



Teitl adroddiad: <i>Report title:</i>	Special Measures Cycle 2 Closure Report			
Adrodd i: <i>Report to:</i>	Performance, Finance and Information Governance Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	21 st March 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The purpose of this paper is to close down the second 90-day cycle within the Stabilisation phase. This provides a detailed assurance rating against all milestones and describes which milestones were carried forward to be tracked alongside Cycle 3 milestones. The paper also includes change controls that were approved in relation to Cycle 2.			
Argymhellion: <i>Recommendations:</i>	<p>The PFIG committee is asked to:</p> <p>1. NOTE the progress made along with the challenges highlighted and the further learning gained during the cycle.</p>			
Arweinydd Gweithredol: <i>Executive Lead:</i>	<p>Carol Shillabeer, Chief Executive (Accountable Officer)</p> <p>Dr Chris Stockport, Executive Director of Transformation & Strategic Planning (Lead Executive)</p>			
Awdur yr Adroddiad: <i>Report Author:</i>	Geraint Parry, Special Measures Programme			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input type="checkbox"/></p>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				

Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	To support Special Measures
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	Not applicable
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	Not applicable
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Not applicable
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i>	Not applicable
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	Not applicable
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Camau Nesaf: <i>Next Steps:</i> Implementation of recommendations	
Rhestr o Atodiadau: <i>List of Appendices:</i> Appendix 1 – Summary of Cycle 2 milestones Appendix 2 – Change Control Appendix 3 – Cycle 2 milestones carried forward (with revised dates)	

Special Measures Cycle 2 Closure Report

▪ Introduction

This report presents a summary of the overall position in relation to Special Measures as at the end of the second 90-day cycle (September to November 2023) within the Stabilisation Phase. This overarching summary builds upon the assurance reports that have been presented to Committees of the Board for the areas that they have agreed to have oversight of and provides a complete assessment against all of the agreed milestones.

The report identifies some of the key points of learning from the second cycle which are being applied moving forward, and describes which milestones are being carried forward and tracked alongside Cycle 3 milestones.

▪ Cycle 2 Closure Approach

A formal assessment of progress against every milestone has been undertaken as part of the closure of this second cycle, to ensure that the organisation has a clear understanding of progress against the original commitments and in which areas challenges have emerged which affected overall delivery.

In addition, a series of checkpoints have been in place throughout the cycle, both internally and externally, and these have been utilised to assess the overall pace of change and readiness for future phases. These include the Special Measures Assurance Board in November, chaired by the Chief Executive of NHS Wales, along with the Special Measures Ministerial Forum which was held face to face in Abergele Hospital during November. Early December also saw the Joint Executive team (JET) meeting with Welsh Government, a standard twice yearly meeting for all Health Boards, which provided an opportunity to take stock of the progress the Health Board has made along with an assessment of the prevailing challenges.

These have been supplemented by specific meetings with Welsh Government in readiness for the next phase commencing in April, agreeing the approach and priorities as we begin to align our Special Measures planning with the 3 year planning process. These meetings have reviewed progress across all five outcomes areas enabling an objective look back and identification of areas requiring additional pace.

Regular assessments have been provided to committees of the Board for the deliverables they have agreed to have oversight of, with regular scrutiny of progress taking place with responsible executives and their nominated delegates through weekly update reporting. As the cycle has drawn to a close a formal evaluation of progress against each of the agreed areas of work has taken place via an objective assurance process undertaken by the Portfolio Management Office. This has been built upon a process of securing evidence of actions, and where applicable whether that has led to assurance of impact.

▪ Cycle 2 Closure Summary

The following table provides a high-level summary against the milestones committed to within this second cycle. Where work has not concluded in its entirety during the second cycle, this work has been carried forward into the third cycle. It is worth noting that a number of the milestones were delayed due to issues outside of the Health Board's control, for example those relating to the Planning Review report.

Outcome	Completed Milestones	Overdue	Total
Outcome 1: A well-functioning Board	15	4	19
Outcome 2: A clear, deliverable plan for 2023/24	15	9	24
Outcome 3: Stronger leadership and engagement	12	9	21
Outcome 4: Improved access, outcomes and experience for citizens	28	17	45
Outcome 5: A learning and self-improving organisation	13	4	17
Overall	83	43	126

Table 1

A more detailed summary against each of the specific areas of work is provided in Appendix 1. As a number of milestones scheduled for cycle 2 did not conclude within the originally intended timescales, revised due dates have been proposed. Appendix 3 outlines these milestones with their original and revised due dates.

▪ Learning from Cycle 2

The overall internal assessment of the second cycle is that there is a continuation of the good progress made in Cycle 1, with incremental progress across all of the five outcomes. This is supporting increased stabilisation and preparedness for the challenges ahead as part of the 2024/25 annual plan.

The pace required within a discrete 90-day cycle period has continued to prove demanding and leaves little margin for course correction when unforeseen delays occur or when in-cycle adaptation is required to better meet the emerging needs of the Health Board. This is particularly evident when delays to the receipt of Independent Reviews, which are outside Health Board control, impact on the subsequent milestones agreed.

There is also a risk that in our attempts to be ambitious with our plans that some optimism bias can occur when setting out what is realistic for a cycle. An example of this is where a document has been scheduled for approval at a meeting but this has been delayed whilst ensuring all stakeholder input and feedback has been considered. Deferring this decision has been considered the most appropriate course in order to ensure longer term buy-in, acknowledging that true engagement can require a pause to ensure all voices are heard. Applying this learning across all areas and ensuring optimism bias is minimised in future plans will be a key focus going forward.

Despite this, our reflections remain that the 90-day cycle approach has been effective during the stabilisation phase and has provided focus and enabled greater traction to be gained. As we transition Special Measures into the 3 year planning process, the improvement plans and monitoring arrangements will be aligned to the established planning cycles, whilst taking on board the rich learning gained from the first 9 months of Special Measures.

It is evident that the outcome-based approach has gained traction and has enabled us to describe the longer term strategic intent. This approach is informing the FY24/25 strategic objectives moving forward.

▪ **Change Control**

As part of the Special Measures governance arrangements any proposed changes require approval through a change control process. This is approved through the Special Measures Senior Responsible Officer (SRO) before submission to the Board for final approval.

A full list of approved Change Control Requests relating to Cycle 2 can be found in Appendix 2, where further explanatory notes are included. These have all been approved by the Board along with some further requests relating to Cycle 3. The conclusion of this report has also informed a mid-cycle review for Cycle 3 and may lead to further changes control requests relating to Cycle 3.

▪ **Conclusion**

The Organisation has made significant strides across each of the five Special Measures outcome areas during the first two Special Measures 90-day cycles, though there remains much to do. The work to date has provided the foundations upon which an effective organisation for the long term can be built and ensures that the right conditions are in place for changes to embed and be sustained.

The remaining Independent Reviews are expected to report during the final quarter of this financial year, which will mark the culmination of a period of significant discovery work. Early delivery against the findings from initial reviews is already visible, and the completion of the discovery activity will allow a greater onward focus upon design and delivery of long term sustainable change.

This closure report has also informed the mid-cycle review for Cycle 3, including an assessment of which areas may need further strengthening and these have been presented to the Executive Team for consideration.

Appendix 1: Summary of Cycle 2 Milestones

Key:	Completed	Overdue	Milestone to be retired via Change Control
-------------	-----------	---------	--

1. A well-functioning Board

Deliverable	Milestones summary text	SRO	Status	Due Date
C1-1.3: Implement phase 1 induction for all Board members	1.3.3 Induction completed for all current IMs (as at 01/09/23) using existing induction process	Phil Meakin		01/11/2023
	1.3.4 New Board induction programme for IMs agreed by Chair of the Board	Phil Meakin		30/11/2023
	PMO Assurance Comments: All Independent Members (IM's) have been through an induction and a review exercise was undertaken to gather feedback which identified improvements required. The improvements required have been addressed in the revised programme which has been approved by the Chair on behalf of the Board.			
C1-1.4: Develop phase 1 Board development programme	1.4.4 Phase 1 of the New Board development programme agreed by Chair of the Board	Phil Meakin		30/11/2023
	PMO Assurance Comments: It is evident that a range of work is underway in this area and that iterative dialogue took place with the Chair to refine proposals prior to final approval, which is now proceeding to implementation.			
C1-1.5: All committees with assigned IMs operational	1.5.5 Findings from the Independent Review reports available received by each of the relevant Board Committees	Phil Meakin		01/10/2023
	1.5.6 The following findings from the OBS review implemented: 1) ToR for all Committees, 2) Confirmed membership for each Committee, 3) Cycle of Business (CoB) for each Committee, 4) Corporate calendar to reflect CoB	Phil Meakin		30/11/2023
	PMO Assurance Comments: A formal process has been agreed for Independent Reviews which has included Committee development sessions, a management response to formal Committee and publication via the Board papers. Whilst some reviews remain overdue in terms of receipt into the organisation, the Health Board has enacted the necessary governance steps for those reviews received, with implementation of the recommendations now the priority. The November Audit committee and November Board received a Corporate Governance Report, covering the relevant items from the OBS review.			
C1-1.6: Design Risk management framework and commence implementation	1.6.3 Board approval of Risk management framework at Sep Board	Phil Meakin		30/09/2023
	1.6.4 Commence implementation of risk management framework implementation plan (developed during this cycle)	Phil Meakin		30/11/2023
	PMO Assurance Comments: Strong progress is well evidenced. Building on Board approval of the Framework a new strategic approach has been developed and there is a well-documented picture of how that work is being taken forward, including stronger governance arrangements with updates to committees and Board. A training plan has been developed with a tiered approach based on requirement of the role, and the remaining challenges will be around building upon this early progress to ensure it permeates through all areas of the organisation.			

C1-1.7: Permanent Chair/IM/CEO/Executive recruitment – dependent on Exec Portfolio Review and Senior HR Cases	1.7.6 Permanent Vice Chair and 2x permanent IMs recruitment: "Phase 2" appointments made by WG	Phil Meakin		30/10/2023
	1.7.7 Permanent Chair recruitment: Interview dates set	Phil Meakin		30/11/2023
	1.7.8 Permanent CEO recruitment: Interview dates set	Phil Meakin		30/11/2023
	1.7.9 4x Permanent IMs recruitment: "Phase 3" job adverts closed	Phil Meakin		30/11/2023
	1.7.10 Exec recruitment: Adverts live to close gaps in Executive Team where appropriate (dependent on Exec Portfolio Review and Senior HR Cases)	Jason Brannan		30/11/2023
	PMO Assurance Comments: Strong overall progress with appointments made and individuals commenced in post. Further IM recruitment did not conclude during the cycle and was carried forward to Cycle 3. The adverts have since closed and appointments are expected by the end of Cycle 3. Progress on executive appointments has not progressed at the same pace and is required to carry forward.			
C2-1.8: OBS team – implement interim and design permanent structure	1.8.1 Assessment of current capabilities in the OBS team, matched against requirements set out in OBS Review and subsequent follow up work	Phil Meakin		30/11/2023
	1.8.3 Proposal on interim OBS structure	Phil Meakin		31/10/2023
	1.8.4 Risk Management function moved into OBS	Phil Meakin		31/10/2023
	1.8.5 Met necessary governance and achieved necessary sign offs to enable full implementation of OBS structure by start of January	Phil Meakin		30/11/2023
	PMO Assurance Comments: Initial work has completed and an interim approach to improving the Office of the Board Secretary (OBS) service to the Health Board was agreed during Cycle 2 and went live on 12 th December 2023, soon after commencement of Cycle 3. The Risk Management function is already working in the OBS and contributing to the wider corporate governance improvements. Interviews for the role of Director of Corporate Governance took place during December and the design of the permanent structure has been deferred until the post holder is in place.			
C2-1.9: Policy management and implementation/audit approach	1.9.1 Present outline approach for Policy Management to Audit Committee on 15/09/2023	Phil Meakin		15/09/2023
	1.9.2 Present final "policy on policies management and implementation approach " to Audit Committee on 09/11/2023	Phil Meakin		09/11/2023
	1.9.3 A stock take of all policies will be undertaken and Exec Team members asked to prioritise the review of policies that they are responsible for"	Phil Meakin		30/11/2023
	PMO Assurance Comments: Policy management approach agreed through the Audit Committee during Cycle 2. The 3 rd milestone around taking the first tranche of policies through the executive team did not complete and has subsequently been revised through a change control to undertake a stock take of all policies. This activity was also rolled forward to cycle 3.			

2. A clear, deliverable plan for 2023/24

Deliverable	Milestones summary text	SRO	Status	Due Date
C1-2.2: Implement escalated financial savings approach for 23/24	2.2.6 All plans to meet the £25.2m savings target to be 100% RAG score Green/Amber	Russell Caldicott		31/10/2023
	2.2.7 Recurrent Investment Group Assurance (RIGA) review completed on all budgeted cost overruns resourced in 2023/24 plans	Russell Caldicott		31/10/2023
	2.2.8 Phase 2: Recurrent Investment Group Assurance (RIGA) Phase 2 to review new investments (£42m) budgeted in 2023/24 plans, including prioritisation exercise considering the schemes from RIGA Phase 1.	Russell Caldicott		30/11/2023
	2.2.9 Review of potential for enhanced financial outturn in conjunction with Welsh Government completed	Russell Caldicott		30/11/2023
	PMO Assurance Comments: Good progress has been made during this cycle and plans to meet the £25.2m savings target having a RAG score of either Green or Amber have been achieved. The Recurrent Investment Group Assurance (RIGA) review has been completed on all budgeted cost overruns in 2023/24 plans, however the review on new investments and the review of potential for enhanced financial outturn will not be complete until cycle 3. RIGA Phase 2 to review new investments (£42m) will be commenced during Cycle 3.			
C1-2.3: Financial & value opportunities for 24/25 & 25/26	2.3.3 Identified savings and efficiency opportunities during the first round of FY24/25 planning	Russell Caldicott		30/11/2023
	PMO Assurance Comments: This milestone did not conclude during Cycle 2 and more robust savings opportunities are required from Divisions. The pressures of identifying savings within the current year has taken priority and the pace of this work will therefore accelerate during Q4.			
C1-2.4: Deliver local plans	2.4.5 Directorate level plans agreed for direct reports to CEO for FY23/24	Russell Caldicott		30/11/2023
	PMO Assurance Comments: The Executive team have endorsed the issue of control totals, with a series of accountability meetings in place to hold teams to account on delivery.			
C1-2.5: Continue supporting and enabling a review of Planning	2.5.3 Receive the first draft report on the outcome of the independent review of integrated planning	Chris Stockport		14/10/2023
	2.5.4 Receive the final report on the independent review of integrated planning	Chris Stockport		31/10/2023
	2.5.5 Planning independent review report submitted to Executive Team and dates agreed for when will be taken to relevant Board sub-committees	Chris Stockport		30/11/2023
	PMO Assurance Comments: The Planning Review has completed however the Health Board has did not receive the report in Cycle 2 due to going through a number of iterations in Welsh Government. The Health Board is ready to move at pace once the report has been received, however this deliverable in its entirety is held up for reasons outside of Health Board control.			

C1-2.6: Contract and procurement management review	2.6.4 Receive the first draft report on the outcome of the independent review of contract procurement management	Russell Caldicott		31/10/2023
	2.6.5 Receive the final report on the outcome of the independent review of contract procurement management	Russell Caldicott		30/11/2023
	2.6.6 Agreed recommendations have been incorporated into the Financial Control Environment Action Plan	Russell Caldicott		30/11/2023
	PMO Assurance Comments: The initial draft report has been received and the Health Board and Welsh Government have held a series of discussions in terms of factual accuracy. The final report was not received during the cycle as originally intended and was carried forward to Cycle 3, and at the time of writing the accuracy checking between the Health Board and Welsh Government was just concluding.			
C1-2.7: Stabilise Finance team and develop capacity	2.7.4 CEO decision reached on proposed supplementary interim resourcing for Finance Department	Russell Caldicott		30/10/2023
	2.7.5 Completed Benchmarking exercise of finance staffing	Russell Caldicott		30/10/2023
	2.7.6 First draft of recurrent Finance staffing requirements	Russell Caldicott		30/11/2023
	PMO Assurance Comments: An interim support team has been established in October and November via secondment opportunities including the Head of Capital, Compliance and Business Improvement role and additional Management Accountant support to the Central IHC team. Benchmarking work has concluded and the results will inform the structure review in the new year. The first draft of the recurrent Finance staffing requirements will be concluded in Cycle 3 and fixed term senior leadership posts will be advertised in early in 2024.			
C1-2.8: Financial Control Environment Action Plan	2.8.7 Signed off Local level SORDs	Russell Caldicott		31/10/2023
	2.8.8 Signed off Health Board SORD	Russell Caldicott		30/11/2023
	2.8.9 Development programme for Finance staff and all other staff exercising financial responsibilities on behalf of the HB agreed, linking in with the Finance Academy partners	Russell Caldicott		30/11/2023
	PMO Assurance Comments: The 2023 Schemes of Delegation (SORDs) and Standing Financial Instructions (SFIs) were presented to the Audit Committee in November and subsequent Board approval was received. Development programme and timetable agreed and awareness and development sessions for key finance staff already delivered which will be extended to other divisions in Cycle 3.			
C2-2.9: Design Integrated Planning Framework and commence implementation	2.9.1 Draft integrated planning framework submitted to executive team	Chris Stockport		13/09/2023
	2.9.2 Integrated planning framework submitted to Board	Chris Stockport		28/09/2023
	2.9.3 Implementation of the integrated planning framework commenced	Chris Stockport		30/11/2023
	PMO Assurance Comments: The Framework was approved by September Board and proceeded to implementation and is informing the submission of plans for 2024/25. As part of continuous learning the Framework remains under review and will be refreshed as required.			

C2-2.10: Design Integrated Performance framework and commence implementation	2.10.1 Draft integrated performance framework submitted to executive team	Russell Caldicott		13/09/2023
	2.10.2 Integrated performance framework submitted to Board	Russell Caldicott		28/09/2023
	2.10.3 Implementation of the integrated performance framework commenced	Russell Caldicott		30/11/2023
	PMO Assurance Comments: The Framework was approved by the September Board and is now being implemented as part of strengthened accountability arrangements, with the Integrated Performance Executive Delivery Group overseeing progress.			

3. Stronger leadership and engagement

Deliverable	Milestones summary text	SRO	Status	Due Date
C1-3.1: Exec Portfolios review recommendations	3.1.4 Receive final Exec Portfolios review report	Jason Brannan		20/10/2023
	3.1.5 Individual and collective discussions on the Exec Portfolio report and wider insights completed	Jason Brannan		10/11/2023
	3.1.6 Agreement of how to progress Exec Portfolio review recommendations reached with Remuneration Committee	Jason Brannan		30/11/2023
	PMO Assurance Comments: The Executive Portfolio review has been completed and the report received by the Health Board. The individual and collective discussions did not conclude by the end of the cycle, but have done early in Cycle 3. The final milestone was retired via the change control process as the Chair advised that this review was now to follow a different route. This is now for the CEO to consider and bring back wider proposals to the Board in due course and this is covered within Cycle 3 milestones.			
C1-3.2: Senior leadership engagement in initial Operating Model restructure stocktake findings	3.2.4 Insights gathered, key themes and next steps for operating model structure stock take reviewed by Executive team	Jason Brannan		30/11/2023
	PMO Assurance Comments: This initial work has completed and a review was undertaken by the Chief Executive Officer (CEO) and the Deputy Director of People on behalf of the Executive team. A decision was taken to extend the small sample review and commission a larger piece of work within Cycle 3 and bring to the full Executive Team in due course.			
C1-3.5: Leadership development	3.5.5 Executive Team development: work outlined and agreed by Board at September Board	Jason Brannan		30/11/2023
	3.5.6 Leadership development approach agreed at November Board	Jason Brannan		30/11/2023
	PMO Assurance Comments: A significant amount of work has taken place in this area including discussions with the Executive Team for feedback on initial Executive Team development proposal, and an external provider has been agreed to commence 1:1's and team development sessions in January 2024. Overall this work has carried forward into Cycle 3 as part of the wider Integrated Leadership Development Framework and the relevant approvals for this work will need to be re-evaluated during Cycle 3.			

C1-3.8: Consider outcome of clinical engagement field work	3.8.5 Outcome of clinical engagement field work considered by Executive Team and aligned to the organisational development plan	Gareth Evans		30/11/2023
	PMO Assurance Comments: All commitments have been met on time throughout. This deliverable will now be retired in Cycle 3 as the work is fully integrated into the Organisational Development Plan and future milestones will be recorded in that section.			
C1-3.9: Patient, family and carer involvement	3.9.13 A draft annual schedule for conversations with communities agreed with the Board	Helen Stevens-Jones		30/11/2023
	3.9.14 The Independent Advisor report on Engagement received	Helen Stevens-Jones		06/10/2023
	3.9.15 The Partnerships, Engagement and Communication function team engaged in a review of the team's purpose	Helen Stevens-Jones		30/11/2023
	PMO Assurance Comments: The Independent Advisor report has been received and reviewed with a wide range of recommendations, and there has been extensive involvement from within and outside of the Partnership, Engagement and Communication (PEC) team around the team purpose. An engagement plan for the remainder of 2023/24 has been shared with the Board and dates agreed. The wider engagement plan for the calendar year 2024 did not conclude by the end of the cycle and was carried forward and has been concluded during January 2024.			
C1-3.10: Implement plans for integrated electronic patient record	3.10.5 Outline case for Tactical ED service blueprint (that can be delivered in 6-12 months) completed	Dylan Roberts		30/11/2023
	3.10.6 Prioritised list of tactical interventions from ED service blueprint evaluated	Dylan Roberts		30/11/2023
	PMO Assurance Comments: A significant amount of diagnostic work has been undertaken with clinical and operational teams resulting in a range of identified improvements, both technical and relating to business change. This is supported by a range of documented options and evidence of collaboration to prioritise. Cycle 2 commitments have been met however the challenge now through a busy winter and beyond will be to ensure that clinicians and operational teams are invested in the delivery of these further changes and that they are aligned to the winter resilience plan.			
C2-3.11: Create an Organisational Development Plan covering the full suite of interventions outside of just the Operating Model structure	3.11.1 Draft Integrated Organisational Development Plan reviewed and discussed at Executive Team	Jason Brannan		31/10/2023
	3.11.2 Proposed Integrated Organisational Development Plan presented to November Board	Jason Brannan		30/11/2023
	PMO Assurance Comments: Work in this area was delayed and carried forward to Cycle 3 where the establishment of an Organisational Development (OD) Steering Group is seen as a significant enabler to developing a plan that is co-produced with the organisation and therefore has wider ownership.			

C2-3.12: Design Culture definition and improvement – taking inputs from all independent reviews	3.12.1 Board Workshop to agree our approach to culture change incorporating multiple sources of insight, including all relevant independent reviews	Jason Brannan		31/10/2023
	3.12.2 Culture Improvement Scoping Phase Project Plan to include identification of resource required and creation of the “case for change”	Jason Brannan		30/11/2023
	PMO Assurance Comments: All independent reviews were appraised along with other sources of insight and the appropriate elements incorporated into the evidence for the case for change. The Board workshop took place on the 1 st December to agree the approach to culture change and an Organisational Development (OD) Steering Group has since been established. Work on the identification of resources required for various stages of the programme commenced during the cycle however this has been rolled forward to Cycle 3 where gaining agreement from the OD steering group is seen as key to future success.			

C2-3.13: Create and commence implementation of plan for replacement of all Interim roles	3.13.1 Paper presented to Remuneration Committee in September containing recommendations from Interims Review	Jason Brannan		30/09/2023
	3.13.2 Interims review actions due by end of November completed	Jason Brannan		30/11/2023
	PMO Assurance Comments: The recommendations from the Interims review were presented to the Remuneration Committee in September. A plan is in place, including enhanced controls, and implementation has commenced with significant reductions noted in staff employed via agency, which is reported locally to committees of the Board and Welsh Government. Some actions were carried forward into Cycle 3 where they have since been confirmed as complete.			

C2-3.14: Introduce the NHS Wales Staff Survey	3.14.1 Communications and Engagement Plan developed to gain maximum engagement with the NHS Wales staff survey	Jason Brannan		08/09/2023
	3.14.2 Health Communities and Pan Services NHS Wales Staff Survey communications and engagement plans developed	Jason Brannan		08/09/2023
	3.14.3 NHS Wales Staff Survey open	Jason Brannan		15/10/2023
	3.14.4 Agreement with Executive Team on how the information and insights coming from the initial NHS Wales staff survey responses will be utilised for learning and improvement	Jason Brannan		30/11/2023
	PMO Assurance Comments: Communication and engagement plans were developed and enacted and the Health Board response rate matches the All-Wales average. Work to agree how the insights will be used was not concluded and was carried forward to Cycle 3.			

4. Improved access, outcomes and experience for citizens

Deliverable	Milestones summary text	SRO	Status	Due Date
	4.2.5 Progress and further develop the Planned Care Elective Care Recovery and Sustainability Plan	Adele Gittoes		30/11/2023
	4.2.6 Detailed Demand & Capacity analysis completed for Top 7 specialities (NHS Executive support requested)	Adele Gittoes		30/11/2023
	4.2.7 Review of RTT Guidance compliance and associated training across the Health Board completed (NHS Executive support requested)	Adele Gittoes		30/11/2023
	4.2.8 Implement clerical validation of open pathways	Adele Gittoes		30/11/2023
	4.2.9 Full Capacity protocol agreed and in place and which guides decisions on elective cancellations	Adele Gittoes		30/09/2023
	4.2.10 Development of a plan to commission additional orthodontic capacity	Adele Gittoes		31/10/2023
PMO Assurance Comments: There has been a continued focus on reduction of extreme waits, with waits over 6yrs now eradicated, and further focus on making inroads into 5yr and 4yr waits. There is also a broader focus on achieving an expected standard of 97% of all open pathways waiting less than 104 weeks with the position of 94.5% achieved. With regards to commissioning additional Orthodontics activity, support has been received from the Welsh Health Specialised Services Committee (WHSSC) and discussions ongoing with the Countess of Chester, although yet to fully conclude. Overall, whilst progress is being made, not all of the agreed milestones for Cycle 2 were completed and these were carried forward to Cycle 3 where they have continued to be progressed. This includes work on Demand and Capacity where support from the NHS Executive has not been realised within the initial timelines.				
C1-4.3: As part of the Planned care Programme, refine the work programme for Orthopaedic care, to include the finalisation of the Orthopaedic expansion business case	4.3.4 Orthopaedic Business Case agreed by Board	Chris Stockport		30/09/2023
	4.3.5 Orthopaedic Business Case presented to Infrastructure Investment Board (WG) on 26.10.23 for final approval and both capital and revenue funding	Chris Stockport		30/11/2023
	PMO Assurance Comments: The Business Case was approved by the Board in September and submitted to Welsh Government. This was subsequently approved by the WG Infrastructure and Investment Board, and then final approval given by the Health Minister.			
C1-4.5a: Vascular improvement plan	4.5a.6 Vascular review reports and recommendations (parts 1 and 2) received	Nick Lyons		30/11/2023
	4.5a.7 Actions to address Vascular Review recommendations incorporated into the Vascular improvement plan and implementation commenced	Nick Lyons		30/11/2023
	4.5a.8 Continued Executive Team review of Vascular Steering Group progress and priorities	Nick Lyons		30/11/2023
	PMO Assurance Comments: The receipt of reports during Cycle 2, including the Independent Review Part 1, which has subsequently been reviewed at a QSE Development Session in December, means that traction is being maintained and the Improvement Plan adapting accordingly. Part 2 relates to the external case note review which is yet to conclude. The Vascular Steering Group continues to meet with the latest review falling just beyond Cycle 2, and close executive oversight remains in place. Cycle 3 will see an important shift forward in both agreeing a range of pathways at the Clinical Effectiveness Group (CEG) and in particular the Emergency Diabetic Foot			

	pathway being implemented with a clinical audit cycle alongside in order to monitor access, outcomes and experience.			
C1-4.5b: Urology improvement plan	4.5b.5 Royal College of Surgeons Urology review and recommendations received	Nick Lyons		31/10/2023
	4.5b.6 Actions to address Urology review recommendations incorporated into the Urology improvement plan	Nick Lyons		16/11/2023
	4.5b.7 Updated Urology Improvement Plan, including both the GIRFT and RCS recommendations, presented to Executive Team for agreement on priorities of the service.	Nick Lyons		30/11/2023
	PMO Assurance Comments: It is evident that progress in relation to processing the report is being made and that decisions have been made to ensure a robust and sensitive review of the report. This has elongated that phase of the process and the Executive Team review also had to be deferred as a result of the work on industrial action. Revised timelines are now in place leading to review at QSE in February.			
C1-4.5c: Ophthalmology improvement plan	4.5c.5 Integrated Eye Care Group established to oversee development and delivery of eye care service model	Adele Gittoes		30/11/2023
	4.5c.6 Integrated Eye Care service model and associated delivery plan development progressed	Adele Gittoes		30/11/2023
	4.5c.7 Ophthalmology Train and Treat implemented	Adele Gittoes		14/11/2023
	4.5c.8 Ophthalmology Pan BCU Clinical Lead appointed	Adele Gittoes		30/11/2023
	4.5c.9 Ophthalmology R1 Clinical validation (Longest-Waiting R1s) completed	Adele Gittoes		30/11/2023
	PMO Assurance Comments: The early groundwork around the plan has been progressed and an improvement group established to oversee, however the solutions required to deliver improvements in performance and reduction in risk have been delayed. This requires resolution and an agreed way forward, including financial agreements are required in Cycle 3.			
C1-4.5d: Oncology improvement plan	4.5d.4 Establish long term Clinical Oncologist on-call cover for Saturdays as part of job planning	Nick Lyons		30/11/2023
	4.5d.5 Appoint Clinical Radiotherapy Lead, with a key responsibility being to support liaison and working with other Welsh cancer centres	Nick Lyons		30/11/2023
	4.5d.6 Explore joint appointment opportunities with Bangor University	Nick Lyons		30/11/2023
	PMO Assurance Comments: It is evident that strong progress is being made with regards to stabilising this service and work was therefore scheduled into Cycle 3 for the Executive Team to review readiness for transitioning towards standardisation. Acceleration of early work to explore joint appointment opportunities with Bangor University will be a key activity within Cycle 3.			

C1-4.5e: Dermatology improvement plan	4.5e.4 Agreed plan in place for Dermatology in the West, whilst wider Dermatology model is worked through	Adele Gittoes		30/10/2023
	4.5e.5 Complete a clinically led options appraisal to address medium term risk pan BCUHB in relation to Dermatology Cancer	Adele Gittoes		31/10/2023
	4.5e.6 Teledermoscopy model implementation commenced (subject to outcome of WG bid)	Adele Gittoes		30/11/2023
	4.5e.7 Dermatology improvement plan and delivery framework further strengthened	Adele Gittoes		30/11/2023
	4.5e.8 Pan BCU Dermatology Clinical Lead appointed	Adele Gittoes		30/11/2023
PMO Assurance Comments: This service remains under significant challenge and the waiting times for patients with skin cancer continues to deteriorate which poses a clinical and organisational risk, and a number of milestones were carried forward. There is clearly however a huge amount of focus being applied to rectify the situation, but lots more to do in Cycle 3.				
C1-4.5f: Plastics improvement plan	4.5f.4 Contract with St Helens & Knowsley in place, with a consistent partnership clinical model and data sharing model operating across BCUHB	Adele Gittoes		30/10/2023
	4.5f.5 Initial review of plastics patients completed, as agreed with WHSSC and St Helens & Knowsley	Adele Gittoes		30/11/2023
PMO Assurance Comments: The Service Level Agreement being coordinated by the Welsh Health Specialised Services Committee (WHSSC) with additional focus during Cycle 3 to bring this to a conclusion. Both milestones were carried forward with revised dates of 29 th February 2024 and good progress is being made.				
C1-4.6: Mental Health review of previous reviews – phase 2	4.6.5 Royal College of Psychiatry interview schedule developed and interviews undertaken	Teresa Owen		04/10/2023
	4.6.6 Royal College of Psychiatry visit schedule developed and undertaken	Teresa Owen		10/11/2023
PMO Assurance Comments: All interviews and visits undertaken on schedule, and a draft copy of the report was subsequently received during Cycle 3.				
C1-4.7: Mental Health Inpatients Safety review - phase 2	4.7.4 Action plan agreed by MHLDT SLT to fully address the recommendations of the NCCU/NHSE Mental Health Inpatient Safety review	Teresa Owen		31/10/2023
PMO Assurance Comments: Detailed action plan received which has been approved through the Mental Health Senior Leadership Team and subsequently submitted and a management response using a thematic approach has also been submitted to this committee. A working group with agreed terms of reference has now been established and progress will be tracked by fortnightly meetings, and arrangements being made for a re-review.				

C1-4.8a: CAMHS improvement plan	4.8a.5 Executive Team review held on CAHMS improvement progress and priorities	Adele Gittoes		30/11/2023
	4.8a.6 Test, and then refine, the CAMHS Recovery plan	Adele Gittoes		30/11/2023
	PMO Assurance Comments: The plan has undergone the scheduled review and documentation received along with evidence of the Executive review, resulting in both Cycle 2 milestones being complete. The review at Executive team did however unearth some concerns regarding progress and a request to return in the new year, therefore further work required on the plan during Cycle 3.			
C1-4.8b: Neurodiversity improvement plan	4.8b.4 Executive Team review held on ND improvement progress and priorities	Adele Gittoes		30/11/2023
	4.8b.5 Continuous review and update of the ND Programme Plan	Adele Gittoes		30/11/2023
	4.8b.6 ND tender for private provision of assessments awarded	Adele Gittoes		30/11/2023
	PMO Assurance Comments: The plan has undergone the scheduled review and documentation received along with the executive review. The subsequent challenge is similar to CAMHS in the need to accelerate progress in Cycle 3 into delivery of improvement. The award of the tender remains outstanding and this will be a pressing action for Cycle 3.			
C1-4.9a: Revised UEC Programme and improvement in: 1) ED triage times, 2) ED assessment waits, 3) 4-hour ambulance	4.9a.6 Urgent Primary Care Review completed to assess effectiveness of UPCCs and learning from across BCUHB and Wales	Adele Gittoes		30/11/2023
	4.9a.7 UEC live dashboard developed for use by operational and clinical staff to inform key risk and harm i.e., ED triage and assessment times, handover waits etc	Adele Gittoes		30/10/2023
	4.9a.8 Revised UEC protocols, including the Full Capacity Protocol and 4-hour ambulance delay escalation to Executive Director of Operations Protocol, approved by Executive Team and being enacted	Adele Gittoes		30/09/2023
	4.9a.9 Implement Integrated Urgent and Emergency Care Plan	Adele Gittoes		30/11/2023
	PMO Assurance Comments: The full capacity protocol and ambulance delay escalation procedure were approved by the Executive Team and are now operational, and the UEC dashboards are now live and in use to dynamically assess risk. Conclusion of the work on Urgent Primary Care Centres (UPCC's) remains outstanding and is required to draw to a close during Cycle 3, in particular given the external scrutiny in this area. Whilst progress was made in relation to the plan, further work is required to carry forward.			
C1-4.9b: UEC Winter Planning	4.9b.5 Stakeholder round table discussion held to finalise winter resilience plan (including Social Care partners)	Adele Gittoes		22/09/2023
	4.9b.6 UEC Winter resilience plan signed off by Executive Team	Adele Gittoes		30/10/2023
	PMO Assurance Comments: A stakeholder round table discussion was held to finalise the winter resilience plan including social care partners. It was agreed that the Winter Resilience plan would be presented to the Board for approval which took place in November.			

C2-4.10: Orthopaedic improvement plan	4.10.1 Abergele orthopaedic model commenced with increased focus on throughput and increased utilisation (at Abergele and DGH sites following transfer of activity)	Adele Gittoes		11/09/2023
	4.10.2 Overarching Orthopaedics plan developed, including Orthopaedic GIRFT recommendations	Adele Gittoes		30/11/2023
	PMO Assurance Comments: The Abergele Orthopaedic model has commenced with the proof of concept completed. The overarching Orthopaedic plan has been developed including the uptake of GIRFT recommendations and development of an Orthopaedic hub at Llandudno hospital, and these are being supplemented by further performance assessment and local engagement.			

5. A learning and self-improving organisation

Deliverable	Milestones summary text	SRO	Status	Due Date
C1-5.1: Develop a 'Learning Organisation' Framework, including a single repository for all organisational learning	5.1.4 Draft Learning Organisation framework updated based on feedback from stakeholders/critical friends	Jason Brannan		31/10/2023
	5.1.5 An engagement event held with clinical colleagues to explore what clinicians would need from a 'staff-facing' version of the Learning Organisation Framework	Jason Brannan		31/10/2023
	5.1.6 A Learning Organisation Readiness and Capability Assessment (LORCA) developed to test current organisational readiness for becoming a Learning Organisation	Jason Brannan		09/11/2023
	5.1.7 An initial 'organisational learning repository' platform developed with colleagues from Informatics and Comms	Jason Brannan		30/11/2023
	5.1.8 MHLd safety related learning is one of the early adopters of the Learning Organisation process and approach	Jason Brannan		30/11/2023
	PMO Assurance Comments: Good progress being made and the draft Learning Organisation Framework (LOF) has been updated based on feedback sought and received. This was supplemented by an engagement event held on the 28 th November with over 60 staff attending, all feeding into an assessment of organisational readiness. Activities around a single repository are underway with support from DDaT however this was carried forward into Cycle 3 where work continues. The work around Mental Health was also deferred into Cycle 3 whilst the relevant products were developed to test, and this has subsequently commenced.			

C1-5.2: Effective procedures for learning from incidents and preparing for inquests and HSE	5.2.5 Fully engaged with pilot of National Learning Framework alongside NHS Executive Wales	Angela Wood		10/11/2023
	5.2.6 Revised SOP for inquests (incl monitoring system) agreed by Executive Team	Angela Wood		20/10/2023
	5.2.7 Refined SOP for escalating coronial matters regarding concerns/breaches/progress to the Executive Medical Director implemented, enabling proactive management prior to Coroner intervention	Angela Wood		30/11/2023
	PMO Assurance Comments: Documented evidence of new procedures being in place and approved through appropriate governance routes. Oversight arrangements are in place via the Executive Medical Director's Office to ensure issues around timeliness of submissions which have been raised by the Coroner are addressed. Further corporate support has also been agreed to ensure a programmatic approach is taken and the appropriate learning is gleaned. Work around the development of the Quality Dashboard which will go live during the Cycle 3 will be another important step along our journey, providing timely insights to areas of concern.			
C1-5.4: Transformation & Improvement support	5.4.4 Transformation & Improvement resource allocation proposal agreed at HBLT implemented (including consideration of hand over of previous work)	Chris Stockport		30/09/2023
	PMO Assurance Comments: The work agreed by the Health Board Leadership Team (HBLT) in Cycle 2 was implemented following discussions with the Executive Director of Public Health and the Interim Executive Director of Operations via the Operational Leadership Team (OLT). The effectiveness of this new resource allocation approach is being monitored by the Transformation & Strategic Planning Exec led Delivery Group as well as PFIG.			
C1-5.5: Implement an enhanced Healthcare Public Health programme	5.5.4 Proposed Enhanced Healthcare Public Health programme reviewed at Executive Team	Teresa Owen		31/10/2023
	5.5.5 Enhanced Healthcare public health programme commenced	Teresa Owen		30/11/2023
	PMO Assurance Comments: The Programme was reviewed at Executive Team in September and enacting the programme has commenced, with Diabetes identified as the first point of focus.			
C1-5.6: Embed Special Measures assurance approach	5.6.5 Final SoP (s) for Special Measures Assurance signed off by SRO	Chris Stockport		10/11/2023
	PMO Assurance Comments: The Standard Operating Procedure was submitted and approved by the SRO within the agreed timescales.			

C1-5.7: Implement proposal to become an intelligence led organisation	5.7.7 Actions taken to increase clinical engagement with data in relation to planned care	Dylan Roberts		31/10/2023
	5.7.8 Training and guidance provided in the use of Information products through an established schedule of awareness / drop-in sessions	Dylan Roberts		31/10/2023
	5.7.9 IRIS structure and content reviewed – to standardise and make information products more readily available across a wider audience – one report, many purposes	Dylan Roberts		30/11/2023
	5.7.10 A measurement framework / data catalogue developed for core measures managed by the Data, Intelligence & Insight Team. This will include sources, reporting criteria and publication details	Dylan Roberts		30/11/2023
	5.7.11 Scope a data strategy aligned with the development of the Health Board's Digital Strategy	Dylan Roberts		30/11/2023
	<p>PMO Assurance Comments:</p> <p>A scoping exercise has been undertaken which identifies 6 key themes for the Data Strategy and is informing next steps, and this is supplemented by a draft data catalogue framework, with the first iteration focusing on data within the Planning Minimum Dataset (MDS). Clinical engagement work has also progressed as part of the Planned Care programme with a data workstream established, led by Medical and Nursing Information Officers and underpinned by a Terms of Reference. Activities around training and a review of IRIS met with some constraints around staff availability and have been carried forward to Cycle 3.</p>			

▪ Appendix 2: Change Control

Summary of Changes

Introduction

Any changes requested in relation to a Special Measures Deliverable or Milestone are required to go through a change control process and these changes are governed by a Standard Operating Procedure (SOP). The Senior Responsible Officer (SRO) decides whether any changes can be implemented '**at risk**' in the interim (in order to prevent any operational delays) before being presented to the Board for consideration of final endorsement.

Change Log

The following table summarises the changes that have been approved by the SRO for interim implementation since the Change Log was last presented to Board.

Reference no: 19	
Change Proposed	Remove milestone 4.3.3 of present Orthopaedic Business Case to Board and replace with a new milestone regarding Welsh Government approval of the Business Case.
Rationale for Change	The wording of milestone 4.3.3 was very similar to 4.3.4 of "agreed by the Board". This was considered duplicative whilst the required approval from Welsh Government that was subsequently required did not feature.
New Milestone for addition (approved by SRO)	4.3.5 Orthopaedic Business Case presented to Infrastructure Investment Board (WG) on 26.10.23 for final approval and both capital and revenue funding
Milestone for deletion (approved by SRO)	4.3.3 Present Orthopaedic Business Case to Board

Reference no: 20	
Change Proposed	Change of wording of milestone 1.4.4. regarding new Board Development Programme, from " <i>agreed by Board</i> " to " <i>agreed by Chair of the Board</i> ".
Rationale for Change	The Chair outlined the importance of protecting scarce Board meeting time and that following appropriate consultation with members regarding content that as Chair he was able to approve on behalf of the Board.
Original Milestone	Phase 1 of the New Board development programme agreed by Board Members.
Revised Milestone (approved by SRO)	Phase 1 of the New Board development programme agreed by the Chair of the Board.

Reference no: 21	
Change Proposed	Change of wording for milestone 1.3.4. regarding new Board Induction Programme, from <i>"agreed by Board"</i> to <i>"agreed by Chair of the Board"</i>
Rationale for Change	The Chair outlined the importance of protecting scarce Board meeting time and that following appropriate consultation with members regarding content that as Chair he was able to approve on behalf of the Board.
Original Milestone	New Board induction programme for IMs agreed by Board Members
Revised Milestone (approved by SRO)	New Board induction programme for IMs agreed by Chair of the Board

Reference no: 22	
Change Proposed	Change of wording for milestone 1.8.3 from <i>"permanent OBS structure"</i> to <i>"interim OBS structure"</i>
Rationale for Change	Developing the proposal for the permanent structure requires the Director of Corporate Governance in post. This milestone had been unintentionally labelled as permanent.
Original Milestone	Proposal on permanent OBS structure [received]
Revised Milestone (approved by SRO)	Proposal on interim OBS structure [received]

Reference no: 23	
Change Proposed	Changed scope regarding milestone 1.9.3.
Rationale for Change	A revised approach is now being taken which involves adding a step within this process requiring each Executive to prioritise policies for review, with the actual approvals commencing from March 2024 onwards. This represents a more realistic scope within this cycle.
Original Milestone	1.9.3 First tranche of new or revised priority policies presented to Executive Team for approval (This is an extensive programme of policy reviews that will need an 18-month programme)
Revised Milestone (approved by SRO)	1.9.3 A stock-take of all policies will be undertaken and Exec Team members asked to prioritise the review of policies that they are responsible for by end of January 2024

Reference no: 24	
Change Proposed	Proposal to retire milestone 3.1.6 relating to the need for the Remuneration Committee to agree how to progress the Executive Portfolio Review recommendations.
Rationale for Change	The Chair outlined this was for the now substantive CEO to take forward and bring proposals to the Board in due course and this is included within Cycle 3 milestones (1.11.2)
Milestone to be retired (approved by SRO)	Agreement of how to progress Exec Portfolio review recommendations reached with Remuneration Committee.

Reference no: 25	
Change Proposed	Change the Executive Lead for Executive team recruitment from Director of Governance to Deputy Director of Workforce and OD for Milestone 1.7.10
Rationale for Change	This milestone (along with milestone 1.7.8 around CEO recruitment) had been incorporated into a broader deliverable around Board recruitment and had inadvertently led to the wrong responsible officer being assigned to this milestone.
Relates to Milestone	1.7.10 "Exec recruitment: Adverts live to close gaps in Executive Team where appropriate (dependent on Exec Portfolio Review and Senior HR Cases)"

Reference no: 27	
Change Proposed	Strengthen the wording of milestone 2.2.8 regarding Recurrent Investment Group Assurance (Phase 2 RIGA review) and retire Cycle 3 milestone 2.2.10 which is a duplication of 2.2.8, created in error.
Rationale for Change	The wording of milestone 2.2.8 requires clarification so that it is clear the scope relates to the Phase 2 £42m budget. In addition, cycle 3 milestone 2.2.10 was created in error as it duplicates 2.2.8. Therefore milestone 2.2.10 requires deletion.
Original Milestone	2.2.8 Recurrent Investment Group Assurance (RIGA) review completed on new investments budgeted in 2023/24 plans
Revised Milestone (approved by SRO)	2.2.8 Phase 2: Recurrent Investment Group Assurance (RIGA) Phase 2 to review new investments (£42m) budgeted in 2023/24 plans, including prioritisation exercise considering the schemes from RIGA Phase 1.
Milestone for deletion (approved by SRO)	2.2.10 Phase 2: Recurrent Investment Group Assurance (RIGA) Phase 2 to review new investments (£42m) budgeted in 2023/24 plans, including prioritisation exercise considering the schemes from RIGA Phase 1

NOTE: Change control items 26 and 28 are not listed above as they were draft change controls that were later superseded by items listed above.

■ Appendix 3: Cycle 2 milestones carried forward (with revised dates)

1. A well-functioning Board				
Deliverable	Milestones	Exec Lead	Original Due Date	Revised due date
C1-1.7: Permanent Chair/IM/CEO/Exec recruitment – dependent on Exec Portfolio Review and Senior HR Cases	1.7.9 4x Permanent IMs recruitment: “Phase 3” job adverts closed	Phil Meakin	30/11/2023	31/01/2024
	1.7.10 Exec recruitment: Adverts live to close gaps in Executive Team where appropriate (dependent on Exec Portfolio Review and Senior HR Cases)	Jason Brannan	30/11/2023	29/02/2024
C2-1.8: OBS team – implement interim and design permanent structure	1.8.5 Met necessary governance and achieved necessary sign offs to enable full implementation of OBS structure by start of January	Phil Meakin	30/11/2023	31/07/2024*
C2-1.9: Policy management and implementation/audit approach	1.9.3 A stock take of all policies will be undertaken and Exec Team members asked to prioritise the review of policies that they are responsible for	Phil Meakin	30/11/2023	31/01/2024

2. A clear, deliverable plan for 2023/24				
Deliverable	Milestones	Exec Lead	Original Due Date	Revised due date
C1-2.2: Implement escalated financial savings approach for 23/24	2.2.8 Phase 2: Recurrent Investment Group Assurance (RIGA) Phase 2 to review new investments (£42m) budgeted in 2023/24 plans, including prioritisation exercise considering the schemes from RIGA Phase 1.	Russell Caldicott	30/11/2023	29/02/2024
	2.2.9 Review of potential for enhanced financial outturn in conjunction with Welsh Government completed	Russell Caldicott	30/11/2023	29/02/2024
C1-2.3: Financial & value opportunities for 24/25 & 25/26	2.3.3 Identified savings and efficiency opportunities during the first round of FY24/25 planning	Russell Caldicott	30/11/2023	29/02/2024
C1-2.5: Continue supporting and enabling a review of Planning	2.5.3 Receive the first draft report on the outcome of the independent review of integrated planning	Chris Stockport	14/10/2023	31/01/2024
	2.5.4 Receive the final report on the independent review of integrated planning	Chris Stockport	31/10/2023	31/01/2024
	2.5.5 Planning independent review report submitted to Executive Team and dates agreed for when will be taken to relevant Board sub-committees	Chris Stockport	30/11/2023	25/01/2024
C1-2.6: Contract and procurement management review	2.6.5 Receive the final report on the outcome of the independent review of contract procurement management	Russell Caldicott	30/11/2023	31/01/2024
	2.6.6 Agreed recommendations have been incorporated into the Financial Control Environment Action Plan	Russell Caldicott	30/11/2023	29/02/2024
C1-2.7: Stabilise Finance team and develop capacity	2.7.6 First draft of recurrent Finance staffing requirements	Russell Caldicott	30/11/2023	29/02/2024

3. Stronger leadership and engagement				
Deliverable	Milestones	Exec Lead	Original Due Date	Revised due date
C1-3.1: Exec Portfolios review recommendations	3.1.5 Individual and collective discussions on the Exec Portfolio report and wider insights completed	Jason Brannan	10/11/2023	31/01/2024
C1-3.5: Leadership development	3.5.5 Executive Team development: work outlined and agreed by Board at September Board	Jason Brannan	30/11/2023	31/01/2024
	3.5.6 Leadership development approach agreed at November Board	Jason Brannan	30/11/2023	31/01/2024
C1-3.9: Patient, family and carer involvement	3.9.13 A draft annual schedule for conversations with communities agreed with the Board	Helen Stevens-Jones	30/11/2023	31/01/2024
C2-3.11: Create an Organisational Development Plan covering the full suite of interventions outside of just the Operating Model structure	3.11.1 Draft Integrated Organisational Development Plan reviewed and discussed at Executive Team	Jason Brannan	31/10/2023	31/01/2024
	3.11.2 Proposed Integrated Organisational Development Plan presented to November Board	Jason Brannan	30/11/2023	31/01/2024
C2-3.12: Design Culture definition and improvement – taking inputs from all independent reviews	3.12.2 Culture Improvement Scoping Phase Project Plan to include identification of resource required and creation of the “case for change”	Jason Brannan	30/11/2023	31/01/2024
C2-3.13: Create and commence implementation of plan for replacement of all Interim roles	3.13.2 Interims review actions due by end of November completed	Jason Brannan	30/11/2023	31/01/2024
C2-3.14: Introduce the NHS Wales Staff Survey	3.14.4 Agreement with Executive Team on how the information and insights coming from the initial NHS Wales staff survey responses will be utilised for learning and improvement	Jason Brannan	30/11/2023	31/01/2024

4. Improved access, outcomes and experience for citizens				
Deliverable	Milestones	Exec Lead	Original Due Date	Revised due date
C1-4.2: Planned Care	4.2.6 Detailed Demand & Capacity analysis completed for Top 7 specialities (NHS Executive support requested)	Adele Gittoes	30/11/2023	29/02/2024
	4.2.7 Review of RTT Guidance compliance and associated training across the Health Board completed (NHS Executive support requested)	Adele Gittoes	30/11/2023	29/02/2024
	4.2.8 Implement clerical validation of open pathways	Adele Gittoes	30/11/2023	31/03/2024*
C1-4.5a: Vascular improvement plan	4.5a.6 Vascular Review reports and recommendations (parts 1 and 2) received.	Nick Lyons	30/11/2023	29/02/24
C1-4.5b: Urology improvement plan	4.5b.7 Updated Urology Improvement Plan, including both the GIRFT and RCS recommendations, presented to Executive Team for agreement on priorities of the service.	Nick Lyons	30/11/2023	19/01/2024
C1-4.5c: Ophthalmology improvement plan	4.5c.7 Ophthalmology Train and Treat implemented	Adele Gittoes	14/11/2023	29/02/2024
	4.5c.8 Ophthalmology Pan BCU Clinical Lead appointed	Adele Gittoes	30/11/2023	29/02/2024
	4.5c.9 Ophthalmology R1 Clinical validation (Longest-Waiting R1s) completed	Adele Gittoes	30/11/2023	29/02/2024
C1-4.5e: Dermatology improvement plan	4.5e.5 Complete a clinically led options appraisal to address medium term risk pan BCUHB in relation to Dermatology Cancer	Adele Gittoes	31/10/2023	29/02/2024
	4.5e.6 Teledermoscopy model implementation commenced (subject to outcome of WG bid)	Adele Gittoes	30/11/2023	29/02/2024
	4.5e.7 Dermatology improvement plan and delivery framework further strengthened	Adele Gittoes	30/11/2023	29/02/2024
	4.5e.8 Pan BCU Dermatology Clinical Lead appointed	Adele Gittoes	30/11/2023	29/02/2024
C1-4.5f: Plastics improvement plan	4.5f.4 Contract with St Helens & Knowsley in place, with a consistent partnership clinical model and data sharing model operating across BCUHB	Adele Gittoes	30/10/2023	29/02/2024
	4.5f.5 Initial review of dermatology patients completed, as agreed with WHSSC and St Helens & Knowsley	Adele Gittoes	30/11/2023	29/02/2024
C1-4.8b: Neurodiversity improvement plan	4.8b.6 ND tender for private provision of assessments awarded	Adele Gittoes	30/11/2023	29/02/2024
C1-4.9a: Revised UEC Programme and improvement in: 1) ED triage times, 2) ED assessment waits, 3) 4-hour ambulance handovers	4.9a.6 Urgent Primary Care Review completed to assess effectiveness of UPCCs and learning from across BCUHB and Wales	Adele Gittoes	30/11/2023	29/02/2024
	4.9a.9 Implement Integrated Urgent and Emergency Care Plan	Adele Gittoes	30/11/2023	29/02/2024

5. A learning and self-improving organisation				
Deliverable	Milestones	Exec Lead	Original Due Date	Revised due date
C1-5.1: Develop a 'Learning Organisation' Framework, including a single repository for all organisational learning	5.1.7 An initial 'organisational learning repository' platform developed with colleagues from Informatics and Comms	Jason Brannan	30/11/2023	29/02/2024
	5.1.8 MHL D safety related learning is one of the early adopters of the Learning Organisation process and approach	Jason Brannan	30/11/2023	29/02/2024
C1-5.7: Implement proposal to become an intelligence led organisation	5.7.8 Training and guidance provided in the use of Information products through an established schedule of awareness / drop-in sessions	Dylan Roberts	31/10/2023	29/02/2024
	5.7.9 IRIS structure and content reviewed – to standardise and make information products more readily available across a wider audience – one report, many purposes	Dylan Roberts	30/11/2023	29/02/2024

* Milestones with revised due dates after Cycle 3.