyn
- Mae Grŵp Cyflenwi Tactegol Brechlyn COVID-19 aml-asiantaeth Gogledd Cymru wedi'i sefydlu i ddatblygu cynlluniau dosbarthu i roi brechlynnau ledled Gogledd Cymru.
- Grwpiau blaenoriaeth a sefydlwyd yn genedlaethol gan JCVI yn seiliedig ar amlygiad risg i COVID-19 - mae preswylwyr a staff cartrefi gofal yn grwpiau â blaenoriaeth uchaf, ac yna staff rheng flaen yna bandiau oedran a grwpiau risg clinigol.
- UK governments, including Welsh Government, have ordered millions of doses of promising COVID-19 vaccines.
- Vaccination timelines will be dictated by availability of vaccine.
- A multi-agency North Wales COVID-19 Vaccine Tactical Delivery Group has been established to develop delivery plans to administer vaccines across North Wales.
- Priority groupings established nationally by JCVI based upon risk exposure to COVID-19 - care home residents and staff are top priority grouping, followed by frontline staff then age-bands and clinical risk groups.

Ymgyrch brechu fflw 2020-21

Influenza vaccination campaign 2020-21

- Mae BCUHB wedi dyfeisio cynllun fflw cynhwysfawr gyda sawl llinyn gwaith newydd gan gynnwys cynllun Achredu Cartrefi Gofal / Cyfaill, gan weithio'n agosach gyda chydweithwyr Anabledd Dysgu i sicrhau'r nifer mwyaf o bobl sy'n eu derbyn.
- Arwyddion cynnar bod galw mawr am y brechlyn fflw eleni ar draws gogledd Cymru.
- Mae BCUHB wedi prynu stoc wrth gefn o frechlyn fflw i gefnogi gweithrediad y cynllun.
- Cyhoeddwyd arweiniad i feddygfeydd teulu i flaenoriaethu brechu preswylwyr cartrefi gofal, y boblogaeth gysgodol a grwpiau sydd mewn perygl i roi egwyl glir cyn i'r brechlyn COVID gyrraedd
- BCUHB has devised a comprehensive flu plan with multiple new strands of work including Care Home Accreditation/Buddy up scheme, closer working with Learning Disability colleagues to maximise uptake
- Early indications are there is high demand for the flu vaccine this year across north Wales
- BCUHB has purchased a contingency stock of flu vaccine to support implementation of the plan
- Guidance has been issued to GP practices to prioritise the vaccination of residents of care homes, the shielded population and at risk groups to give a clear interval before the COVID vaccine arrives

PROFI, OLRHAIN, DIOGELU TEST, TRACE, PROTECT (TTP)

Cyhoeddodd Llywodraeth Cymru y strategaeth Profi, Olrhain, Diogelu ar 13 Mai 2020 gyda'r nod o

- **Brofi** unrhyw un yn y gymuned sy'n dangos symptomau
- **Olrhain** cysylltiadau sydd wedi bod yn agos at achos positif a gadarnhawyd a gofyn iddynt hunan ynysu
- **Amddiffyn** aelodau bregus ac anodd cael atynt yn ein cymuned, yn enwedig y rhai y gofynnwyd iddynt hunan ynysu

Welsh Government published Test, Trace and Protect strategy on 13 May 2020 with the aim to

- **Test** anyone in the community showing symptoms
- **Trace** contacts who have been in close proximity to a confirmed positive case and ask them to isolate
- **Protect** the vulnerable and difficult to reach members of our community, particularly those asked to isolate

PROFI TEST

Profion Antigen

- Profi pobl sy'n dangos symptomau i sefydlu a oes ganddynt Covid-19
- Unedau Profi Cymunedol i ganolbwyntio ar weithwyr allweddol a chleifion sydd i fod i gael triniaethau ysbyty
- Unedau Profi Mawr a phecynnau profi cartref i aelodau'r cyhoedd
- Unedau Profi Symudol yn cefnogi ardaloedd lle mae clystyrau a lle mae angen capasiti profi mwy

Profion Gwrthgyrff

- Pennu a yw rhywun wedi cael y feirws – datblygiad cynnar.
- 14,500 o brofion gwrthgyrff hyd yma

Antigen Testing

- Test population who display symptoms to establish if they have Covid-19
- Community Testing Units to focus on keyworkers and patients due to have a hospital procedure
- Mass Testing Units and Home Testing kits for members of the public
- Mobile Testing Units support outbreaks and areas requiring additional testing capacity

Antibody Testing

- Determines if someone has had the virus – early development.
- 14,500 antibody tests to date

OLRHAIN TRACE

- System i gysylltu â'r rhai a gadarnhawyd â Covid-19 a dynodi eu Cysylltiadau
 - Gofyn i Gysylltiadau hunan ynysu am y cyfnod gofynnol
 - Gwirio lles y Cysylltiadau'n ddyddiol
 - Pwrpas: Lleihau lledaeniad y firws
 - Hyd yma, dros 3,500 o achosion positif a 8,000 o gysylltiadau wedi eu holrhain
- A system to contact those who are confirmed as Covid-19 positive and identify their Contacts
 - Ask Contacts to isolate for the required period of time
 - Undertake daily checks on the welfare of the Contacts
 - Purpose: Reduce the spread of the virus
 - To date, more than 3,500 positive cases and 8,000 contacts traced

Iechyd Meddwl ac Anableddau Dysgu *Mental Health & Learning Disabilities*

- **Timau Iechyd Meddwl Gofal Cychwynnol:** gwaith fel arfer, heblaw am therapi grŵp. Asesiadau – wyneb yn wyneb neu rithiol
- **Consultant Connect** yn ei le yn llawn
- **Cwmwl Arian** wedi dechrau
- **Timau Iechyd Meddwl Cymuned:** clinigau wedi’u gwasgaru
- **Iechyd Meddwl Pobl Hŷn:** clinigau cof wedi ailagor a gwasanaethau cymuned yn gweithio’n llawn
- **Primary care MH teams:** activity as usual, apart from group therapy. Assessments - face to face or virtual.
- **Consultant Connect** fully in place
- **Silver Cloud** commenced
- **Community mental health teams:** clinics are staggered
- **Older people mental Health:** memory clinics re-opened and Community services fully functioning

- **Gofal mewnlol:** parhau i garfanu – un derbyniad i'r ysbyty. Cynlluniau i ail-sefydlu trefniadau derbyniadau i ysbytai lleol
- **Gwasanaethau Camddefnyddio Sylweddau:** gweithio'n llawn
- **Fforensig:** parhau i garfanu dros y gaeaf. Yr un cynllun i wasanaethau cymuned
- **Anableddau Dysgu:** bydd y cynllun ar gyfer cam 1 yn parhau dros y gaeaf
- Ail gyflwyno'r **Grŵp Profiadau Cleifion a Gofal Rhanbarthol**
- **Sefydlogi uwch arweinyddiaeth** ar draws yr Uwch Adran
- **Inpatient care:** continue to cohort - one single admission hospital. Plans to re-establish admissions to local hospital arrangements
- **Substance misuse Services:** fully up and running
- **Forensic:** co-horting continues for the winter. Same plan for community services
- **Learning Disabilities:** the plan for phase 1 will continue for the winter
- Re-introducing Divisional **Patient and Care Experience Group**
- **Stabilizing senior leadership** across the Division

Iechyd Meddwl ac Anableddau Dysgu *Mental Health & Learning Disabilities*

- Bydd blaenoriaethau ar gyfer yr Uwch Adran nawr yn canolbwyntio ar:
- Trefniadau llywodraethu clinigol a rheolaeth adrannol cryfach a chyson sydd wedi'u hunioni â rhai'r Bwrdd Iechyd.
- Ail-sefydlu trefniadau ymgysylltu gyda'n staff, defnyddwyr a rhanddeiliaid allweddol ar unrhyw gynlluniau.
- Sefydlu adolygiad llinell sylfaen o gapasiti a gallu cyfredol i gefnogi agenda'r uwch adran IMAD (MHLDD), gan gynnwys myfyrio ar y gwaith llwybrau clinigol ac agwedd mwy integredig.
- Darpariaeth gwasanaethau diogel ac effeithiol dan arweiniad penderfyniadau clinigol mewn partneriaeth â chleifion, eu teuluoedd, gofal cymdeithasol a chydweithwyr o'r trydydd sector. Bydd hyn yn cynnwys ail-sefydlu ein Grŵp Profiadau Cleifion.
- The priorities for the Division will now focus upon:
- Stronger and consistent divisional management and clinical governance arrangements which align with those of the Health Board.
- Re-establishment of the engagement with our staff, users, and key stakeholders on any plans.
- Establishing a baseline review of current capacity and capability to support the agenda of the MHLDD division, including reflection of the clinical pathways work and a more integrated approach.
- Delivery of clinically led, safe and effective services in partnership with patients, their families, social care and third sector colleagues. This will include a re-instatement of our Patient Experience Group.

Cyfarfod Bwrdd ar y cyd - BIPCC a Chyngor Iechyd Cymuned Gogledd Cymru

Gwasanaethau Fasgwlaidd

Adrodd ar Gynnydd Grŵp Gorchwyl a Gorffen

Board to Board Meeting BCUHB and North Wales Community Health Council

Vascular Services

Report on Progress of Task & Finish Group

Cefndir Background

Ym mis Mai 2020,
cymeradwyodd y Bwrdd
Iechyd sefydliad Grŵp
Gorchwyl a Gorffen, sy'n cael
ei gadeirio gan y
Cyfarwyddwr Gweithredol
Meddygol, i oruchwyllo
gweithrediad argymhellion
adolygiad y gwasanaethau
fasgwlaidd

In May 2020 the Health
Board approved the
establishment of a Task and
Finish Group, chaired by the
Executive Medical Director, to
oversee the implementation
of the vascular services
review recommendations

Gwahodd Adolygiad allanol o'r gwasanaeth fasgwlaidd

External invited review of the vascular service

Cadarnhawyd bod Coleg Brenhinol Llawfeddygon Lloegr (RCS England) a'r Gymdeithas Arbenigedd Llawfeddygol wedi cytuno i ymgymryd ag adolygiad drwy wahoddiad.

Mae'r Coleg wedi dechrau dynodi adolygwyr a dyddiadau posibl ar gyfer yr adolygiad. Maent wedi dweud y byddant yn ysgrifennu gyda'r manylion cyn gynted â phosibl

Meysydd i'w hadolygu:

- Ansawdd a diogelwch gofal llawfeddygol
- Ymddygiadau a gwaith tîm
- Cynllun Gwasanaeth / rhwydwaith
- Llywodraethu clinigol
- Cyfathrebu â chleifion
- Gwaith amlddisgyblaethol

It has been confirmed that the Royal College of Surgeons of England (RCS England) and the Surgical Specialty Association have agreed to undertake an invited review

The College have begun to identify reviewers and potential dates for the review. They have advised that they will write with details as soon as possible

Areas to be reviewed:

- Quality and safety of surgical care
- Behaviours and team working
- Service / network design
- Clinical governance
- Communication with patients
- Multi-disciplinary work

Ymweliad ar y cyd tîm Gweithredol CHC / BIPBC Joint CHC / BCUHB Executive team visit

- Cynhaliwyd ymweliad ar y cyd CHC a'r tîm Gweithredol i Ysbyty Glan Clwyd ar 13 Awst 2020
- Fe gyfarfu'r tîm ag aelodau'r tîm amlddisgyblaethol sy'n rhan o ofal a rheolaeth cleifion fasgwlaidd
- Roedd yr adborth gan yr aelodau'n gadarnhaol o ran deall y gwasanaeth, y llwyddiannau a'r heriau sy'n wynebu'r gwasanaeth a'r system ehangach
- A joint CHC and Executive team visit to Ysbyty Glan Clwyd was held on 13th August 2020
- The visiting members met with the multi-disciplinary team members involved in the care and management of vascular patients
- The feedback was positive from the members in understanding the service, the successes and the challenges facing the service and the wider system

Cynllun gweithredu Fasgwlaidd

Vascular action plan

- Alinio sylfaen gwelyau fasgwlaidd
- Llwybrau gofal
- Cyfathrebu ac Ymgysylltu
- Ansawdd a Diogelwch
- Mynediad at y gwasanaeth
- Alignment of vascular bed base
- Pathways of care
- Communication and Engagement
- Quality and Safety
- Access to the service

Llwybrau gofal a alinio gwelyau fasgwlaidd *Pathways of care and aligning vascular beds*

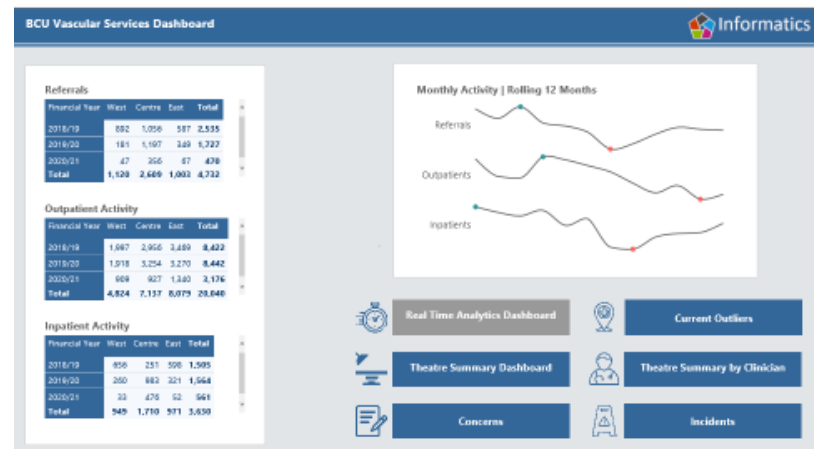
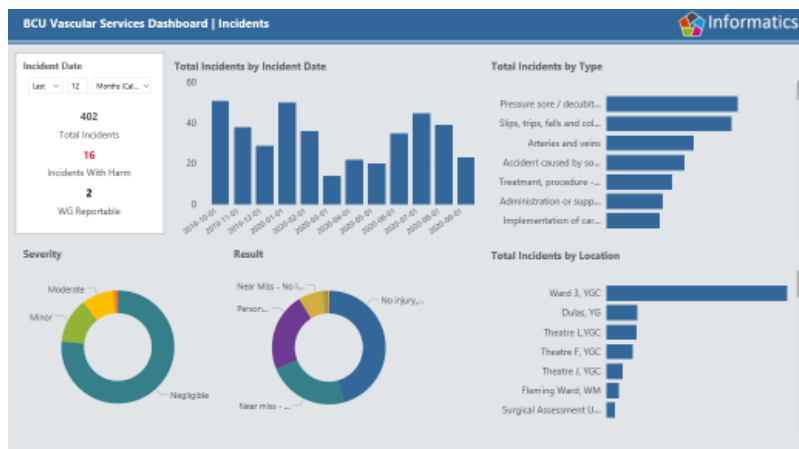
- Mae alinio gwelyau fasgwlaidd yn ffurfio rhan o ddatblygiad llwybrau clinigol
- Mae'r amserlen ar gyfer datblygu llwybrau fasgwlaidd a'i gyflwyno i'r Grŵp Cyngori Clinigol wedi cael ei gymeradwyo gan y Grŵp Gorchwyl a Gorffen Fasgwlaidd
- Mae adnodd Swyddfa Rheoli Prosiect wedi'i sicrhau i gefnogi datblygiad llwybr diabetig y droed nad yw'n brifwythiennol sy'n gyson â Llwybr Cenedlaethol Diabetes y Droed a chanllawiau NICE
- The alignment of vascular beds forms part of the development of clinical pathways
- The timeline for progress of the vascular pathways and submission to the Clinical Advisory Group for ratification has been approved by the Vascular Task and Finish Group
- Programme Management Office resource has been secured to support the development of a non-arterial diabetic foot pathway consistent with the National Diabetic Foot Pathway and NICE guidelines

Cyfathrebu ac Ymgysylltu *Communication and Engagement*

- Cydweithio â CHC a chynrychiolwyr cleifion a gofalwyr
- Gwaith sylweddol wedi'i gynnal gan yr adran gorfforaethol diogelwch a phrofiad y claf a'r gwasanaeth fasgwlaidd i adolygu digwyddiadau, cwynion ac adborth a dynodi themau a dysg
- Adolygiad ar y cyd o gyfarfod gwybodaeth cleifion ar 09/10/20. Mae angen gwella mynediad drwy gyflawni adnoddau ar-lein unwaith mae wedi'i gwblhau
- Mae adborth ar brofiad cleifion wedi cael ei gasglu'n rhagweithiol ar draws lleoliadau cleifion allanol a chleifion mewnol ac mae'r gwaith o ddadansoddi 6 wythnos gyntaf o ddata'r cleifion allanol hwn wedi cael ei gwblhau ac wedi'i rannu gyda'r gwasanaeth
- Collaborative working with the CHC and patient and carer representatives
- Significant work undertaken by the corporate patient safety and experience department and the vascular service to review the incidents, complaints and feedback and identify themes and learning
- Joint review of patient information meeting on 09/10/20. Access to be improved through achieving online resources once complete
- Patient experience feedback is actively has being collected across outpatient and inpatient settings and analysis of the first 6 weeks of this outpatient data has been completed and shared with the service

Ansawdd a Diogelwch *Quality and Safety*

- Datblygu E-Ddangosfwrdd ansawdd a diogelwch ar gyfer y gwasanaeth fasgwlaidd.
- Yn cyd-fynd â dangos fyrdau corfforaethol sy'n cynorthwyo'r gwasanaeth i driongli cwynion, digwyddiadau, canmoliaeth a thueddiadau gwersi a ddysgwyd i roi sicrwydd
- Mae'r adran Diogelwch a Phrofiad Cleifion wedi cynnal ymarfer meincnodi digwyddiadau ac mae gwaith yn awr yn cael ei gyflawni i weithredu Fe ddywedoch Chi / Fe Wnaethom Ni gan ddefnyddio'r pro forma profiad claf
- Development of a quality and safety E-Dashboard for the vascular service.
- Aligned to corporate dashboards that aids the service in triangulating complaints, incidents, compliments and lessons learnt trends to provide assurance
- Patient Safety and Experience department has undertaken a benchmarking exercise of incidents and there is now work to implement You Said / We Did using the patient experience proforma



- Mae darpariaeth gwasanaeth fasgwlaidd brys wedi parhau drwy gydol y pandemig
- Llai o gapasiti yn yr adran cleifion allanol a theatr achos dydd
- Provision of emergency vascular services have continued throughout the pandemic
- Reduced capacity in outpatients and day case theatre

TROSGOLWG TRINIAETHAU MAWR NVR

Mis Ebrill hyd at ddiwedd mis Awst
2020

NVR MAJOR PROCEDURES OVERVIEW

April to end of August
2020

Total number of major
procedures for entry
on the National
Vascular Registry

AAA

CAROTID

BYPASS

M - AMP

Total = 102

12

5

43

42

Cyfanswm

Cyfanswm
nifer y
triniaethau
mawr ar
gyfer
mewnbynnu
ar Gofrestr
Fasglwaidd
Cenedlaethol.

**Cadarnhad bod cynllun
adfer COVID 19
llawfeddygaeth
fasgwlaidd Gogledd
Cymru yn dilyn
cymeradwyaeth y Grŵp
Cyngori Clinigol bellach
wedi'i gymeradwyo gan y
Prif Weithredwr Dros Dro
a'r tîm Gweithredol**

**Confirmation that the
North Wales vascular
surgery COVID 19
recovery plan following
Clinical Advisory Group's
endorsement has now been
approved by the Interim
Chief Operating Officer and
Executive team**





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Ebost | Email: admin@waleschc.org.uk

14th August 2020

Mark Wilkinson
Director of Planning
Betsi Cadwaladr UHB
BY Email Only

Dear Mark

Penrhos Polish Residential & Nursing Home

I am sure you will be aware that the Penrhos Polish Residential and Nursing Home is facing staged closure by March 2021 due to financial issues. It is my understanding that between 15 and 18 residents (*or around half*) are/have been NHS funded patients.

I have read a letter from your Chair to many of those campaigning against closure stating that BCUHB is working closely with key partners on a proposal for the future of nursing care on Llyn peninsula. It is suggested that Phase 2 of the Bryn Beryl project will provide a solution to the closure of Penrhos.

It is our understanding that the Bryn Beryl development will be centred around;

- Upgrading of bed spaces, bath / toilet facilities and physical environment.
- Bringing together two separately located wards which will lead to more effective and efficient staffing and management of inpatients.
- Reduction of 24 beds to 23 as a result of the Phase 1 works, with Phase 2 plans to include an extension to the Hafan Ward to increase beds to 30.
- Relocation of Older People's Mental Health Day Assessment service to upgraded accommodation.



Rydym yn croesawu gohebiaeth trwy gyfrwng y Gymraeg a'r Saesneg. Os byddwch yn ysgrifennu atom yn Gymraeg byddwn yn ateb yn Gymraeg, ni fydd hyn yn arwain at oedi wrth ymateb i'ch gohebiaeth

We welcome correspondence through the medium of both Welsh and English. If you write to us in Welsh we will answer in Welsh, this will not lead to a delay in responding to your correspondence

Whilst all of these improvements are necessary and welcomed they would not replace 15/18 NHS continuing healthcare funded nursing beds. North Wales Community Health Council would also be concerned about the placement of patients with long term needs in an environment intended only for short term care and assessment. This has proved disastrous elsewhere in North Wales and would be against the recommendations of both the HASCAS and Ockenden Reports.

It is the belief of North Wales CHC that the NHS-funded beds at Penrhos are a vital component of NHS care in the Llyn Peninsula. The loss of these beds would lead to people being sent outside the area for NHS funded continuing health care and this would cause unnecessary hardship to patients, carers and families. It is difficult to see how the unique facilities at Penrhos could be duplicated. In terms of language, there is the issue of Welsh language and also that a significant number of patients communicate in Polish. Moving patients elsewhere in North Wales and beyond would make visiting difficult (*in the past patients have gone to placement hundreds of miles away*) and this would cause distress to patients and families.

The closure date of end of March 2021 is, in administrative terms, imminent. The CHC is pleased to hear the BCUHB, Gwynedd County Council, Clwyd Alyn Housing and Welsh Government are seeking a joint solution and a possible “*rescue package*”. We would like to see this concluded rapidly so that closure can be avoided and so that there can be a breathing space whilst a more permanent solution is developed.

Having regard to all of the above issues, North Wales Community Health Council believes that the loss of Penrhos and the NHS contracted beds there would represent a major service change in the Llyn Peninsula and surrounding areas and should be brought to joint Services Planning Committee for detailed consideration of the impact of such a change. In response to Healthcare in North Wales is Changing, the CHC expressed concerns about the lack of provision for older peoples mental health in rural Gwynedd and this concern remains. I would be grateful if this matter could be brought to the next Services Planning Committee

Regards

A handwritten signature in black ink, appearing to read 'G. A. Ryall-Harvey', with a stylized flourish at the end.

Geoff Ryall-Harvey - Chief Officer



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Bloc 5, Llys Carlton, Parc Busnes Llanelwy,
Llanelwy, LL17 0JG

Block 5, Carlton Court, St Asaph Business
Park, St Asaph, LL17 0JG

Mr Geoff Ryall-Harvey
Chief Officer, North Wales CHC

Sent via email:
Geoff.Ryall-Harvey@wales.nhs.uk

Ein cyf / Our ref: GH/KD/JW/CE20-2454/
2688

Eich cyf / Your ref:

☎: 01745 448788 ext 6364

Gofynnwch am / Ask for: Dawn Lees

E-bost / Email: Dawn.Lees@wales.nhs.uk

Dyddiad / Date: 6th October 2020

Dear Geoff

Thank you for your recent correspondence in relation to the staged closure of the Penrhos Polish Residential and Nursing Home.

You will be aware that the Board of the Polish Housing Society took the difficult decision to close the Home due to financial and regulatory issues. This decision was not taken lightly and the most pressing concern is for the welfare of the residents at Penrhos. The Health Board has been working closely with Welsh Government representatives, Gwynedd Council and Clwyd Alyn to support a smooth closure programme over this financial year and to develop proposals for the future provision of nursing care on the Llyn Peninsula.

Your correspondence suggests that Phase 2 of the Bryn Beryl project is being considered as a solution to the closure of Penrhos. I can confirm that this is not the case. The development of the Integrated Dementia and Adult Mental Health Centre on the Bryn Beryl site will provide permanent accommodation for Older People's Mental Health (OPMH) and Adult Mental Health (AMH) service users and staff in the Dwyfor / Llyn Peninsula Area and will deliver day assessment services for people in all stages of dementia. As you have quite rightly pointed out, this environment is intended for short-term care and assessment and will not be suitable for the residents of Penrhos who have long term care needs.

OPMH and AMH services in Dwyfor are currently provided across two community sites and will move to the expanded integrated Centre at Bryn Beryl when it is completed. Although Penrhos is a general, not OPMH, Home, the community mental health services support a number of Penrhos residents. The Centre will be ideally placed to continue to provide services to Penrhos residents should they remain living in the local area. A review of the demand for OPMH beds and services will be undertaken to inform the future provision of nursing care on the Llyn Peninsula.

A plan has been agreed that should the Home need to close at very short notice the remaining residents will be temporarily placed in Bryn Beryl beds to ensure their immediate safety as a short term solution and whilst longer term Nursing Home beds are sourced. However, by working closely with residents and families it is hoped that this can be avoided. As of 30th September there were 15 nursing patients and 2 residential patients requiring a review of their nursing needs.

On-going support provided by the Health Board to ensure the continued safety and care of residents includes:

- Practice Development staff and District Nursing are providing enhanced support to the home to manage the safety and welfare of residents.
- Support of the BCUHB Nursing Bank has been made available.
- The continued involvement of the Continuing Health Care Team to support families and residents with alternative care provision and safe transfer.
- The provision of advocacy services for patients and families .

The majority of patients have chosen Nursing Homes in the Dwyfor area (Criccieth and Porthmadog). Whilst we appreciate that there are no nursing care placements further down the Llyn Peninsula we are endeavouring to continue to place residents as near to the Llyn area as possible. Their names have been placed on the waiting lists and funding streams have been confirmed. We will continue to work closely with residents and families to find placements as close as possible, unless there is a personal preference to move to alternative accommodation further afield.

Looking forwards, the Health Board is actively working with key partners on a proposal for the future provision of nursing care on the Llyn Peninsula. A Project Board, consisting of all partners has been established (first meeting held on 24th August 2020) to look at longer term developments on the Penrhos site, with the next meeting scheduled for 7th October 2020.

The proposal will identify future needs so that provision in the area can be made stable and sustainable and provide modern fit for purpose facilities that complement the wider Community Resource Team and health and social care provision. The changing demography of our population, for example the increase in the co-existing presence of dementia and physical nursing needs, will change the proportion and type of care

required. By ensuring we understand the future needs of the local community, we are more likely to be able to deliver care locally in the future by a local workforce.

An essential element in developing the service model will be to involve and engage with residents, families and local stakeholders over the next few months to help inform and shape the proposals. Any proposed service change will be subject to the relevant Impact Assessments that give consideration to impacts such as language of choice, travel etc.

The mechanism for communicating and sharing information to stakeholders will be via the joint Project Board. We will ensure however that any major service change in the Llyn Peninsula and surrounding areas will be brought to the Joint Services and Planning Committee for detailed consideration; and welcome this matter being included as an Agenda item at the Board to Board meeting with the CHC on the 15th October.

Yours sincerely



Gill Harris
Prif Weithredwr Dros Dro
Acting Chief Executive

BIPBC - Cartref y Pwyliaid Penrhos

BCUHB - Penrhos Polish Home

Cyfarfod Bwrdd ar y Cyd â'r CIC

CHC Board to Board meeting

Dyddiad: 15 Hydref 2020

Date: 15 October 2020



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cartref y Pwyliaid

Mae penderfyniad wedi'i wneud gan Fwrdd y Gymdeithas Dai Pwylaidd i gau Cartref y Pwyliaid Penrhos oherwydd materion ariannol a rheoleiddiol.

Penrhos Polish Home

A decision has been made, by the Board of the Polish Housing Society to close Penrhos Polish Home due to financial and regulatory issues.

Cartref y Pwyliaid

Ers peth amser, mae Bwrdd y Gymdeithas wedi ei chael yn anodd bodloni safonau presennol, ac rydym wedi bod yn gweithio'n galed gyda nhw i gefnogi staffio a gweithdrefnau, ynghyd â chefnogaeth partneriaid a rheoleiddwyr.

Mae lles y trigolion yn hollbwysig

Penrhos Polish Home

For some time the Board of the Society have found it difficult to meet current standards, and we have been working hard with them to support staffing and procedures, along with the support of partners and the regulators.

The welfare of residents is paramount

Cartref y Pwyliaid

Yn anffodus, casglodd Bwrdd y Gymdeithas na allent barhau.

Mae'r Bwrdd Iechyd wedi gweithio'n rhagweithiol gyda phartneriaid, yn cynnwys yr Awdurdod Lleol, i ddynodi opsiynau sy'n lleihau'r effaith drwy sicrhau proses gau sydd mor llyfn â phosibl.

Ochr yn ochr, rydym yn cynllunio gwasanaethau gwell i'r dyfodol.

Penrhos Polish Home

Unfortunately, the Board of the Society concluded they would be unable to continue.

The Health Board has worked proactively with partners, including the Local Authority, to identify options that minimise the impact by ensuring a closure process that is as smooth as possible.

Alongside, we are planning enhanced services for the future.

Cartref y Pwyliaid Penrhos – y drefn o gau

Mae'r Bwrdd Iechyd yn rhoi cyllid ychwanegol i gefnogi'r cartref i aros ar agor yn ddiogel tra byddwn yn sicrhau bod y trigolion yn cael eu trosglwyddo'n ddiogel i leoliadau eraill sy'n bodloni eu hanghenion unigol.

Mae cefnogaeth staffio ychwanegol yn cael ei roi gan y Bwrdd Iechyd a'r Awdurdod Lleol.

Penrhos Polish Home – closure process

The HB is providing additional funding to support the home to safely stay open whilst we ensure the safe transfer to alternative settings that meet individual needs.

Additional staffing support is being provided by the Health Board and Local Authority.

Cartref y Pwyliaid Penrhos – darpariaeth i'r dyfodol

Rydym yn cydnabod nad oes digon o ddarpariaeth gofal ym Mhen Llŷn i wasanaethu anghenion yr holl drigolion i'r dyfodol.

Mae hyn yn rhannol oherwydd demograffeg gyfnewidiol ein poblogaeth, er enghraifft, gofal dementia ac opsiynau eraill heblaw cartrefi gofal i rai y byddai hynny'n addas ar eu cyfer.

Penrhos Polish Home – future provision

We recognise there is insufficient care provision in the Llŷn Pensinsula to serve the future needs of all residents.

This is partly due to the changing demographics of our populations, for example dementia care, and alternative options to care home residency for those that alternative options would suit.

Cartref y Pwyliaid Penrhos – darpariaeth i'r dyfodol

Mae grŵp prosiect yn cyfarfod yn awr i ddatblygu gwasanaethau cymunedol addas, diogel a chynladwy sy'n cynnwys gwelyau gofal nyrsio, ond nid dim ond hynny.

Mae ymgysylltiad parhaus trigolion, teuluoedd a rhanddeiliaid lleol yn hanfodol i helpu i lywio a siapio cynigion wrth iddynt gael eu datblygu.

Penrhos Polish Home – future provision

A project group is now meeting to develop fit for purpose, safe & sustainable community services which includes, but is not just limited to, nursing care beds.

The ongoing involvement and engagement of residents, families and local stakeholders is essential to help inform and shape proposals as they are developed.

Cartref y Pwyliaid Penrhos – darpariaeth i'r dyfodol

Bydd croeso cynnes i unrhyw un sy'n
dymuno cyfrannu at y broses hon.

Yna bydd y Bwrdd yn ystyried y cynigion,
ynghyd â phartneriaid, fel y gallwn symud
ymlaen i roi gwasanaethau ychwanegol ar
waith cyn gynted â phosibl.

Penrhos Polish Home – future provision

Anyone wishing to contribute to this
process will be warmly welcomed.

The Board will then consider the
proposals, alongside partners, so that we
can proceed with implementing enhanced
services as quickly as possible.

BIPBC - Diweddariad Deintyddol Coronafeirws

BCUHB - Coronavirus Dental Update

Cyfarfod Bwrdd ar y Cyd â'r CIC

CHC Board to Board meeting

Dyddiad: 15 Hydref 2020

Date: 15 October 2020



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Mynediad at Ddeintyddiaeth y GIG yng Ngogledd Cymru

Mae'r CIC yn bryderus mai dim ond cyfran o wasanaethau deintyddol y GIG sydd ar gael o'i gymharu â chyn y pandemig. Rydym yn awyddus i glywed cynlluniau BIPBC i ymdrin â'r broblem.

Access to NHS Dentistry in North Wales

The CHC is concerned that availability of NHS dentistry is currently a fraction of that prior to the pandemic. We are keen to hear BCUHB plans to address this problem

Mynediad at Ddeintyddiaeth y GIG yng Ngogledd Cymru

Mae'r pandemig coronafeirws wedi cael effaith sylweddol, ond llai amlwg ar wasanaethau deintyddol na gwasanaethau eraill y GIG.

Mae hyn oherwydd rhesymau diogelwch da ac fe'i gwnaed drwy ddilyn cynllun a gytunwyd ar draws Cymru:

Access to NHS Dentistry in North Wales

The coronavirus pandemic has had a significant, but less obvious, impact upon dental services as it has with other NHS services.

This is because of good safety reasons, and has been undertaken by following a plan agreed across Wales:

Mynediad at Ddeintyddiaeth y GIG yng Ngogledd Cymru

Mae llawer o driniaethau deintyddol yn rhai sy'n **creu aerosol** (AGPs) ac mae'r rhain yn golygu perygl arbennig i staff oherwydd y modd y mae coronafeirws yn lledaenu.

Mae defnyddio PPE ychwanegol yn lleihau (ond nid yn dileu) y perygl i staff, ond mae'n rhaid profi ei ffitrwydd i'r unigolyn, mae'n cymryd amser i'w wisgo a'i dynnu'n gywir ac mae gofyn hefyd i'r adeilad fod yn addas.

Access to NHS Dentistry in North Wales

Many dental procedures are **aerosol generating procedures** (AGPs) and these present particular danger to staff due to the way coronavirus spreads.

The use of enhanced PPE reduces (but does not eliminate) the risk to staff, but it has to be fit-tested to the individual, is time-consuming to put on and take off correctly, and also requires the premises to be suitable.

Mynediad at Ddeintyddiaeth y GIG yng Ngogledd Cymru

Access to NHS Dentistry in North Wales



Masg FFP3 gwell wedi ei brofi, â gorchudd wyneb llawn

Gwisg gwrth ddŵr â llewys hir

Awyru gwell yn yr ystafell

Fit-tested enhanced FFP3 mask with full face shield

Full sleeve fluid repellent gown

Enhanced room ventilation

Mynediad at Ddeintyddiaeth y GIG yng Ngogledd Cymru

Ymhlith triniaethau eraill, mae hyn yn berthnasol i

- **Drilio**
- **Digennu**

Mae Cymru wedi mabwysiadu agwedd Coch-Amber -Gwyrdd at Ddeintyddiaeth.

Yn ystod y cyfnod 'coch' (Ebrill-Mehefin):

Darparwyd y gwasanaethau hyn mewn llai o safleoedd yng Nghymru, ble gellir darparu amddiffyniad priodol, ac ar sail **achosion brys** yn unig

Access to NHS Dentistry in North Wales

Amongst other procedures, this applies to

- **Drilling**
- **De-scaling**

Wales has adopted a Red-Amber-Green approach for Dentistry.

During the 'Red phase' (April-June):

Across Wales these have been delivered on a reduced number of sites, where appropriate protection can be provided, and on an **urgent** basis only

Mynediad at Ddeintyddiaeth y GIG yng Ngogledd Cymru

Ers mis Gorffennaf (ledled Cymru) rydym wedi dad-ddwysau deintyddiaeth i 'Amber' ac wedi dechrau ailgyflwyno triniaethau ar fwy o safleoedd, a mwy o apwyntiadau deintyddol wyneb yn wyneb.

Mae cleifion a gafodd driniaethau dros dro yn ystod y cyfnod Coch yn cael eu blaenoriaethu rwan.

Bydd oedi o ran apwyntiadau arferol fel archwiliadau a digennu a polish arferol nes bydd gweithgarwch wedi dal i fyny

Access to NHS Dentistry in North Wales

Since July (across Wales), we have stepped down dentistry to 'Amber' and started to reintroduce procedures on more sites, and more face-to-face dental appointments.

Patients who had temporary treatments during the Red phase are now being prioritised.

Routine appointments such as check-ups and routine scale-and-polish, will be delayed until activity has been caught up

Symud ymlaen

Mae timau deintyddol bellach yn gweithio i ddal i fyny â gwaith y bu'n rhaid ei ohirio.

Bydd effaith ar gynnydd wrth gwrs os bydd y cynnydd presennol mewn achosion coronafeirws yn parhau.

Ochr yn ochr â hyn, rydym hefyd yn parhau i wneud cynnydd i weithredu ein Huned Hyfforddiant Ddeintyddol yng Ngogledd Cymru fel rhan o'n strategaeth i ddod â mwy o ddeintyddion a staff uwch i'r ardal.

Moving forwards

Dental teams are now working to catch up work that had to be postponed.

Progress will of course be affected if the current upsurge of coronavirus activity continues to increase.

Alongside, we are continuing to make progress to implement a new Dental Training Unit in North Wales as part of our strategy to bring more dentists and enhanced staff to the area



Cyfarfod a dyddiad: Meeting and date:	Health Board 24 th September 2020						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Special Measures update						
Cyfarwyddwr Cyfrifol: Responsible Director:	Gill Harris, Acting Chief Executive						
Awdur yr Adroddiad Report Author:	Liz Jones, Assistant Director, Corporate Governance						
Craffu blaenorol: Prior Scrutiny:	Executive Team						
Atodiadau Appendices:	Special Measures Improvement Framework (2019)						
Argymhelliad / Recommendation:							
It is recommended that the Board notes this update.							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input checked="" type="checkbox"/>
Sefyllfa / Situation:							
This paper presents a position statement update on special measures progress to date.							
Cefndir / Background:							
The Health Board has been in special measures since 2015. During that time a significant amount of work has focussed upon addressing the specific areas in the three Improvement Framework documents which have been issued by Welsh Government. Progress reports have been submitted to Welsh Government in accordance with the specified milestone reporting requirements.							
Asesiad / Assessment & Analysis							
In recent months, the work of the Health Board has been dominated by the need to respond to the COVID-19 pandemic. This has been a significant test of governance, leadership, planning and delivery. The response of the Health Board to the pandemic offered a unique opportunity to reflect on the progress made under special measures and consider what was required to address the pandemic, and how effectively the Board responded. Whilst this reflection is not directly linked to specific special measures requirements, it does allow for an overview of organisational effectiveness to be formed.							

The actions taken by the Health Board and the achievements secured in responding effectively to the pandemic demonstrate significantly improved organisational alignment and capability. These achievements reflect progress made in recent years in critical aspects of organisational effectiveness and align with core elements of the expectations and characteristics which the Health Board is required to demonstrate to meet Part B of the Improvement Framework.

It is reasonable to conclude that over the period of special measures, the Health Board has demonstrated positive progress across a wide range of areas. Leadership and Governance has been considerably enhanced and, as alluded to above, the Board believes it is now in a position to oversee progression against the expectations set out in Part B of the Improvement Framework issued in 2019.

The Health Board's engagement with staff, partners and the public demonstrates is developing an increasing maturity and effectiveness, which can now support the work to define a long term integrated clinical services strategy and the associated transformation of services.

The Health Board has demonstrated the ability to drive improvement that enables services to be removed from special measures. Maternity services and out of hours services have both achieved this progression and now are subject to the Board's own ongoing improvement drive. Measures of quality such as responding to concerns and infection prevention and control demonstrate that historical performance issues have been addressed. New initiatives such as the harms dashboard demonstrate a more structured approach to ongoing assurance and improvement. Performance in planned and unscheduled care is however yet to demonstrate sustained improvement.

The Health Board has set out its strategy for primary care services and having appointed an Executive Director of Primary and Community Services, is demonstrating improved sustainability of services supported by innovative models of care. It is acknowledged that further work remains to be done on the strategic direction for mental health, and services and systems to improve governance and quality are developing. Leadership is being strengthened, however absences continue to bring instability. Capacity and capability to transform services is building, with positive partnership working, and there is a clear ambition to make the further improvements required.

Progress has been made with elements of strategic planning, including the Living Healthier, Staying Well strategy and supporting plans. The Health Board is about to embark on the development of a long term integrated clinical services strategy which will build on this and provide the framework against which an Integrated Medium Term Plan can be developed. The achievement of a sustainable financial position must be aligned to this development work and the associated transformation of services.

Whilst noting the many examples of progress that have been covered in greater detail in the previously published milestone reports, the Board is fully cognisant of those areas where further work is needed, in parallel with the necessary re-set in the wake of the initial response to Covid-19. The organisation has a strong grip on the specific actions it needs to take to address improvement framework requirements. These actions have been documented and Welsh Government advised. Critical actions include, for example:

- Leadership - demonstrate functioning as an effective, integrated Board setting a clear strategic direction for the organisation, supported by a robust Board Assurance Framework and risk management methodology.

- Strategic vision and change - development of a long term integrated clinical services strategy, with evidence of strong clinical, stakeholder and public engagement throughout its development.
- Mental health - strengthening leadership capacity within the Division to enhance stability and resilience
- Finance - the development of a robust 3 year financial plan to meet its financial duties, as part of the Integrated Medium Term Plan
- Performance - finalise and implement a revised accountability and performance framework, and deliver improvements in performance, particularly in the acute sector

The Health Board is currently in discussion with Welsh Government regarding the way forward in respect of special measures. Further strategic support has been requested to enable the Health Board to realise its ambition to achieve the lifting of special measures. The Board remains committed to building upon work already done in order to bring about the necessary improvement.

V2.0

Betsi Cadwaladr University Health Board

Improvement Framework

1. Purpose

This framework sets out the Welsh Government expectations Betsi Cadwaladr University Health Board will need to progress to be stepped down from special measures. It also sets out longer term improvement expectations to ensure it sustains and builds on progress to further step down the escalation levels so that it returns to routine arrangements.

2. Background

2.1 NHS Wales Escalation and Intervention Arrangements

The NHS Wales escalation and intervention arrangements sets out three types of intervention, each an escalation of the previous.

- Enhanced Monitoring
- Targeted Intervention
- Special Measures

Depending on the nature of the issues, the escalation and intervention might be applied to either the NHS body as whole or particular service it provides or in some cases both.

The overall aim is to support NHS bodies subject to intervention arrangements to deliver the required improvement and address any issue(s) effectively to step down the levels of intervention so they may return to routine arrangements.

2.2 Betsi Cadwaladr University Health Board

Betsi Cadwaladr University Health Board was placed under Special Measures in June 2015. The key areas of concern at the time related to quality (infection control, management of complaints and concerns), leadership and governance, planning and issues in relation to specific services including maternity, mental health and GP out-of-hours. There were also significant concerns about the health board's connection and engagement with its local population. Since 2015 concerns regarding performance and financial management escalated and in February 2018 these were included under Special Measures arrangements.

In the areas of quality and specific services, progress has been made in making the improvements required and meeting the expectations and milestones set out in the previous frameworks. This, resulted in maternity services being de-escalated as a special measures concern in February 2018, and GP out-of-hours services reverting to normal monitoring arrangements in February 2019. Recent tripartite discussions noted the progress and improvements made in adult mental health services and quality measures and the importance of sustaining and building on this.

Clarity is now needed on expectations that require immediate improvement in relation to the key outstanding special measures concerns, namely planning,

performance issues and financial management, and sustaining progress in mental health services to be considered for step down to targeted intervention. These expectations are set out in PART A of the framework. The health board will need to make tangible progress against the expectations set out in PART A whilst also ensuring improvements in these areas doesn't impact negatively on other areas of its activity.

It is also essential the health board sustains momentum to demonstrate how it is making progress towards showing the characteristics expected of an effective, well-governed organisation. The framework in PART B sets out the expectations for the medium and longer term in order to ensure the health board further steps down the escalation levels to routine arrangements status.

The framework focuses on how the health board can assess and demonstrate it is improving and is not a list of actions for 'ticking off'. It will require the health board to make judgements on progress and what needs to be done to further improve in order to step down the escalation levels.

This framework in PART A focuses on the key expectations the health board will need to demonstrate progress to be de-escalated from special measures. PART B focuses on the medium/ longer term expectations to demonstrate progress towards it becoming an effective, well-governed organisation. The expectations are set out under four key areas:

- Leadership and improvement capability
- Strategic vision and change
- Operational performance
- Finance and use of resources

3. The Framework

PART A – expectations the health board as a minimum will need to demonstrate progress to be de-escalated from special measures.

Area: Leadership and Improvement Capability
<ul style="list-style-type: none"> ➤ Leaders understand the challenges and ensure relevant expertise and capability across the system are addressing barriers, making tangible impact and delivering improved outcomes.
Area: Strategic Vision and Change
<ul style="list-style-type: none"> ➤ It can evidence it is working with staff and partners to develop a clear and comprehensive picture of how services will look in the future and a realistic credible three year plan has been considered by the Board by April 2020.
Area: Operational Performance
<ul style="list-style-type: none"> ➤ Demonstrable progress being made in planned and unscheduled care performance underpinned by an understanding of demand and capacity;

- Sustained progress in the delivery of quality sustainable mental health services and development of new models of care.

Area: Finance and Use of Resources

- Improvements demonstrated in financial planning and in the financial position including delivery on savings/efficiency opportunities.

PART B - expectations and characteristics the health board will need to demonstrate it is sustaining and building on to ensure it steps down to routine arrangements status.

Area: Leadership and Improvement Capability

Expectations:

- A compelling vision for the health board which is understood, recognised and accepted throughout the organisation
- Visible leadership that is open to challenge, understands the issues and addresses the barriers
- Demonstrably improved capacity and capability to deliver
- Positive demonstration of organisational culture and behaviours
- Good quality of care and outcomes
- Clear accountability systems
- Effective use of data and intelligence to support decision making

Demonstrated by:

- Leaders are described by staff as increasingly visible, approachable and open to challenge
- Leaders understand the challenges and can identify and act to address them and use data and intelligence to monitor progress
- The organisation can evidence it understands and has the relevant capability, expertise and capacity across its system to deliver and invest time and resources in continuous organisational development
- The organisation has an open and transparent culture and willingness to learn
- Staff are increasingly aware and understand the accountability framework and systems in place including a clear structure that defines accountabilities
- Staff survey results demonstrate progress and positivity
- Evidence of effective mechanisms for raising, reporting and acting on concerns and incidents and taking action in response to internal investigations or external reviews.
- External stakeholders describe relationships with the health board as positive and there is evidence of improved joint working and ownership across the whole system including the Regional Partnership Board and Public Services Boards

Area: Strategic Vision and Change

Expectations:

- The organisation has a clear vision and a credible strategy to deliver high quality sustainable care underpinned by delivery plans
- Staff, partners and the public are engaged and involved in shaping the vision and strategy
- New models of care are developed with staff, partners and service users.
- A culture of high quality care

Demonstrated by:

- The board can evidence that the health board has a clear and comprehensive picture of how services will look in the future and a route map is in place to achieve this including quality, performance and financial objectives.
- The vision and strategy is aligned to the plans of partner organisations and staff and service users are actively involved in its development.
- The health board can demonstrate visible clinical leadership and how patients, partners and staff have been involved and contributed to its vision and strategy.
- Plans are realistic in achieving priorities and delivering quality care.
- Plan delivery is effectively monitored and reviewed by the Board.

Area: Operational Performance

Expectations:

- Key performance targets set out in its operating plan are met, with demonstrable progress towards meeting national standards
- Clear and effective processes are in place to manage risks and issues in delivering performance targets.
- Evidence of delivery is regularly reviewed and internal governance processes constructively challenge performance

Demonstrated by:

- A clear plan underpinned by an understanding of demand and capacity
- Effective internal governance and accountability processes which demonstrate evidence of effective risk management
- Meeting performance targets set out in the plan and demonstrating improvement towards meeting national standards in planned, unscheduled care and mental health services.

Area: Finance and Use of Resources

Expectations:

- | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">➤ The organisation uses its resources effectively and is moving towards a sustainable financial position |
| Demonstrated by: <ul style="list-style-type: none">➤ Delivery against the annual operating plan deliverables in managing the use of resources including savings/efficiency opportunities.➤ Robust grip and control measures across the system to deliver on plan including managing in-year pressures.➤ Staff members contribute and understand the accountability arrangements in place to deliver the plan. |

4. Review

The health board will be expected to carry out a self-review of its current position and provide an initial report to Welsh Government by the 13 December. The self-review findings will be considered during the regular tripartite meeting and progress further discussed at a special tri-lateral meeting to be held in spring 2020.