

Teitl adroddiad: <i>Report title:</i>	Special Measures Cycle 3 Closure Report			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	28 th March 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The purpose of this paper is to close down the third and final Special Measures 90-day cycle within the Stabilisation phase. The paper supplements the 'One Year On' Special Measures Annual Board report and provides a detailed assurance rating against all milestones that were tracked during the cycle, including those that were carried forward from Cycle 2.			
Argymhellion: <i>Recommendations:</i>	The Health Board is asked to NOTE the overall progress made along with the challenges highlighted.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Carol Shillabeer, Chief Executive (Accountable Officer) Dr Chris Stockport, Executive Director of Transformation & Strategic Planning (Lead Executive)			
Awdur yr Adroddiad: <i>Report Author:</i>	Geraint Parry, Special Measures Programme			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
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: <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>				
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 3 milestones	

Special Measures Cycle 3 Closure Report

▪ Introduction

This report supplements the 'One Year On' Special Measures Annual Board report and presents a summary of the overall position against the Cycle 3 milestones (December 2023 to February 2024). This over-arching 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. The report provides a complete assessment against all of the agreed milestones based at time of writing in March.

The report identifies some of the key points of learning from the third cycle which are being applied moving forward, and which have informed the development of the Annual Plan for 2024/25 as the Special Measures response is integrated into the wider Planning process.

▪ Cycle 3 Closure Approach

A formal assessment of progress against every milestone has been undertaken as part of the closure of this third 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.

The overall approach has followed a similar format to previous cycles whereby key meetings are held internally and externally. The Executive Team undertook mid-cycle reviews to track progress and undertake remedial action where milestones were reported at risk of being off track. The external forums such as the Special Measures Assurance Board and the Ministerial Forum have continued to provide the necessary support and challenge to the overall progress being made.

Throughout the cycle 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 fortnightly 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 built upon a process of securing evidence of actions, and where applicable whether that has led to assurance of impact.

▪ Cycle 3 Closure Summary

The following table provides a high-level summary against the milestones committed to within this third cycle. Work is now underway to ensure continual tracking of those milestones that have not quite concluded whilst integrating the larger pieces of ongoing work required into the Annual Delivery Plan for 2024/25.

Outcome	Completed Milestones	Overdue	Total
Outcome 1: A well-functioning Board	13	3	16
Outcome 2: A clear, deliverable plan for 2023/24	15	2	17
Outcome 3: Stronger leadership and engagement	23	6	29
Outcome 4: Improved access, outcomes and experience for citizens	27	24	51
Outcome 5: A learning and self-improving organisation	15	4	19
Overall	93	39	132

Table 1 – Cycle 3 milestone completion rate by Outcome

A more detailed summary against each of the specific areas of work is provided in Appendix 1.

▪ Learning from Cycle 3

The Health Board has continued to undertake an iterative learning approach as we progress through each of the cycles. Much of the learning remains in a similar vein to that described during the first two cycles, with the pace required within a discrete 90-day cycle period continuing to prove demanding. This 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.

A particular impact during this third cycle has been the combined impact of the Christmas and New Year period, winter pressures and their impact for key individuals along with the industrial action which further exacerbated those pressures. These issues combined made for a particularly challenging final cycle and this learning will be factored into future planning in order that known or potential constraints are considered when agreeing commitments for particular time periods.

The overall assessment is that now the first three cycles have provided the necessary pace and traction it is important for us to build our longer term approach to success. This includes evolving the five Special Measures outcomes into strategic objectives for the organisation and beginning to embed the required changes. This will also include developing our approach to major change and focusing scarce organisational resource on fewer, bigger challenges and setting them up for success.

▪ Conclusion

The Organisation has made significant strides through each of the 90-day cycles within the Stabilisation phase and these are outlined in more detail within the Special Measures Annual Report which this milestone summary is appended to. The foundations have been laid for longer term change and a significant amount of discovery work has been completed both via internal mechanisms and through the Independent Review process.

The Health Board is now in a much more stable position and well placed to move forward in its improvement journey to build a more effective and sustainable organisation for the long term.

Appendix 1: Summary of Cycle 3 Milestones

Key:	Completed	Overdue
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1. A well-functioning Board

Deliverable	Milestones summary text	SRO	Status	Due Date
C1-1.5: All committees with assigned IMs operational	1.5.7 Phase 2 - Approval at January Board of full and finalised Corporate Governance arrangements outlined in the OBS Review and highlighted below: 1. ToR for all Committees 2. Confirmed membership for each Committee 3. Cycle of Business for each Committee 4. Corporate Calendar for 2024/25	Phil Meakin		31/01/24
	PMO Assurance Comments: The Terms of Reference for all committees were all ratified at the January Board and the Corporate Calendar has now been agreed and distributed.			
	1.5.8 Findings from the Independent Review reports available received by each of the relevant Board Sub Committees.	Phil Meakin		29/02/24
	PMO Assurance Comments: All of the Independent Reviews received by the Health Board have been actioned accordingly, with Vascular being presented to a development session in December and the management response being prepared for formal QSE committee. Arrangements are in place for a PFIG development session to receive the Contract Procurement and Planning reviews on the 21 st March. The Mental Health Review of Reviews has also now been received and arrangements are being made for this to be presented to the appropriate committee.			
C1-1.7: Permanent Chair/IM/CEO/Exec recruitment – dependent on Exec Portfolio Review and Senior HR Cases	1.5.9 Committee Business Management Group (CBMG) re-introduced and scheduled to take place on a quarterly basis	Phil Meakin		29/02/24
	PMO Assurance Comments: The re-introduction of the Committee Business Management Group was deferred until a full set of Independent Members (IM's) have been appointed. The existing Terms of Reference is being reviewed as the basis for the functioning of the group moving forward and now the full set of IM's are in place this work will recommence.			
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		31/01/24
	PMO Assurance Comments: The adverts for the Independent Members have closed and the Minister has now announced the 4 appointments.			
	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		31/01/24
PMO Assurance Comments: The advert for the Executive Director of Workforce and Organisational Development is now live. Preparation for the advertisement of additional posts has continued in the background whilst the constraints that were acknowledged at the start of the cycle have been worked through. Further progress and additional adverts are expected in the near term following Welsh Government review of Job descriptions.				
C2-1.8: OBS team – implement interim	1.8.5 Met necessary governance and achieved necessary sign offs to enable full implementation of OBS structure by start of January	Phil Meakin		31/07/2024

and design permanent structure	PMO Assurance Comments: The work around the permanent structure has been deferred until the new post holder for Director of Corporate Governance is in place.			
	1.8.6 Director of Corporate Governance recruitment: Interviews held (this appointment will enable the design and implementation of the permanent structure)	Phil Meakin		31/12/23
	PMO Assurance Comments: The recruitment has completed for a Director of Corporate Governance with a start date of 1 st April.			
	1.8.7 Interim OBS structure agreed by CEO and Chair, and implementation has completed	Phil Meakin		31/01/24
	PMO Assurance Comments: The Interim structure for the Office of the Board secretary has been agreed and implemented.			
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		31/01/24
	PMO Assurance Comments: The stock take of policies has completed and was presented to the Executive Team during February and it was agreed to undertake further consultation. Further meetings with Executive colleagues have been scheduled to review their areas.			
	1.9.4 The final "Policy on Policies" document approved at Audit Committee in January 2024	Phil Meakin		31/01/24
	PMO Assurance Comments: The Audit committee approved this document at its meeting in March.			
C3-1.10: Progress implementation of the risk management framework	1.10.1 Risk Management Training reflecting the new Risk Management Framework design and tested	Phil Meakin		29/02/24
	PMO Assurance Comments: The updated risk management training plan was approved at the Risk Management Group on the 6 th February.			
	1.10.2 Final format for the Board Assurance Framework agreed by Board Members (updated to include strategic objectives if available during Cycle 3)	Phil Meakin		29/02/24
	PMO Assurance Comments: A final format of the Board Assurance Framework was taken to the Board on 25 th January with some minor modifications to be made before implementation.			
C3-1.11: Permanent IM/Exec recruitment – dependent Senior HR Cases	1.11.1 4x Permanent IMs recruitment: Interview dates set (WG lead this activity – Board Secretary will link in for feedback on progress)	Phil Meakin		31/01/24
	PMO Assurance Comments: The interviews for the Independent Members took place on the 6 th and 7 th February and this is now marked as complete.			
	1.11.2 Progress design of the revisions to the Executive Portfolio through discussion and implementation/recruitment commenced	Phil Meakin		29/02/24
	PMO Assurance Comments: The proposed design and revisions paper was shared on the 19 th January with discussions scheduled and comments received by the 1 st February. The proposals were well received and plans for recruitment have commenced.			
C3-1.12: Implement phase 2 induction for all Board members	1.12.1 Induction for Vice chair and x2 IMs recruited in November 2023 completed, using new Board Induction Programme	Phil Meakin		31/12/23
	PMO Assurance Comments: The Board Induction Handbook and SharePoint have been finalised and the Vice Chair and 2 IMs recruited in November 2023 have been completing their induction using the new Board Induction Programme.			
C3-1.13: Develop phase 2 Board development programme	1.13.1 Phase 2 Board Development programme for 2024/25 reviewed at Executive Team	Phil Meakin		31/01/24
	PMO Assurance Comments: A concept document has been developed outlining the principles of the Board Development programme,			

	and in the immediate term there has been a focus on Mental Health and Quality. Now that a full set of Independent Members have been appointed a skills audit will be undertaken, which will inform the programme for the year ahead. Bringing this work to a conclusion will be an early priority for the new Director of Corporate Governance.			
	1.13.2 Phase 2 Board Development programme for 2024/25 agreed with the chair through engagement with board members	Phil Meakin		29/02/24
	PMO Assurance Comments: NOTE: The PMO Assurance comments for the previous milestone 1.13.1 are also applicable to this milestone, with the core difference between the two milestones being the audience.			

2. A clear, deliverable plan for 2023/24

Deliverable	Milestones summary text	SRO	Status	Due Date
C1-2.1: Annual Plan	2.1.4 Draft 3 year / annual plan developed	Chris Stockport		29/02/24
	PMO Assurance Comments: The draft plan was developed including population of the ministerial templates and the Minimum Dataset (MDS). A review took place at the Executive Team during February, leading to a PFIG workshop on the 7 th March. Further work continues to develop into the final product. This will be reviewed at PFIG on the 21 st March before being submitted to the Board for approval on the 28 th March.			
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		29/02/24
	PMO Assurance Comments: The RIGA Phase 2 commenced during February and voting took place on the 28 th February. A full review and scoring of the investments is complete and a final decision will be made during w/c 18 th March.			
	2.2.9 Review of potential for enhanced financial outturn in conjunction with Welsh Government completed	Russell Caldicott		29/02/24
PMO Assurance Comments: Productive discussions have taken place with Welsh Government regarding opportunities for the Health Board to secure a deficit position that will improve from the current forecast of £33m to £28m. It is anticipated that with further Board discussions that the Health Board will move to this figure as a final forecast. This represents progress towards attainment of a £20m deficit control target which secures the conditionally recurrent funding.				
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		29/02/24
	PMO Assurance Comments: A Value and Sustainability approach to transformational savings identification and delivery was presented to the Executive Team on the 28 th February and endorsed and further review took place at the Executive Delivery Group. This outlined the areas of saving opportunities within each value stream and progress and delivery will be reported upon in the next cycle.			
	2.3.4 Proposed Financial strategic approach based on Value Based Healthcare principles, to support the delivery of the 24/25 Annual Plan, presented to Execs	Russell Caldicott		29/02/24
PMO Assurance Comments: The proposed approach has been developed by the Executive Director of Finance and submitted to the Executive Team for the meeting on the 28 th February. Following review, the CEO requested a more detailed review take place at the Integrated Performance Executive Delivery Group which took place on the 5 th March.				
C1-2.5: Continue supporting and	2.5.3 Receive the first draft report on the outcome of the independent review of integrated planning	Chris Stockport		31/01/24

enabling a review of Planning	PMO Assurance Comments: The draft report was received into the Health Board for factual accuracy checking on the 24 th January and comments fed back during early February.			
	2.5.4 Receive the final report on the independent review of integrated planning	Chris Stockport		31/01/24
	PMO Assurance Comments: The final report was received into the Health Board on the 12 th March.			
	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		25/01/24
	PMO Assurance Comments: The report has been received and circulated and the report author invited to attend a development session of PFIG on the 21 st March. The management response will follow for the April meeting.			
	2.5.6 Agreed recommendations have been incorporated into a Planning Review Action Plan	Chris Stockport		08/01/24
	PMO Assurance Comments: A first iteration of the Action Plan has been drafted based upon the draft version of the review. As soon as the reviewer has attended the development session of PFIG on the 21 st to present the report, this will be fully refreshed into a final plan for approval.			
	2.5.7 Planning Review and associated action plan have been presented at PFIG	Chris Stockport		18/01/24
	PMO Assurance Comments: The late receipt of the report has prohibited the completion of this milestone. This will now be progressed at pace.			
2.5.8 Delivery of the Planning Review Action Plan commenced	Chris Stockport		29/02/24	
PMO Assurance Comments: Work has commenced as part of the planning currently underway for the Annual Plan for 2024/25 as part of a wider 3 year plan.				
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		31/01/24
	PMO Assurance Comments: The final report was received during January and delivery of the response has begun.			
	2.6.6 Agreed recommendations have been incorporated into the Financial Control Environment Action Plan	Russell Caldicott		29/02/24
C1-2.7: Stabilise Finance team and develop capacity	PMO Assurance Comments: The recommendations have been incorporated into the Special Measures action plan, which has now superseded the previously named Financial Control Environment Action Plan. Delivery of the plan has also commenced and good progress being made with 70% of the actions already addressed and closed.			
	2.7.6 First draft of recurrent Finance staffing requirements	Russell Caldicott		29/02/24
C1-2.8: Financial Control Environment Action Plan	PMO Assurance Comments: A number of temporary staffing changes have been implemented during Cycles 1 and 2, and the benchmarking work has been completed, however the first draft of the permanent revised structure cannot be progressed at this stage (linked to the substantive Executive Director of Finance role) and will need to carry forward into the next financial year.			
	2.8.10 Senior Leadership Team in the Finance Department to have completed a self-evaluation checklist in relation to grip and control and to have shared it with WG	Russell Caldicott		31/01/24
	PMO Assurance Comments: The first draft of the Grip and Control Assessment has been produced by the Finance Department and reviewed by the Executive Director of Finance and shared with Welsh Government. Further work will also continue in the next financial year.			

C3-2.11: Special Measures to be incorporated into IMTP and Annual Planning processes	2.11.1 Special Measures deliverables and milestones beyond Cycle 3 have been incorporated into the IMTP/Annual Plan	Chris Stockport		30/01/24
	PMO Assurance Comments: The Special Measures Outcomes have been developed into five strategic objectives which form the basis of the Annual Plan. Embedding the Special Measures response into the 3 year plan is outlined in detail in the Special Measures Annual report to the Board, along with the narrative within the Annual Plan. The Special Measures Improvement Plans for challenged services have been also been integrated across into the Annual Plan.			
	2.11.2 Special Measures and IMTP/Annual Plan governance and reporting have been combined into a single process in preparation for the standardisation phase	Chris Stockport		29/02/24
PMO Assurance Comments: The Special Measures Assurance Portal has been further developed to incorporate Annual Plan monitoring as part of a wider Portfolio Assurance Portal. The governance and reporting proposals have been outlined in a Standard Operating Procedure and plans are also developing to ensure that the process of risk management is integrated more closely in the next financial year.				

3. Stronger leadership and engagement

Deliverable	Milestones summary text	SRO	Status	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		31/01/24
	PMO Assurance Comments: Discussions have taken place and a revised proposal was circulated on the 19th January. Feedback and insights received which supported the proposals which are now proceeding to recruitment.			
C1-3.2: Senior leadership engagement in initial Operating Model restructure stocktake findings	3.2.5 Scoping and methodology proposal for the wider review of the 2022 Operating Model restructure agreed via an appropriate Executive governance process following appropriate engagement	Jason Brannan		31/12/23
	PMO Assurance Comments: This work is progressing and has been presented to the OD steering group. Feedback has been provided by the group which includes a pre-requisite of senior clinical engagement. The group has requested further development of the proposal which will return to the April meeting for further review.			
	3.2.6 Findings from the wider review of the 2022 Operating Model restructure presented via an appropriate Executive governance process and next steps agreed.	Jason Brannan		29/02/24
PMO Assurance Comments: This milestone is dependent upon milestone 3.2.5 above occurring first.				
C1-3.5: Leadership development	3.5.5 Executive Team development: work outlined and agreed via a appropriate Executive governance process	Jason Brannan		31/01/24
	PMO Assurance Comments: This work is underway and recent development sessions have taken place on the 31 st January/1 st February and the 5 th /6 th March.			
	3.5.6 Leadership development approach agreed via an appropriate Executive governance process.	Jason Brannan		31/01/24
	PMO Assurance Comments: The Integrated Leadership Development Framework was presented to the Leadership Conference of over 250 leaders on the 27 th February. The approach has been agreed and some feedback is being reviewed and incorporated into further iterations.			
	3.5.7 Integrated Leadership Development Framework socialised across the organisation for feedback	Jason Brannan		28/02/24
PMO Assurance Comments: The Framework has been widely socialised across the organisation through various stakeholder groups and via BetsiNet and was presented to the Leadership conference on the 27 th February.				

	3.5.8 Integrated Leadership Development Framework implementation plan presented via an appropriate Executive governance process.	Jason Brannan		29/02/24
	PMO Assurance Comments: The Implementation Plan was presented to the OD Steering group on the 4 th March.			
	3.5.9 Exploration of approach to leadership: Draft proposal of the approach and how to adopt it, presented via an appropriate Executive governance process.	Jason Brannan		29/02/24
	PMO Assurance Comments: The proposal on the approach to leadership was incorporated within the culture, leadership and engagement paper that was presented to the OD Steering Group on the 4 th March, supplemented by the Organisational Development plan.			
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		31/01/24
	PMO Assurance Comments: The draft annual schedule has now been agreed with Board members and dates secured throughout the next financial year.			
	3.9.16 Workshop held as part of the co-design of the approach to engagement at an individual, service and organisational level	Helen Stevens-Jones		31/01/24
	PMO Assurance Comments: Workshop held on the 5 th February including internal stakeholders and colleagues from Llais, and a plan was agreed with regards to the developing the engagement approach.			
	3.9.17 Principles and objectives associated to the engagement work agreed at Exec Team	Helen Stevens-Jones		29/02/24
	PMO Assurance Comments: An engagement group has been formed to take forward this work and the principles and objectives remain under development. A paper is being prepared for the Executive Team meeting on the 27 th March outlining the work to date and the plan for the year ahead.			
	3.9.18 Draft proposal on approach to engagement commenced in Cycle 3, for completion by end of March 2024	Helen Stevens-Jones		29/02/24
PMO Assurance Comments: The first design workshop has been held and actions agreed for developing a plan for the year ahead. The work is underway but is yet to conclude in order to ensure that the approach is fully co-designed with patients, families and carers. A paper will be brought to the Executive Team on the 27 th March to outline the approach to planning for a co-designed approach.				
	3.9.19 A plan to expand patient experience feedback, presented to Executive Team - this will be a key enabler in using patient experience feedback to support improvements in our services	Chris Stockport		29/02/24
PMO Assurance Comments: This work has been re-scoped due to a change of priorities and will now focus on a couple of inpatient wards and the Emergency Departments. A further meeting of the group overseeing the work will take place on the 17 th April.				
C1-3.10: Implement plans for integrated electronic patient record	3.10.7 - Finalise, review and agree prioritised service and digital tactical interventions for ED, quantify benefits and develop costed plan for delivery.	Dylan Roberts		31/12/23
	PMO Assurance Comments: Full list of options generated and prioritised and implementation plan developed and commenced.			
	3.10.8 - Draft Strategic Outline Case for Electronic Healthcare Record Systems (EHR) presented to Exec Team, including plan to take forward with wider stakeholders	Dylan Roberts		31/01/24

	PMO Assurance Comments: The Draft Strategic Outline Case has been developed and was presented to the Executive Team during January with further consultation underway.		
	3.10.9 Case developed for best of breed Mental Health system in conjunction with DHCW and WG to help address the lack of electronic health care records.	Dylan Roberts	29/02/24
	PMO Assurance Comments: Discussions are progressing between the national team and Mental Health and Learning Disabilities regarding procurement, and the MH and LD Digital Steering group is driving forward the work. This tactical project will address immediate issues in Mental Health and will merge into the wider EHR over the course of the full programme.		
C2-3.11: Create an Organisational Development Plan covering the full suite of interventions outside of just the Operating Model structure	3.11.1 Co-production of an All Organisation Development Plan to start at the Organisational Development Steering Group in February 2024.	Jason Brannan	29/02/24
	PMO Assurance Comments: The OD Steering Group, chaired by the CEO, was launched on the 5 th February and has since met for a second time and is proceeding with the implementation of the OD Plan.		
	3.11.2 Proposed Organisational Development plan for the organisation to be submitted via an appropriate Executive governance process.	Jason Brannan	31/01/24
	PMO Assurance Comments: The plan was submitted to the OD steering group on the 4 th March.		
	3.11.3 OD Steering Group established	Jason Brannan	30/12/23
	PMO Assurance Comments: The OD steering group has now been established and met for the first time on the 5 th February with a further meeting held in March, and the workplan is progressing.		
	3.11.4 Clinical engagement: Progress demonstrated in the part of the OD plan relating to clinical engagement field work conducted in previous cycles	Jason Brannan	29/02/24
	PMO Assurance Comments: The recommendations from the original fieldwork were reviewed by the OD Steering Group on the 5 th February. Further work is being undertaken to understand the barriers to engagement of clinicians and this has been incorporated into the wider Organisational Development plan which was presented to the OD Steering Group at its second meeting on the 4 th March.		
	3.11.5 Measure employee engagement: Proposal on a broad range of mechanisms to do this other than just the staff survey presented via an appropriate Executive governance process	Jason Brannan	29/02/24
	PMO Assurance Comments: A paper was presented to the OD Steering Group on the 4 th March which detailed a broad range of mechanisms to measure employee engagement. The NHS Wales Staff Survey and planned quarterly Pulse surveys, which commence during this Spring will provide a benchmark for the measurement of progress through an engagement index. A range of other measures including completion of PADRs and engagement with internal communications activities are also proposed.		
3.11.6 Line manager's impact on employee engagement: Proposal on the behaviours required from this group to support high employee engagement, along with a plan to deliver them, presented via an appropriate Executive governance process.	Jason Brannan	29/02/24	
PMO Assurance Comments: This work is aligned to the development of organisation wide Behaviours Framework. Early work has commenced with regard to research in this area including learning from the University of Surrey regarding unprofessional behaviours between healthcare staff. Co-designing this work with colleagues from across the organisation through a comprehensive listening and engagement process is deemed critical to its success and further work will come back to the OD steering group in due course.			

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		31/01/24
	PMO Assurance Comments: The case for change was outlined to the OD steering group on the 4 th March which included the resources and investment required to take forward the culture improvement work and also proposed the development of a culture change sub-group reporting into the OD steering group.			
	3.12.5 Formal Culture Change Plan and accompanying Comms and Engagement plan presented via an appropriate Executive governance process.	Jason Brannan		29/02/24
	PMO Assurance Comments: A comprehensive update on the wider Organisational Development plan was presented to the OD Steering Group on the 4 th March and the work is progressing further.			
	3.12.6 Examine the current pervasive culture: Final results from NHS Wales Staff Survey shared with all relevant managers and thematic analysis fed into Culture Change Plan	Jason Brannan		29/02/24
	PMO Assurance Comments: The Organisational and All-Wales results from the staff survey have been shared widely with managers across the organisation and the themes have been incorporated into the OD plan. Directorate level detail will follow during April which will enable local teams to develop their responses.			
	3.12.7 Previously collected staff feedback on the existing values to be analysed and proposals of methods of co-production with the staff including comms and engagement plans to be submitted via an appropriate Executive governance process	Jason Brannan		29/02/24
	PMO Assurance Comments: The proposals were submitted to the OD Steering Group on the 4 th March as part of wider set of Organisational Development plans and are now proceeding to implementation.			
3.12.8 Previously collected staff feedback on the existing behaviours to be analysed and proposals of methods of co-production with staff including comms and engagement plans to be submitted via an appropriate Executive governance process.	Jason Brannan		29/02/24	
PMO Assurance Comments: The proposals were submitted to the OD Steering Group on the 4 th March as part of wider set of Organisational Development plans and are now proceeding to implementation.				
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		31/01/24
	PMO Assurance Comments: This milestone is now complete with regular updates being provided to Executive Team and the Remuneration Committee, and significant reductions evident within reported figures.			
C2-3.14: Introduce the NHS Wales Staff Survey	3.14.4 Agreement via an appropriate Executive governance process on how the information and insights coming from the initial NHS Wales staff survey responses will be utilised for learning and improvement.	Jason Brannan		31/01/24
	PMO Assurance Comments: A comprehensive update on Culture, Leadership and engagement was presented to the OD Steering Group on the 4 th March which incorporated how the staff survey results will be integrated into the wider approach being taken forward around employee engagement.			

4. Improved access, outcomes and experience for citizens

Deliverable	Milestones summary text	SRO	Status	Due Date
C1-4.2: Planned Care	4.2.5 Progress and further develop the Planned Care Elective Care Recovery and Sustainability Plan	Adele Gittoes		29/02/24
	PMO Assurance Comments: Work has been underway throughout the cycle on further progressing the plan and reductions have been evident in the waiting times for patients. Recent work has also taken place with the Interim Executive Director of Operations to develop the improvement plan approach as we move into the next financial year.			
	4.2.6 Detailed Demand & Capacity analysis completed for Top 7 specialities (NHS Executive support requested)	Adele Gittoes		29/02/24
	PMO Assurance Comments: This work is partially complete through analysis for Dermatology and Ophthalmology. Updates for further specialties are still required from the NHS Executive and this requirement will be escalated in order to bring to a conclusion in a timely manner.			
	4.2.7 Review of RTT Guidance compliance and associated training across the Health Board completed (NHS Executive support requested)	Adele Gittoes		29/02/24
	PMO Assurance Comments: The RTT guidance is continually reviewed and a formal part of accountability meetings with the NHS Executive. The review of training has been completed and will form part of a newly refreshed training programme for the new patient booking and validations teams.			
	4.2.8 Implement clerical validation of open pathways	Adele Gittoes		31/03/24
	PMO Assurance Comments: The first tranche of validation is complete and this forms part of regular updates to IQPD. Plans are progressing for the recruitment of an internal validation team to sustain this work.			
	4.2.10 Development of a plan to commission additional orthodontic capacity	Adele Gittoes		29/02/24
	PMO Assurance Comments: There have been significant resourcing challenges within this specialty which has national shortages. There is a lack of capacity and expertise in the private sector and within neighbouring health organisations which has affected the ability to develop a plan to date, which was also exacerbated by unforeseen absence. Further mitigations are being discussed as a priority with executive leads.			
	4.2.11 Approach to demand and capacity planning and data developed, working with NHS Executive colleagues. Part of this will be to maximise the use of core clinical capacity.	Adele Gittoes		31/01/24
	PMO Assurance Comments: The NHS Executive has been commissioned to complete detailed demand and capacity analysis. To date these have been received for Dermatology and Ophthalmology which have informed improvement plans for these areas. Awaiting updates for further specialties.			
	4.2.12 Undertake a baseline assessment/review of oral health services across BCUHB to include Secondary Care, Community Dental Services, and General Dental Services to inform the future service model required to meet demand	Adele Gittoes		29/02/24
PMO Assurance Comments: This work will be informed by the detailed demand and capacity work that is underway. Once received this will inform the next phase of review and the development of the optimal service model.				
4.2.13 Development commenced of a 5-year oral health plan for North Wales, outlining the future service model.	Adele Gittoes		29/02/24	
PMO Assurance Comments: This work is delayed due to the interdependency with the demand and capacity work. This will commence once the baseline assessment has been completed.				

	4.2.14 Continue to deliver the Planned Care Recovery and Sustainability Plan to a) eradicate > 5 and 6 year waits b) significantly reduce > 4 year waits	Adele Gittoes		29/02/24
	PMO Assurance Comments: A refresh of the Recovery and Sustainability plan has recently taken place, and 5 and 6yr waits have now been eradicated.			
	4.2.15 Deliver an interim plan of >30 new Orthodontic patients to be seen within existing sessions (displacing follow up activity)	Adele Gittoes		29/02/24
	PMO Assurance Comments: The delivery of local plans to address long waits in Orthodontics have faced significant challenges including an unplanned absence for a sustained period. The national workforce shortages are impacting on the ability to provide alternative arrangements and this work did not complete within cycle and will need additional focus during the next year.			
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	4.3.6 Phase 1 - Orthopaedic Surgical Hub Delivery - Formal award of the contract for the main package of works, following ministerial approval of the business case	Chris Stockport		31/12/23
	PMO Assurance Comments: The contract for the main package of works has now been awarded.			
	4.3.7 Phase 1 - Orthopaedic Surgical Hub Delivery - Construction commenced on site in relation to the main package tender award.	Chris Stockport		29/02/24
	PMO Assurance Comments: Following the award of the contract the indicative timelines were reviewed and final dates agreed. This has led to a slight delay with the commencement of the construction outside of the cycle by a matter of a few weeks. Decant works and site enablement have commenced, and despite this slight delay the overall package of works remains on-track.			
	4.3.8 Phase 2 - Further Surgical Hub Design - Scoping document approved by Programme Board to support commencement of Phase 2 Business Case (dependant on outcome of clinical engagement and requires further Capacity & Demand modelling)	Chris Stockport		29/02/24
PMO Assurance Comments: This Programme team are undertaking an Options Appraisal which includes clinical input, and therefore a slight delay is being incurred to enable appropriate notice to be given and ensure all key stakeholders are available. This is expected to conclude during April.				
C1-4.5a: Vascular improvement plan	4.5a.8 Continued Executive Team review of Vascular Steering Group progress and priorities	Nick Lyons		31/01/24
	PMO Assurance Comments: The Vascular Steering Group continues to meet every 2 months and is the principal mechanism for the review of the Vascular Integrated Improvement Plan. Executive oversight remains in place with regular updates via the Executive Medical Director and through formal submission of the plan to the Executive Team meeting.			
	4.5a.9 Integrated Vascular hub and spoke: North Wales Vascular Service Specification, outlining roles and responsibilities of Hub and Spoke sites, to be revised in light of other improvements made and presented to Vascular Steering Group	Nick Lyons		31/01/24
	PMO Assurance Comments: The Service Specification was presented to the Vascular Steering Group on the 27 th February, who endorsed the work and the next steps. The specification will now be socialised through the organisation and work to map current service provision and resources will actively commence.			
	4.5a.10 Welsh Government Phase 2 audit of anonymised case files completed	Nick Lyons		29/02/24
PMO Assurance Comments: The audits took place during February and the final report is expected by the end of March.				
	4.5a.11 Updated Vascular Integrated Improvement Plan, which incorporates all outstanding, and new improvement recommendations, and service level priorities developed and approved by Vascular Steering Group	Nick Lyons		29/02/24

	<p>PMO Assurance Comments: The Vascular Integrated Improvement Plan continues with its implementation and regular updates provided to the steering group. Recent additions to the recommendations include those following part 1 of the independent review and these have been integrated. The team have engaged fully with the case note audit, which is also expected to generate further recommendations.</p>			
	4.5a.12 17 vascular related pathways approved by Strategic Clinical Effectiveness Group for implementation including audit and evaluation cycles	Nick Lyons		29/02/24
	<p>PMO Assurance Comments: The Clinical Effectiveness Group (CEG) sought additional information regarding the submitted pathways and further work has been undertaken for a re-submission during March, which had led to a short delay in proceeding to implementation.</p>			
	4.5a.13 Emergency Diabetic Foot Pathway implemented and clinical audit cycle in place to monitor improvements in access, outcomes and experience	Nick Lyons		29/02/24
	<p>PMO Assurance Comments: Some operational challenges have been experienced in relation to the development of the pathway. This has been escalated to the Vascular Steering Group who are reviewing options to expedite the development and then proceed to consultation.</p>			
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		19/01/24
	<p>PMO Assurance Comments: The Urology Improvement Plan was presented to the Executive Team on the 28th February, and is proceeding with regards to implementation.</p>			
	4.5b.8 Recruitment completed of dedicated expert clinical support to advise, support and implement the Urology Improvement Plan	Nick Lyons		31/12/23
	<p>PMO Assurance Comments: Initial discussions regarding dedicated expert clinical support were ultimately unsuccessful and alternative options are now being explored. The issue has been raised as part of the Urology Risk Register.</p>			
	4.5b.9 Delivery commenced of the Urology Improvement Plan and improvements in consistency of delivery in quality standards and access to urgent and elective pathways across North Wales starting to be realised	Nick Lyons		19/01/24
	<p>PMO Assurance Comments: Delivery of the improvement plan has commenced and was presented to the Executive Team with an accompanying paper on the 28th February. The realisation of improvements and consistency in delivery of quality standards is required before the milestone can be completed and this will therefore be the priority focus in the next period.</p>			
	4.5b.10 Plan agreed with the national robotic programme to ensure effective and sustainable use of the north Wales robot, to enable improved access for our population	Nick Lyons		31/01/24
	<p>PMO Assurance Comments: The Health Board continues to engage with the National Team via the Executive Medical Director and discussions remains underway but are yet to reach agreement.</p>			
C1-4.5c: Ophthalmology improvement plan	4.5c.7 Ophthalmology Train and Treat implemented	Adele Gittoes		29/02/24
	<p>PMO Assurance Comments: Initial recruitment delays at Cardiff University impacted upon the delivery of this milestone, with the Health requiring access to external expertise. Progress has been made and BCU have completed the elements required locally, with further work at the University required in order to conclude. The delays are being actively managed and this is expected to conclude by April.</p>			
	4.5c.8 Ophthalmology Pan BCU Clinical Lead appointed	Adele Gittoes		29/02/24

	PMO Assurance Comments: Recruitment of a Clinical Lead remains a challenge and alternative plans are being explored by the Office of the Medical Director.			
	4.5c.9 Ophthalmology R1 Clinical validation (Longest-Waiting R1s) completed	Adele Gittoes		29/02/24
	PMO Assurance Comments: The completion of this work requires funding which is not currently available. This is being reviewed as part of the overall RIGA process in order to reach an agreement.			
	4.5c.10 Development commenced of an outline 5-year eye care plan based on an integrated sustainable model.	Adele Gittoes		29/02/24
	PMO Assurance Comments: Early discussions regarding the importance of developing a long term approach have taken place however further work is required in the new financial year in order to commence the development of the longer term plan.			
C1-4.5d: Oncology improvement plan	4.5d.7 Review of Oncology completed at Exec Team with respect to readiness for transitioning towards standardisation	Nick Lyons		29/02/24
	PMO Assurance Comments: A paper has been prepared and submitted for discussion at the Executive Team and this is now expected to take place during April.			
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		29/02/24
	PMO Assurance Comments: The options appraisal has been undertaken between Senior Clinical Leads and the Executive Medical Director and has informed strengthening of the improvement plan and delivery framework (milestone 4.5e.7)			
	4.5e.6 Teledermoscopy model implementation commenced (subject to outcome of WG bid)	Adele Gittoes		29/02/24
	PMO Assurance Comments: The implementation has commenced and the programme is on track for successful delivery with training due to commence in April.			
	4.5e.7 Dermatology improvement plan and delivery framework further strengthened	Adele Gittoes		29/02/24
	PMO Assurance Comments: A meeting took place between the Executive Medical Director and Senior Clinical Leads on the 23 rd February. Agreement was reached as part of the short-term Dermatology Plan, to provide clinical cover for inpatient services urgent cases and clinical supervision for specialist nurses in West IHC. Ongoing cover informs part of the wider sustainable Dermatology Plan.			
	4.5e.8 Pan BCU Dermatology Clinical Lead appointed	Adele Gittoes		29/02/24
	PMO Assurance Comments: Work has been undertaken in this area with the focus of activity being directed on stabilising clinical risk within the significant dermatology waiting list, however a proposal to recruit a dedicated role has been endorsed and is currently with the Health Board medical recruitment team.			
	4.5e.9 Delivery commenced of an immediate plan to reduce the backlog with a maximum scope of an additional c.2000 patient appointments, dependent on WLIs.	Adele Gittoes		29/02/24
PMO Assurance Comments: The Senior Operational Leadership team approved a plan which included investment in this area and this currently being enacted.				
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		29/02/24
	PMO Assurance Comments: Significant delays have been incurred during the Service Level agreement negotiations with a number of			

	queries from the provider. These are currently being worked through and this work is now expected to conclude during April.			
	4.5f.5 Initial review of Plastics patients completed, as agreed with WHSSC and St Helens & Knowsley	Adele Gittoes		29/02/24
	PMO Assurance Comments: The review has now concluded and a report developed with the findings. All patients who required a follow up have now been booked into a review clinic.			
C1-4.6: Mental Health review of previous reviews – phase 2	4.6.7 Copy of Royal College of Psychiatry MH&LD report received.	Teresa Owen		31/01/24
	PMO Assurance Comments: A copy of the report was received in draft form during January and a response was provided to Welsh Government re: factual accuracy. The final report was received on the 12 th March.			
	4.6.8 MH&LD/RCPsych Action Plan developed and scheduled for sign off via appropriate governance routes.	Teresa Owen		29/02/24
	PMO Assurance Comments: The final Royal College of Psychiatry report was received on the 12 th March, outside of the cycle. The action plan will now be developed as a priority in the coming weeks.			
C1-4.7: Mental Health Inpatients Safety review - phase 2	4.7.5 NCCU Action Plan Delivery Group fortnightly meetings held.	Teresa Owen		31/12/23
	PMO Assurance Comments: The NCCU Patient Safety Delivery Group continues to meet fortnightly, with a sub group meeting weekly to quality assure updates and evidence aligned to the action plan progress.			
	4.7.6 MH&LD evidence log and repository developed.	Teresa Owen		31/12/23
	PMO Assurance Comments: Data collection form and evidence collection process agreed, and link provided to repository where evidence is stored following approval.			
	4.7.7 MH&LD NCCU update report submitted through appropriate governance routes to provide an overview of progress made with implementation of action plan.	Teresa Owen		29/02/24
PMO Assurance Comments: The NCCU update report has been processed through Divisional Governance and was submitted to the NCCU and the NHS Executive on the 31 st January.				
C1-4.8a: CAMHS improvement plan	4.8a.7 Delivery of the agreed BCU performance trajectories for the Mental Health Measure for December, January, February.	Adele Gittoes		29/02/24
	PMO Assurance Comments: The Improvement Plan for CAMHS, inclusive of focus on trajectories was approved by the Executive Team in January. The percentage of patients receiving assessment within 28 days in February was at 86%, exceeding the expected position of 80%.			
	4.8a.8 Focused review of CAMHS service model across BCU undertaken	Adele Gittoes		29/02/24
PMO Assurance Comments: A focused review has taken place and a delivery model for early intervention, prevention and promotion has been drafted for consultation. The Enhanced Crisis and Unscheduled Care model has been finalised and approved along with the Tier 4 specialist service specification. The plan was approved by the Executive Team in January.				
C1-4.8b: Neurodiversity improvement plan	4.8b.6 ND tender for private provision of assessments awarded	Adele Gittoes		29/02/24
	PMO Assurance Comments: The tender award remains outstanding at this stage and is under review with members of the Executive Team with regards to agreeing the route forward. It has been concluded that options within the current national funding envelope will not meet the need and demand of our population and further discussions are planned nationally.			

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		29/02/24
	PMO Assurance Comments: The area has experienced some delays due to an unforeseen absence. The work is now progressing again with a Phase 2 modelling exercise of the service planned during March.			
	4.9a.9 Implement Integrated Urgent and Emergency Care Plan	Adele Gittoes		29/02/24
	PMO Assurance Comments: The plan has been implemented throughout the cycle.			
	4.9a.11 Evidence received of increasing usage of the new 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		29/02/24
	PMO Assurance Comments: The new Dashboard is in use and the corporate UEC team are actively engaging with senior leaders in the IHC around the importance of its use to dynamically assess risk, and this has been supplemented by usage stats.			
C1-4.9b: UEC Winter Planning	4.9a.12 Continued implementation and refinement of the Integrated Urgent and Emergency Care Plan	Adele Gittoes		29/02/24
	PMO Assurance Comments: The plan continues to be refined and implemented and the Interim Executive Director of Operations has recently undertaken work to standardise the approach to improvement plans. Further work is now underway on the plan to strengthen the metrics and outcomes section to ensure its robustness.			
	4.9b.7 Winter plan implemented, taking a dynamic approach to inclusion of new developments	Adele Gittoes		29/02/24
	PMO Assurance Comments: The winter pressure plan was signed off by the Board in November and this is being implemented on an ongoing basis. The plan remains under ongoing review alongside the industrial action monitoring and fortnightly updates are provided. To date, the only dynamic changes required have related to the Hospital Full protocol when Infection Prevention issues have developed.			
C2-4.10: Orthopaedic improvement plan	4.9b.8 Winter plan "lessons learned" review scheduled	Adele Gittoes		29/02/24
	PMO Assurance Comments: A winter resilience debrief is scheduled with each Health Community from April onwards, which will also incorporate a review of bed modelling.			
	4.10.2 Overarching Orthopaedics plan developed, including Orthopaedic GIRFT recommendations	Adele Gittoes		29/02/24
	PMO Assurance Comments: The Orthopaedic plan has been developed and the milestone complete. The plan will continue to undergo appropriate iterations.			
C2-4.10: Orthopaedic improvement plan	4.10.3 To meet the agreed Planned Care activity levels for Abergele Hospital for December, January, February.	Adele Gittoes		29/02/24
	PMO Assurance Comments: Meeting the planned activity levels has been inhibited by the Industrial Action which necessitated the standing down of scheduled work. Further industrial is planned and likely to cause further disruption however activity levels remain under constant scrutiny.			

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	5.1.7 An initial 'organisational learning repository' platform developed with colleagues from Informatics and Comms	Jason Brannan		29/02/24
	PMO Assurance Comments: Work is underway and this is now expected to complete by the end of March for the first phase of the work. The background architecture has been developed in readiness for the Quality team to review and will progress to enable data to be inputted and uploaded over the next 2 weeks.			
	5.1.8 MHL D safety related learning is one of the early adopters of the Learning Organisation process and approach	Jason Brannan		29/02/24
	PMO Assurance Comments: Collaboration underway between the Organisational Development team and the Mental Health Senior Leadership team. The corporately designed tools and processes aligned to the Learning Organisation Framework are being used for safety incident related learning and test areas have been identified.			
	5.1.9 Presentation on progress of Learning Organisation Framework to date delivered via an appropriate Executive governance process.	Jason Brannan		31/01/24
	PMO Assurance Comments: The Learning Organisation Framework was presented to the Formal Executive Meeting on the 28 th February which completed the milestone.			
C1-5.2: Effective procedures for learning from incidents and preparing for inquests and HSE	5.1.10 Staff facing version of the Learning Organisation Framework developed for use in work-based learning contexts. This will enable improvements in a wide range of organisational outcomes, such as quality, access, experience etc	Jason Brannan		29/02/24
	PMO Assurance Comments: Version 1 of the staff facing Learning Organisation Framework is complete and ready for testing. The testing will be undertaken by the Mental Health and Learning Disabilities Division along with colleagues from the wider community of practice.			
	5.2.8 A central and digital learning repository and cascade system prototype developed, based on Office 365	Angela Wood		29/02/24
	PMO Assurance Comments: This work, also aligned to the Learning Organisation Framework, is now expected to conclude by the end of March following testing of the design work that is currently underway.			
C1-5.2: Effective procedures for learning from incidents and preparing for inquests and HSE	5.2.9 Complete a review of the Incident Process to inform changes to the Incident Procedure from April 2024.	Angela Wood		29/02/24
	PMO Assurance Comments: The review was completed and presented to the Patient Safety Group in January and to the Quality Delivery Group on the 26 th February where the changes were approved and will proceed to implementation.			
	5.2.10 As part of the integrated performance framework, the first part of the Quality Dashboard will be live	Angela Wood		29/02/24
	PMO Assurance Comments: Good progress has been made and the dashboard was launched with key individuals as part of a testing process before going live. The testing uncovered some technical issues which are being resolved before it can be fully launched to a wider group and oversight is in place via weekly meetings.			
C1-5.2: Effective procedures for learning from incidents and preparing for inquests and HSE	5.2.11 Building on the new Inquest Procedure approved in the last 90 day cycle, a retrospective review project will commence of all open inquest cases to quality assure the investigations, action plans and evidence of learning. A project steering group led by the Executive Medical Director will oversee this work.	Angela Wood		29/02/24
	PMO Assurance Comments: The project has now commenced with the Executive Medical Director as the SRO and project support in place. The steering group is also now in place supported by a Project Initiation Document (PID) and a Stakeholder			

	Engagement map, and briefings have taken place including to QSE. The work is anticipated to last for a further 12 months.			
	5.2.12 Collate and assess the evidence of action plan delivery to provide an assurance/compliance position against the Health Board's response to the HSE Notice of Contravention on falls.	Angela Wood		29/02/24
	PMO Assurance Comments: The HSE recommendations have been combined with those from Internal Audit into one overarching improvement plan which is monitored by the Monthly Inpatient Falls group. A tabletop review of the Health Board's position against the actions was held on the 29th January 2024 with all operational teams and key leads to ensure that the evidence required is clear and provides assurance of the improvements. An Executive led review meeting is being held on 26 March 2024 with the IHC and Divisional Senior Operational Leads to receive progress on the improvement plan.			
C1-5.3: Clinical Governance review	5.3.2 To have fully supported and engaged with the review process as directed by the reviewing team, ensuring all key staff are available as required once ToRs agreed and review commenced. It is unknown at this time what format the review will take. Ensure the learning and actions from the Patient Safety Review are covered by this work	Angela Wood		29/02/24
	PMO Assurance Comments: Meetings with the national team took place during December and Terms of Reference agreed. Work is underway with the NHS Executive who have been onsite during February meeting with both corporate colleagues and visiting clinical areas. A proposed roadmap for the work has been agreed.			
	5.3.3 Discovery work into examples and implementation approach of a Quality Management System commenced.	Nick Lyons		29/02/24
	PMO Assurance Comments: Progress is being made around the development of a Quality Management System (QMS) and NHS Wales colleagues have presented to both the Executive Teams and the Senior Leadership team. Targeting taking a draft QMS proposal to Board in May.			
C1-5.5: Implement an enhanced Healthcare Public Health programme	5.5.6 High level plan developed for the enhanced work with an initial focus on a Diabetes project.	Jane Moore		31/01/24
	PMO Assurance Comments: Work to develop a high level plan with an initial focus on Diabetes completed with outline work plan submitted.			
	5.5.7 HCPH steering group established to focus on the Diabetes project to improve outcomes.	Jane Moore		29/02/24
	PMO Assurance Comments: The steering group has been established and is also supported by a data and intelligence group. Terms of Reference have been established which will be approved during the March meeting and the workplan will also be submitted to the Executive Team.			
	5.5.8 Identify internal stakeholders to support the HCPH Diabetes pathway project, inform development of the Steering Group and have commenced implementation	Jane Moore		29/02/24
	PMO Assurance Comments: A lead has been identified to pull stakeholders into the programme, all of which has been outlined in a proposal to the Executive Team.			
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		29/02/24
	PMO Assurance Comments: A series of sessions have taken place with further dates scheduled. Topics covered range from Emergency Department and RTT reporting through to a focus on data quality.			
	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		29/02/24
	PMO Assurance Comments: Initial review completed and proposed changes have been made within the test environment. The working group has approved decision to go live with the changes, which will lead to improved navigation and			

streamlining of reporting. This work is underpinned by an improved governance process for report development and publication.			
5.7.12 Review completed of the current use of benchmarking data across the Health Board and proposal presented to Executive Team on how to incorporate into existing governance and reporting.	Dylan Roberts		31/01/24
<p>PMO Assurance Comments:</p> <p>A review of CHKS (Comparative Health Knowledge System) usage has been undertaken and some initial groundwork around data quality and clinical coding audits has also taken place. This will be supplemented by further work during March which will inform an update to the Executive Team, which will be required before the milestone can be concluded.</p>			
5.7.13 Data Quality Forum established covering areas such as: data literacy training, data auditing processes, assigning data stewards, automation, and prioritisation of work plan etc	Dylan Roberts		29/02/24
<p>PMO Assurance Comments:</p> <p>The Data Quality Forum is now established, initially commencing with core staff from within DDaT. The scope of the group is now being extended and will include Data Governance and a draft set of Terms of Reference is currently under review with the Director of Performance.</p>			
5.7.14 Roadmap developed to becoming an intelligence led organisation, including proposals for data governance, literacy for key staff and technological developments, along with how the National Data Resource Platform will be utilised.	Dylan Roberts		29/02/24
<p>PMO Assurance Comments:</p> <p>The roadmap has been developed with some early priorities focusing on Planned Care. A number of themes have been identified with regards to next steps all of which is aligned to the wider digital strategy roadmap. A workshop was held with DHCW on the 4th March to support this work which considered the implications for the Health Board's local Data Warehouse, alongside the National Data Resource Platform.</p>			