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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

MARCH 2024

ONE YEAR ON...

Betsi Cadwaladr University Health Board's
Special Measures delivery over the last year





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Opening statement

A message from Dyfed Edwards, Chair and Carol Shillabeer, Chief Executive on:

Betsi Cadwaladr University Health Board's improvement progress over the last year

This time last year, Welsh Government announced that Betsi Cadwaladr University Health Board was being placed in the highest level of escalation; Special Measures. This decision was taken due to serious concerns about performance, leadership and culture. Over the last year, there have been many changes within the health board with support and advice provided by expert independent advisors.

There has been a change in leadership and approach. We now have a much firmer foundation to build on, with a new Chief Executive, Chair and Board members in place who are committed to improving our ways of working, our handling of finances and ultimately improving the quality of care provided and the experiences of our patients and their families.

Of course, there is much more still to be done and as we continue on our improvement journey, we are committed to ensuring excellent healthcare services and long-term positive change for the people of north Wales

Audit Wales' recent Board Effectiveness report showed the health board is moving in the right direction with more stability. There is a clearer direction towards a positive and supportive culture and we know we must focus on rebuilding trust and confidence in the organisation amongst public, staff and partners.

We still face many challenges, we have services that still need to improve, ongoing financial challenges



and more to do to lay the foundations of the organisation we want and need to be.

We know that people have been frustrated by the amount of time they have had to wait for appointments, care and treatment and over the last year we have been able to make real inroads in reducing some of the waiting times for our longest waiters. We will continue to prioritise reducing waiting times as we move forward.

Our staff continue to work incredibly hard to provide the services required across primary, community and hospital settings. We want to support them in doing the jobs they are expertly trained to do, well; celebrating their efforts and successes along the way.

We are committed to working with our staff, our partners and our communities to make even more progress over the year to come and beyond.

Background

On 27 February 2023, the Minister for Health and Social Services, Welsh Government announced that Betsi Cadwaladr University Health Board (BCUHB) would be escalated to Special Measures. The organisation has previously been at the Targeted Intervention level of escalation and therefore has now been escalated to the highest level under the Escalation and Intervention arrangements. The Minister for Health and Social Services indicated in the statement announcing Special Measures escalation particular concern regarding leadership, culture and performance. It is understood that in total there were eight areas of concern, including:

- Governance and board effectiveness
- Workforce and Organisational Development
- Financial governance and management
- Compassionate leadership and culture
- Clinical Governance, patient experience and safety
- Operational delivery
- Planning and service transformation
- Mental Health

The Health Board experienced significant leadership instability as a result of reported 'dysfunction' (Audit Wales Board Effectiveness Report – February 2023) and the subsequent substantial changes to Board membership in February 2023. This level of significant change has been unprecedented in health boards since their inception in 2009. The direct appointment, by the Minister for Health and Social Services, of an interim Chair and three Independent Members started the process of building a new Board.

In the immediate period following the escalation, Welsh Government also deployed a number of Independent Advisors as part of an Intervention and Support Team to undertake a series of independent reviews so that the root-cause of issues could be more thoroughly understood. These reviews are outlined from page 5.

A Special Measures Response Plan was prepared for and approved by the Board in May 2023. The Response Plan focused on five outcomes (shown across) and took a rapid stabilisation approach of three 90-day cycles running from 1 June 2023 to the end of February 2024, giving pace and focus to addressing the challenges faced.

The five outcomes were designed not only to respond to the list of key issues of concern, but also to start building a more effective organisation able to lay the foundations for long-lasting change.

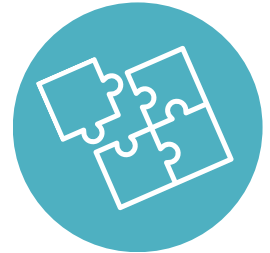
Regular reports have been presented for consideration at the Board and published to enable an open and transparent approach to demonstrating progress.

Each end of cycle report and all documentation relating to the response to and progress within Special Measures will be available here:

www.bcuhb.nhs.wales/about-us/special-measures/health-board-progress/



1) A well-functioning Board



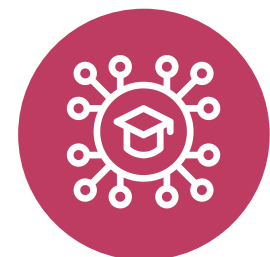
2) A clear, deliverable plan for 2023/24



3) Strong leadership and engagement



4) Improved access, outcomes and experience



5) A learning, self-improving organisation

Discovery: Independent Reviews

Welsh Government commissioned a series of Independent Reviews to assist the new Board in gaining rapid insights into key areas within the Health Board. The reviews have been undertaken over the last nine months and are systematically being considered through the Board and its Committees and will all subsequently be published along with a response plan.

Review	Description	Status
Mental Health Inpatient Safety	A quality and safety review and inspection of all 24 inpatient Mental Health & Learning Disability units provided by the Health Board.	Published alongside management response.
Patient Safety	A number of concerns around patient safety across BCUHB had been raised, prompting an assessment of their validity.	Published alongside management response.
Use and Recruitment of Interim Staff	An independent assessment of interim arrangements for executive posts at BCUHB due to a rise in usage and expense.	Published alongside management response.
Office of the Board Secretary	An assessment into processes and documentation within the Office of the Board Secretary, as well as support and communication with Independent Members.	Published alongside management response.
Contract Procurement Management	An investigation into compliance with Standing Financial Instructions (SFIs) in relation to contracting and procurement.	Final report received with an action plan in development which will be discussed at relevant committees before publishing.
Quality Governance Systems	A review into quality management, assurance, and the embedding of continuous improvement across BCUHB.	Independent Advisors are working with BCU, supporting the development of a Quality Management System
Mental Health Reviews Stocktake	An independent assessment as to how recommendations made by previous reviews into mental health services in BCUHB have been implemented.	Final report received with an action plan being developed, which will be discussed at relevant committees before publishing.
Planning	A review into BCUHB's approach to strategic, operational and business planning as an important aspect in achieving wider strategic objectives.	Final report received with an action plan developed which will be discussed at relevant committees before publishing.
Vascular	An assurance assessment of the quality of vascular services and whether previous review recommendations have been implemented.	Part one received with positive indications of change with part two (giving further assurance) likely to be presented to Board in May 2024.
Executive Portfolios	Challenges in respect of capacity and continuity of executive leadership has led to a need to ensure a more stable sustainable senior staffing model.	The report has been received and has formed the Chief Executive's plans which are now underway.

Summary of reviews

Office of the Board Secretary

The Review of Office of the Board Secretary took place to consider concerns raised regarding; the quality of Board papers and subsequent ability to make informed decisions, future planning for Board and Committee agendas, engagement with and support to Independent Members, lack of clarity between Committees as well as the scope and responsibilities of the Office of the Board Secretary.

A number of focus areas were identified, including:

- Clarity of structure and roles
- Training and awareness of good governance practice
- Compliance with Welsh Government Standing Orders
- Planning the cycle of business

Since receiving the report, a detailed action plan has been developed and published and is on track to deliver against all recommendations with some areas dependent on other reviews or plans.

73%

of actions complete

scheduled by end 23/24

14%

13%

scheduled by end 24/25

Use and Recruitment of Interim Staff

An independent assessment of interim arrangements for executive posts at BCUHB found that the use of senior interims had expanded significantly over time to “excessive and unsustainable” levels, adding to existing cultural challenges within the Health Board and a need to ensure compliance with appropriate procurement processes. There was also a lack of visibility of these appointments to the then Remuneration & Terms of Service Committee and the common practice of prolonged usage of interim appointments with extensions being common place.

71%

of actions complete

The review made a number of recommendations for:

- Welsh Government to provide detailed guidance as to the governance and requirements around senior interim use that the Health Board should ensure compliance with
- BCUHB to strengthen governance processes to ensure greater value is secured as well as a cultural shift away from employing senior interims ‘as the norm’.

Since receiving the report, a detailed action plan has been developed and published and is on track to deliver against all recommendations, including workforce and talent development, vacancy management and more robust governance arrangements.

Mental Health Inpatient Safety

There has previously been a number of high profile inquests and incidents relating to the Mental Health service in the health board. Following these incidents, the Coroner raised a number of concerns around learning from experience and putting in place measures to prevent further incidents. Fieldwork was carried out during April and May 2023, with the report being received by the Health Board in June 2023.

The report contained eight recommendations:

- 1) Ensure all relevant staff are trained to undertake ligature risk assessments, with risks being mitigated as soon as possible.
- 2) Ensure processes are in place to confirm that all physical health monitoring documentation is completed.
- 3) Strengthen the escalation and governance arrangements from "Ward to Board."
- 4) Ensure all staff are aware of and follow the most up to date operational policies and procedures.
- 5) Ensure all staff, including temporary staff, are trained to meet the needs of patients and are aware of potential areas of risk.
- 6) Ensure care and treatment plans reflect the necessary and intended outcomes of patients admitted to inpatient services.
- 7) Strengthen opportunities to receive feedback from service users, families and carers.
- 8) Consider a follow up review to ensure improvements have been sustained and actions completed or on track.

32% of actions complete

scheduled by end 23/24

37%

31% scheduled by end 24/25

Since receiving the report, a detailed action plan has been developed and published and is on track to deliver against all recommendations (also taking into account the "re-review" discussed on page 8).

Patient Safety

A number of historic concerns around patient safety across BCUHB had been raised at the time of being escalated into Special Measures, prompting an assessment of their validity. The review process included speaking with staff who had previously raised concerns, reviewing data around incidents to establish potential patterns and considering clinical governance and safeguarding infrastructure to determine the robustness of reporting mechanisms.

11% of actions complete

The review suggested areas of focus that fully align to the overarching themes identified from all of the collective reviews undertaken as part of Special Measures to date. The review is also co-dependent on other reviews taking place, particularly around clinical quality governance systems. The areas of focus suggested are around:

scheduled by end 23/24

33%

56% scheduled by end 24/25

- **Infrastructure:** there is a need to design and implement a systematic approach using data effectively.
- **Culture:** Implement and embed a cultural change programme, including learning from incidents.
- **Specific clinical areas of concern:** More work should be undertaken to gain more detailed assurance of ways of working relating to patient safety, experience, and outcomes.
- **Safeguarding:** Ensuring up to date training and compliance.
- **Workforce:** Reviewing capacity and capability.

Since receiving the report, a detailed action plan has been developed and published and is on track to deliver actions, including the development of a Quality Dashboard and new ways of reporting to the Board.

Contract Procurement Management

Following the escalation into Special Measures, a review of contract and procurement management was commissioned to review:

- All areas of contracting and procurement across the Health Board.
- The contracting cycle and the current policies, procedures and processes across the cycle, undertaken by Health Board operational staff, finance staff and by the NHS Wales Shared Services Partnership (NWSSP) local procurement team and NWSSP centrally.
- Compliance with Standing Financial Instructions (SFIs) in relation to contracting and procurement.

The final report has been received with an action plan developed against the key findings, which are grouped into the following areas:

- Contracting and Procurement across the Health Board
- Policies and procedures
- Ernst and Young (EY) report and subsequent action plan
- Internal Audit and other reviews
- Single Tender Waiver (STW)/Single Quote Waiver (SQW) processes
- Contract approval processes
- Application of Scheme of Reservation and Delegation (SORD)
- Roles and responsibilities
- Purchase Orders
- Variation in practice and compliance levels
- Comparison with other Health Boards
- Staff training
- Contract registers

The full report and action plan will be considered by relevant committees (PFIG, March 2024) before being published.

Mental Health Reviews Stocktake

Previous concerns around Mental Health services in Betsi Cadwaladr Health Board, resulted in a series of external reviews and reports making recommendations on actions to improve services.

This “re-review” or “review of reviews” was conducted jointly by the Royal College of Psychiatrists (RCPsych) Wales and the Royal College of Nursing (RCN) Wales provides an independent assessment as to how recommendations made by previous inquiries and reviews into Mental Health services in BCUHB have been implemented by the Board.

As of March 2024, structured interviews, sample visits and reviews of key data and documents have been carried out, with the final report having been received. There are signs that some progress is being made against the recommendations previously received, as well as some key areas of focus, which are:

- Investment in infrastructure: An electronic healthcare record will be critical.
- Improvements in estate where patients receive care.
- Management structures and ensuring the appropriate clinical expertise, e.g, in Dementia care.
- Staff engagement and consultation.
- Service user involvement and co-production.

The final report has now been received and a full action plan is being developed for discussion at relevant Committees.

Quality Governance Systems

Concerns about the Health Board's quality systems, preparation for inquests and investigation processes and demonstrable learning from serious incidents has led to a review of our clinical and quality governance systems. Interdependent with other reviews, the aim of this programme of work is to support us in becoming an organisation that takes a systematic learning approach to quality governance and assurance.

The Patient Safety report set out recognised and potential risks, gaps and opportunities regarding the current quality management approach. These predominantly related to assurance and the embedding of continuous improvement across BCUHB. There is a need to cultivate a culture of supporting ongoing quality improvement and organisational learning to help enable the delivery of the best outcome and experience for patients, their families and carers.

The work into Quality Governance Systems is ongoing and is running in parallel to us beginning work on the development of a robust Quality Management System; the first version of which is due to be developed by May 2024.



More information on the development of a Quality Management System can be found on page 21.



Planning

The review into Planning is to gain a better understanding of how integrated planning is undertaken in BCUHB and to identify improvement areas, with a specific focus on strategic planning capacity and capability. Since the inception of the NHS Wales National Integrated Medium Term Plan (IMTP) process, the Health Board has been unable to secure approval for a three year plan and annual plans have been the norm. We have however been commended for our pandemic response and recent annual plans as "being evidence of promising improvement."

Review fieldwork has been carried out through face to face interviews and the review of relevant documents, with three key areas of recommendation identified:

- The development of an organisational strategic route map
- The development of an effective organisation wide planning system
- Improvement of Planning capacity and capability across the organisation

The final report has now been received and a full action plan is being developed for discussion at relevant Committees.

Vascular

Since the reorganisation of vascular services in April 2019, there have been a number of high profile inquests and incidents relating to the service provided by the Health Board. This is in addition to a number of inspections by the Royal College of Surgeons and Healthcare Inspectorate Wales (HIW) designating vascular services as a service requiring significant improvement in March 2022.

This review is a supportive, two-part process to assess the quality of vascular services and whether previous recommendations have been implemented. Since starting the review, vascular services have been formally de-escalated by HIW and we have developed a revised, more open approach to involving and engaging with families of those affected by previous incidents, which we will continue to build on.

Early findings indicate that the vascular service has improved and in the opinion of the reviewers, now provides a much safer service. There is evidence of collaborative ways of working by vascular surgeons and patient management being multi-disciplinary team driven, with good integrated support from the vascular transformation team.

It is important to understand that the BCUHB vascular service shares many of the issues which affect the other networks across the UK, in that it is constrained by capacity issues but has clear aspirations to continue to improve. As with other areas of the Health Board, further cultural change is needed to allow improvements to really embed.

The second phase of the most recent review examined 40 more recent case notes to ensure we are fully aware of and understand any current issues affecting service provision. We are expecting the final report to be discussed at relevant committees and published in May 2024.

Executive Portfolios

On 23 February 2023, Audit Wales published its review into Board Effectiveness within BCUHB. This report highlighted issues relating to the Executive Team and senior management capacity and capability, including significant churn and an over-reliance on interim roles for posts within the Executive Team and senior management structure. The report highlighted that urgent action was needed to move to a more stable and sustainable senior staffing model.

The review of executive portfolios was therefore to consider whether the roles and portfolios are appropriate to effectively address the performance, cultural and operational challenges faced.

The report has been received by the Chief Executive and has been shared with members of the executive team. A plan has been developed for future ways of working and is being mobilised.

Published reviews

The reviews that have been reviewed and responded to so far, can be found at our website here:
<https://bcuhb.nhs.wales/about-us/special-measures/health-board-progress/independent-reviews-and-our-response>

Independent Reviews: Key themes



Data, intelligence and insights: Ensuring that there is a BCUHB-wide approach with prioritised interventions into improving our data, intelligence and insight tools and capabilities. This is a key enabler for sustainable improvement as well as supporting identification of future potential challenged services.



Culture: Defining, engaging and committing to the long-term work necessary to improve the culture of the organisation. Integrated into our broader organisational development plan across Culture, Leadership and Engagement.



Risk management: Reviewing and refining our approach and appetite to risk, including how risks are identified, managed, mitigated, reported and monitored.



Patient, family and carer involvement: A single coordinated approach to maximise involvement and engagement with our patients, their families and carers, using their experiences to guide our ongoing service improvement.



Operating model: Ensuring our operating model is designed to best deliver our strategic priorities, with clarity for everyone across all levels of the organisation on the roles and responsibilities, systems and processes within divisions and Pan BCU services.



Organisation governance and compliance: Ensuring organisation wide visibility and understanding of governance best practice and ensuring adherence to it.



Integrated planning: A well understood integrated approach to planning as a discipline, as well as contributions to our annual planning process.

Adoption of review themes

For those independent reviews received with management responses developed, progress is underway in delivering the actions to meet each individual recommendation made.

We have also taken a thematic based approach in terms of bringing together the findings of the reviews in order to address the real root causes of the issues. This is being overseen via the appropriate Executive Led Delivery Group or equivalent governance. It will ensure that learning and change occurs across the wider organisation and not just within the area that was reviewed, whilst simultaneously ensuring all individual findings are still addressed within the separate reviews.

Progress: the first nine months (from June 2023)

There has been a huge amount of progress and learning across the three ninety days cycles of the first nine months. This section talks through the progress across each of the five Special Measures outcomes. The final cycle ended in February 2024 and overall **70%** of the milestones were completed – making it the most successful cycle in terms of delivery yet.

Outcome one: A well-functioning Board

Background

[A report by Audit Wales](#) into the effectiveness of the Board in February 2023, called for urgent action to tackle reported ‘dysfunction’ within the Board. The report highlighted how this was compromising the ability to deal with the many challenges that the Health Board faced. There was also criticism of the high number of interim staff who were in positions of senior leadership.

What have we done so far?

- Substantive, experienced Chief Executive appointed, with experience in NHS Wales.
- Recruitment of Chair, Vice Chair and four permanent Independent Members following a public appointments process.
- New Risk Management Framework agreed at the September Board, with implementation underway reporting to the Audit Committee.
- The independent reviews received to date have been considered in Board Committee Development Sessions, prior to Management Responses being developed. These have been highlighted in the regular Special Measures reports to full Board.
- Good progress made within corporate governance arrangements including Board Committee structures and cycle of business, with appointment made to the revised role of Director of Corporate Governance.

A Board Development Programme has been developed and is being implemented, including focus on areas such as:

- Compassionate Leadership
- Mental Health
- Planning
- Performance management
- Risk management
- Digital
- Quality
- Winter Resilience Planning

Latest delivery against plans

	Cycle 1 (Jun - Aug 23)	Cycle 2 (Aug - Nov 23)	Cycle 3 (Nov - Feb 24)
Milestones complete	70% (14/20 completed)	79% (15/19 completed)	81% (13/16 completed)

Areas not yet delivered

- Implementation of the Executive Portfolio plan has commenced, but will necessarily continue in FY24/25.
- Now we have a full complement of Independent Members, once inductions have taken place we will start the new financial year in a more stable position to progress work on corporate governance, establish the Corporate Business Management Group and fully implement any new policies and improvements.
- A “Policy on Policies” will then be taken through the necessary governance to outline best practice standards for the development of and adherence to policies across the Health Board.

What difference has been made?

7

new Board members.

95%

improvement in the use of high cost agency interims (41 to 2).

11

Independent and Associate Members have undertaken the new induction process.

3

new committees established*.

6

Board development sessions held.

4

Independent reviews published so far.

*People and Culture, Planning, Population Health & Partnerships and Mental Health Legislation.



“Overall, we found that following a period of significant disruption and churn during 2023, the board is now in a more stable position.” – Audit Wales, February 2024

We welcomed Audit Wales latest report (15 February 2024) which states that, compared with a year ago, the Board is in a more stable position and working relationships amongst senior leaders are more positive.

Dyfed Edwards, Chair, said: “I welcome this report which acknowledges the progress the health board has made over the past year. I fully understand that there is much more to be done as we continue on our improvement journey in order to ensure excellent healthcare services for the people of north Wales.”

“I see the Audit Wales report as a milestone to show we are moving in the right direction. We now have a firm foundation to build on, with a new Chief Executive and new Board members in place who are committed to improving our governance, our financial management and ultimately improving our focus on quality and the experience of the patient and their families.

“I am grateful for the support of our partners and Government in all our efforts.”

The full report can be found via [Audit Wales here](#).
Our full response to the report can be found [here](#).

Outcome two: A clear, deliverable plan for 2023/24

Background

The requirements within this outcome seek to improve the ability of the organisation to develop capability in planning, recognising the Health Board has been unable to develop an approvable 3 Year Integrated Medium-Term Plan since the requirement was established. Furthermore, this outcome is focused on improving financial governance and performance.

What have we done so far?

- Annual Plan (2023/24) developed and submitted to Welsh Government end June 2023. Positive feedback received on this and it provides the platform for moving toward a 3-year plan approach for 2024/27 (more information on this is on page 24).
- A new Integrated Planning Framework developed, approved by Board and implementation commenced.
- Integrated Performance Framework developed, approved at the September Board, with implementation commenced.
- The Independent Planning Review draft report has been received.
- The Independent Contract and Procurement Management Review has been received, considered by Executive Team and a management response is in development. A full report will be presented to Audit Committee for consideration in May 24.
- Financial Control Actions have progressed well, with the Standing Financial Instructions (SFIs), Scheme of Reservation and Delegation (SORDs) and Standing Orders (SOs) revised and endorsed by Board.
- Targeted Procurement training delivered to over 500 BCU staff at different levels, including the Executive Team.

Latest delivery against plans

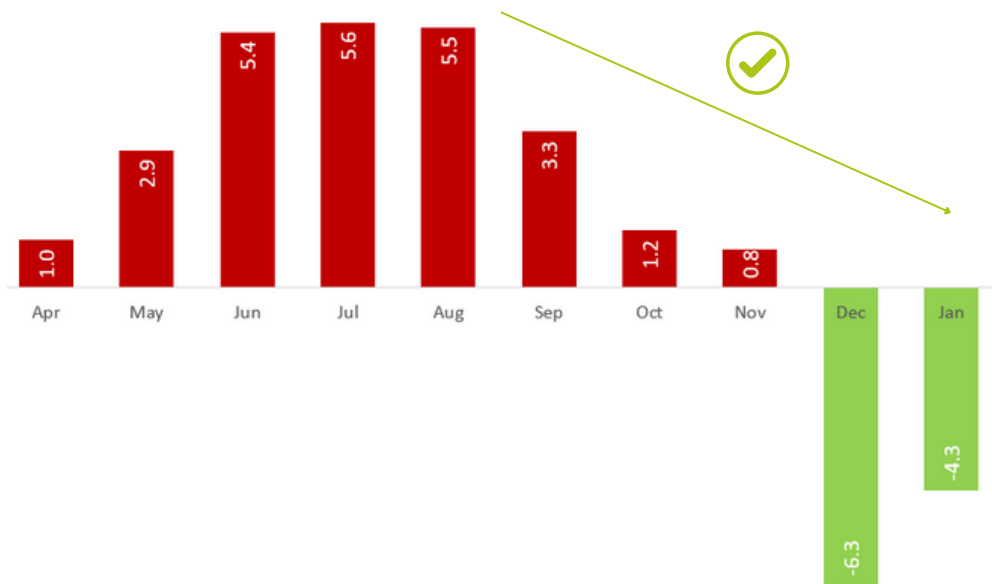
	Cycle 1 (Jun - Aug 23)	Cycle 2 (Aug - Nov 23)	Cycle 3 (Nov - Feb 24)
Milestones complete	50%	63%	88%
	(14/28 completed)	(15/24 completed)	(15/17 completed)

Areas not yet delivered

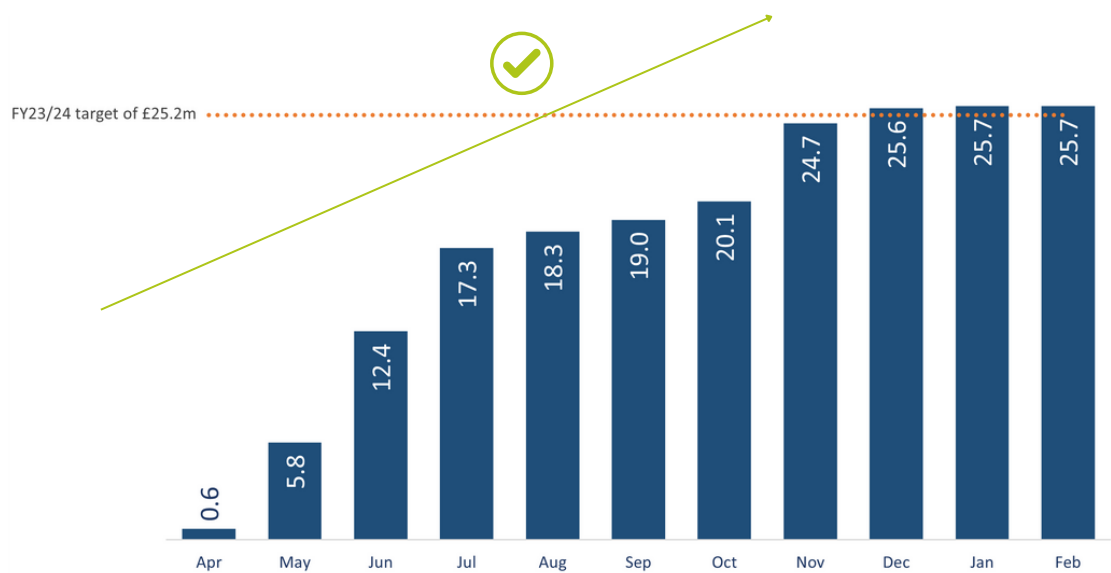
- More work to fully underpin financial challenges and opportunities for the year ahead as well as delivery of the Financial Plan, taking Special Measures and 3 Year Plan priorities into account.
- Responding to the Planning Review and fully implementing the associated action plan.
- Recurrent finance staffing requirements and ongoing permanent recruitment processes.

What difference has been made?

Improved financial performance evident from August 2023 to January 2024 (current financial year):



Increase in the savings schemes being delivered throughout April 2023 to February 2024 (current financial year). Now exceeding the target:



Outcome three: Strong leadership and engagement

Background

This outcome focuses on improving the stability of leadership in the organisation as well as enabling more effective engagement and involvement with staff internally and stakeholders and communities externally. The organisation must focus on improving the culture and the way leaders are attracted, identified, developed and retained. Improvements must also be made to the way the Health Board engages and involves communities, staff and stakeholders. The Health Board is committed to strong, visible leadership internally and externally, including with the media and public, to re-build trust in the services BCUHB provides.

What have we done so far?

- Board approved (Sept 2023) its Strategic Intent in relation to developing Culture, Leadership and Engagement, agreeing nine key areas of initial focus.
- A new Organisational Development Steering Group has been established to lead the work, chaired by the Chief Executive, and a new People and Culture (Board) Committee has been formed, chaired by the Chair of the Health Board.
- Developing transparent, strong, and visible leadership specifically on key issues, e.g., Health and Social Care Committee and media interviews.
- A new approach to the Public Annual General Meeting has been developed and implemented, including Health Fayres held in local community centres, enabling conversations between the Health Board and local communities.
- Three community engagement events held during quarter 4 2023/24, testing and refining the approach for further events across the region during 2024.
- New Integrated Leadership Development Framework in its final stages of development for implementation from March 2024 onward.
- Draft ‘Listening to Patients, Families and Communities’ Report received from the Independent Advisor, with findings and recommendations currently being considered. A new engagement approach taken with those affected by vascular service issues.
- Clinical Engagement Rapid Review completed, considered by the Executive Team and Organisational Development Steering Group ahead of consideration by the People and Culture Committee.
- A series of Leadership Conferences is being implemented. Following a whole day, whole Board session on Compassionate Leadership, a health board-wide conference has been held focusing on compassionate leadership and culture, with sessions from experts Michael West and Henry Engelhardt.
- There is significant reduction in the usage of high cost agency interim staff from 41 in December 2022 to 2 by the end of February 2023.

Latest delivery against plans

	Cycle 1 (Jun - Aug 23)	Cycle 2 (Aug - Nov 23)	Cycle 3 (Nov - Feb 24)
Milestones complete	59% (22/37 completed)	57% (12/21 completed)	79% (23/29 completed)

Areas not yet delivered

- There is a need to complete a full stocktake of the Operating Model, utilising the work of Internal Audit, feedback from external colleagues/stakeholders and feedback from colleagues internally to understand benefits and issues.
- An Integrated Leadership Development Framework: This is still in development and having executive ownership of the framework will be key to ensuring any culture change is truly embedded.
- Revisiting and revising where necessary, the values of the organisation: Having clear, defined values that are known and practised by all staff is a well recognised feature of successful organisations.
- A behaviours framework: Having an agreed and co-designed behaviours framework, owned by the Board, outlining what kind of organisation we want and need to be.
- A full Organisational Development plan: Work has begun via an Organisational Development Steering Group, which has been established and has begun to discuss the approach and way forward but will be accelerated for 2024/25 with a focus also on Clinical Engagement and Leadership.
- Expand the use of patient experience feedback as a vital insight into our services and way of identifying opportunities for improvements.
- Culture Change Programme: Putting the right foundations in place for a positive, supportive culture, taking NHS Wales Staff Survey feedback into account.

What difference has been made?

5

Stakeholder sessions held in a new approach to involving and updating our stakeholders, highlighted through our “One Year On” Health Board Progress campaign.

2

Second highest completion of the Staff Survey amongst Health Boards in Wales.

3

There have been three public engagement “Healthy Fayre” sessions with members of the public and members of the Board in the last three months.

25

25 of our partners, or representatives of our partner organisations, including councillors, local authorities, housing associations and the third sector, attended a Health Board Progress stakeholder briefing.



Outcome four: Improved access, outcomes and experience

Background

This outcome is the area that is most likely to impact patients and clients most directly, and not dissimilar to other NHS organisations is where significant service pressure exists. There are however specific issues relating to North Wales services that require both short and longer-term action.

People are frustrated about the amount of time they have to wait for appointments. There are too many people experiencing difficulty accessing a GP or an NHS dentist and too many are waiting too long for hospital appointments and important diagnostic tests.

What have we done so far?

- **Planned care:** A new Planned Care Programme has been established to take forward systematic improvements. These include streamlining and standardising the approach to booking and scheduling, implementing the GIRFT (Getting It Right First Time) findings and recommendations across several clinical service areas, and implementing developments such as 'See On Symptoms', 'Patient Initiated Follow-up' and the 3Ps 'Promote, Prevent and Prepare' assisting people awaiting their planned care intervention.
- Progress has been made across a range of indicators in relation to planned care waiting times, including a 19% reduction in people waiting 208 weeks to begin treatment, a 63% reduction in people waiting over 156 weeks to have their first appointment or to have started treatment and a 21% reduction in people waiting 104 weeks in comparison with our position last year.
- **Vascular:** Healthcare Inspectorate Wales, following their review in June 2023, de-escalated the service from a 'Service of Concern'. Two further elements of review are currently in process. The first of these is a review by the National network which is reported positive results; the second is in the process of being
- **Dermatology:** Significantly challenged service as a result of workforce gaps, however a plan to resolve immediate issues is being implemented with service modelling for a sustainable solution commenced. A new teledermoscopy service approach has been approved and funded by the Welsh Government.
- **Urology:** This service is under pressure due to workforce challenges and service configuration issues. A GIRFT review and Royal College Review has been received and a plan for the short term is in place. Longer-term service planning will be required for this specialty.
- **Mental Health:** Several key elements of work have been undertaken including:
 - Inpatient Quality and Safety Review: An initial review of Mental Health inpatient safety took place in spring 2023 and an action plan implemented as a result. A follow-up review has been carried out to observe and evidence where improvements have been made and sustained. In addition, the views and experience of those not represented in the first review, e.g., ward staff, service users and carers, as well as those who previously participated, have been asked their perceptions of progress or areas of concern.



A new service model for high volume-low complexity Orthopaedics has been developed and is being implemented. The development of a Planned care Hub has been approved by Welsh Government and the development at Llandudno Hospital is now underway. The dedicated site will remove the risk of planned care cancellations that currently occur in District General Hospitals as a result of urgent and emergency care pressures.

- 'Review of Reviews': The Royal College of Psychiatrists has undertaken a look-back across several reviews dating back some 10 years to understand where progress has been made. (Further information on page 8).
- Performance in relation to access to Mental Health services continues to show an overall positive position. The new '111 press 2' service is now provided over a 24 hour period, providing immediate access to mental health support. This service is being well-utilised and has now formed a core element of provision across the region.
- **Urgent and Emergency care:** Improvement work at Emergency Departments as well as further into the hospitals is taking place, with the further development of Same Day Emergency Care for example. In relation to 4 hour ambulance handover delays, some improvement had been achieved, however was impacted by winter pressures, further improvement is still required. The Board dedicated a session in its development programme to urgent and emergency care and did a 'walk-through' of the hospital patient pathway at Ysbyty Gwynedd in October, prior to considering the Winter Resilience Plan at the Board meeting in November.
- **Oncology:** Key Oncology staffing appointments have been made to be able to treat more people within BCUHB and joint opportunities are being explored with Bangor University.
- **Plastics:** An initial review of dermatology patients completed with a contract in place with St Helens & Knowsley and a consistent partnership clinical model and data sharing model operating across BCUHB.

Latest delivery against plans

	Cycle 1 (Jun - Aug 23)	Cycle 2 (Aug - Nov 23)	Cycle 3 (Nov - Feb 24)
Milestones complete	69% (37/54 completed)	62% (28/45 completed)	53% (27/51 completed)

Areas not yet delivered

- Detailed Demand and Capacity modelling which is key to establishing and ensuring robust service models and making sustainable improvements. Delayed as dependent on external support.
- Further stabilising our "challenged" services, particularly in Dermatology where waiting times are reducing but there is further work required to strengthen the service and manage the timely treatment of skin cancer.
- There is a need to further stabilise and reduce delays in urgent and emergency care, much of which requires working with partners on whole system solutions.
- Adoption of actions as outlined in the Urgent Primary Care Review which assessed the effectiveness of Urgent Primary Care Centres, taking into account learning from across BCUHB and Wales.
- Implementation of the Integrated Urgent and Emergency Care (6 Goals) Plan: Continuing to work with the support of the national programme on local implementations to make a long term sustainable difference.

It is worthy of noting that despite the pressures and challenges, that Ysbyty Gwynedd Emergency Department was ranked 1st in the UK General Medical Council (GMC) survey for best training site for doctors.

Ysbyty Gwynedd Emergency Department ranked best place to train in the UK by junior doctors

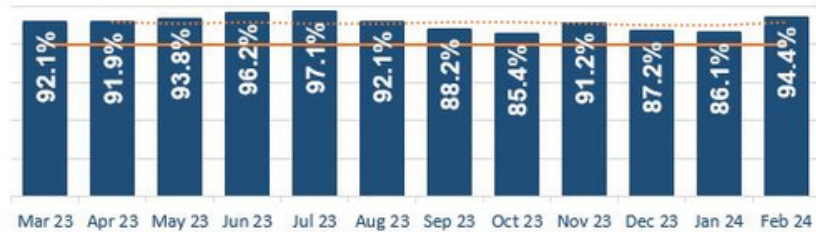


What difference has been made?

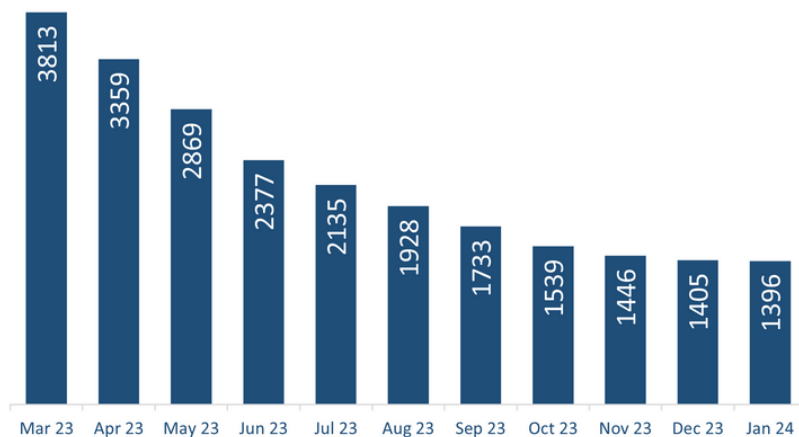
% of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health.

Welsh Government target = 80%

2nd of 7 in Wales. 94.4% achieved.



63% reduction in people waiting over 156 weeks to begin treatment.



Reducing trend in the number of patients waiting more than 52 weeks for referral to treatment.



% of children waiting 14 weeks or less for a specified Allied Health Professional (AHP).

2nd of 7 Wales. 95.8% achieved.



The number of people waiting over 8 weeks for a diagnostic test has improved with,

c.4000

fewer waiting in November 23 compared with the year before

% of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan:

91.7%

2/7 in Wales. 1.7pp above target.

Median time from arrival at an emergency department to triage by a clinician improved by:

11 mins

since Dec 2022, now 21 mins compared to 32 mins previously.

81.9%

of respondents to the All Wales Real Time feedback survey felt their overall experience of accessing Health Board services was "very good".

Outcome five: A learning, self-improving organisation

Background

It is essential in building an effective organisation that can implement long lasting change, that a focus on learning and mechanisms that support improvement are embedded. This outcome therefore draws in elements that will enable the organisation to identify issues and areas for improvement earlier and build capacity and capability to itself make changes without a heavy reliance on external support.

The Health Board is determined to learn from its experiences and are developing better ways to use all feedback, information (data) and insight available to continually improve – both now and in the future.

What have we done so far?

- Significant work has been undertaken to develop a business case to invest in an Electronic Healthcare Record for North Wales. This would enable systems of care to be transformed, supporting staff to provide safer, more effective care. Discussions are underway with Welsh Government and Digital Health and Care Wales in relation to progressing this case to the next stage.
- A Healthcare Public Health Programme proposal has been developed and approved focusing on diabetes (prevention and care).
- Transformation and Improvement resource has been aligned to key areas of focus at the front line, providing extra support to those areas most in need.
- A Learning Organisation Framework is being developed to support the culture, system and process of learning.
- An Investigations and Learning Programme has been established to review retrospectively the standards and effectiveness of investigations relating to clinical care within the organisation. The Programme focuses on the quality of action planning and the evidence that embedded learning has taken place.
- Training and guidance provided in the use of Information products through a series of sessions to support capability in becoming an intelligence led organisation.



The development of a Quality Management System for the organisation is underway. The Board is working with the Institute of Healthcare Improvement and Improvement Cymru in developing a strong understanding of quality systems in healthcare. It is anticipated that the Board will consider a draft Quality Management System (Framework) in May 2024, testing, building and refining the system thereafter. Learning from other organisations in the UK and internationally is supporting this work.

Latest delivery against plans

	Cycle 1 (Jun - Aug 23)	Cycle 2 (Aug - Nov 23)	Cycle 3 (Nov - Feb 24)
Milestones complete	74% (17/23 completed)	76% (13/17 completed)	79% (15/19 completed)

Areas not yet delivered

- A central and digital learning repository and cascade system prototype developed, based on Office 365: It was agreed that this would be developed as a method of learning from incidents, using consistent datasets that facilitate shared learning, benchmarking and measurement of progress.

What difference has been made?

400+

people have signed up to bespoke The Betsi Way Improvement training courses.

16

service areas are being supported to make lasting improvements, including outside of the Special Measures areas of focus.

10

pathways are being re-designed or embedded with clinical, operational and service user involvement, as well as bespoke support within vascular services.



Based on user feedback, a new telephony system for people calling with complaints and enquiries will be launched in April 2024.



Based on service user and staff feedback, the blood taking service in the East has been changed to support more people having their appointments closer to where they live.

A focus on Diabetes in 2024/25:

An initial review of intelligence and evidence suggests that there are three main areas where BCUHB could improve health outcomes for people with diabetes and deliver more effective and sustainable services. They are:

- Preventing people developing diabetes.
- Developing effective primary and community models of care.
- Improving the intelligence to plan and manage diabetes care.

At the heart of this is the transformation of primary and community services so that they are focussed on the prevention and early intervention of diabetes to keep people healthy and not requiring intensive health and social care interventions.

Work in 24/25 will address three key questions:

- 1) What would effective models of diabetes care look like in primary and community care (e.g. system partnership working involving statutory and Voluntary Community and Social Enterprise organisations) and how is this supported by secondary and specialist services?
- 2) How do we move resources towards prevention and early intervention that is delivered by the new models of diabetes care?
- 3) How do we work with communities and individuals to enable them to support active management of health issues e.g. through social prescribing and how do we co-develop and deliver diabetes care with our communities?

18

days improvement in prostate cancer diagnosis journey time due to new 'straight to test' approach.

5&6

year waits eradicated

7

new board members, supporting stronger and more stable leadership.

63%

improvement in the number of people waiting over 156 weeks to have their first appointment or to have started treatment.

We have reduced use of 'interim' staff from

41 to 2

reducing expensive, short term contracts.

In

Summary...

>200

fewer people waiting over 208 weeks to have their first appointment or to have started treatment.

500+

staff trained in procurement/how we pay for services, allowing us to better manage the money.

21%

fewer people waiting 104 weeks to begin treatment.

>£29m

Investment secured to develop a dedicated, planned care centre in Llandudno will mean more people will be seen sooner at a dedicated site.

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fewer people waiting more than 8 weeks for vital diagnostic tests.

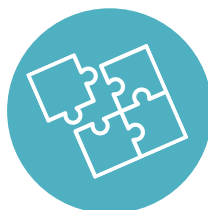


2024/25 and beyond

2023/24 Special Measures Outcomes



A well-functioning
Board



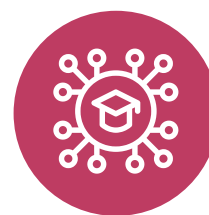
A clear, deliverable
plan for 2023/24



Strong leadership
and engagement



Improved access,
outcomes and
experience



A learning, self-
improving organisation



2024/25 BCU Strategic Objectives



Building an effective
organisation



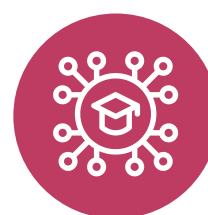
Developing strategy
and long-lasting
change



Creating
compassionate
culture, leadership
and engagement



Improving quality,
outcomes and
experience



Establishing an
effective environment
for learning

Embedding our Special Measures response into our 3 Year Plan

Preparation for the financial year 2024/25 is close to completion with the Special Measures plan being incorporated within the Health Board 2024-27 Plan. Given that there will be considerable overlap between the requirements for improvement outlined within Special Measures and the priorities included in the 2024-27 plan, this allows a more streamlined and efficient planning and oversight approach within the Health Board going forwards.

The Health Board's approach to Special Measures gave significant focus and pace and will be built upon to enable longer term planning. Ensuring that the specific focus areas are fully embedded into the the 3 Year Plan and reflecting the more stable position the Board is now in, the main focus will be on 'business as usual' planning processes, incorporating all learning to provide integrated monitoring, assurance and reporting against plans.

1) Building an effective organisation: key areas of focus

Board Effectiveness

- 1) Complete substantive recruitment of Executive members of the Board.
- 2) Progress a Board Development Programme, supporting a substantively appointed Board.
- 3) Complete the re-establishment of a full complement of Board committees.
- 4) Review the Board Assurance Framework and Corporate Risk Register, under the leadership of the recently appointed Director of Governance.



Risk management

- 5) Alignment of the Board Assurance Framework with risks appetite, annual plan, and the emerging strategic objectives of the Health Board.
- 6) Development of a risk management dashboard to improve triangulation with Planning and Performance as well as other directorates.

Operating model

- 7) Complete the stock-take of the Operating Model, utilising the work of Internal Audit, feedback from external colleagues/stakeholders and feedback from colleagues internally to understand benefits and issues.
- 8) Assess the Business Partnering model across the organisation, drawing together proposals for revision where necessary.
- 9) Develop proposals for any revision to the current operating model, considering a careful approach to supportive change.
- 10) Identify opportunities for greater efficiency through the use of digital tools e.g. Microsoft Office 365.
- 11) Review and revise where necessary the clinical leadership model in the organisation, drawing in the learning from the Rapid Review of (Clinical) Engagement, to build a stronger clinical leadership and engagement approach.

Quality Management System

- 12) During 2024–25 the Health Board will complete the design of an appropriate Quality Management System (QMS) for deployment across the organisation.
- 13) The Health Board will continue to iterate the QMS throughout 2024–27 to ensure it meets the objectives laid out within the Duty of Quality.
- 14) Agree FY24/25 financial control action plan, including the next steps associated to the Recurrent Investment Group Assurance (RIGA) and Establishment Control Review Panel processes
- 15) Contract Procurement Management review – Understand, consider recommendations and agree resultant action plan via PFIG Committee and the publish via Board. Implement action plan including completion of appropriate procurement training to cover: initial training of existing staff, ongoing periodic training and induction process.



2) Developing strategy and long lasting change: key areas of focus

Planning

- 1) Planning review – Understand, consider recommendations and agree resultant action plan via PFIG Committee and the publish via Board.
- 2) Areas of focus from the review and FY24/25 learning to be centred around: a) Development of an organisational route map, b) Designing a planning system to support the change agenda, c) Understanding the capacity and capability to support the change agenda.

Approach to challenged services

- 3) Reflection exercise to identify the common themes and flags identified from addressing the first tranche of challenged services.
- 4) Work with Hywel Dda Health Board to learn from the work that they have already done in this area.
- 5) Taking the activities above, commence a clear triangulation approach in the Health Board that is designed to identify challenged services at an earlier point.
- 6) Engage with the national work looking at 'fragile services' that forms part of the work programme of the clinical variation and service configuration workstream within the Value and Sustainability Board work.

Digital contribution to Major Change Portfolio

7) Moving the Electronic Healthcare Record work forward to be considered for funding approval and then implementation. Importantly, as part of a broader change programme not just a “digital only” endeavour.

3) Creating compassionate culture, leadership and engagement: key areas of focus

Organisational Development is a continual process that will therefore not be completed within 2024/25. During 2024/25 the Health Board will:

- 1) Develop and commence the implementation of the Cultural Change Programme.
- 2) Approve and implement the organisations Leadership Development Framework.
- 3) Introduce approaches to enable a Board and Committee focus on staff experience, including staff experience stories.
- 4) Support the establishment and effective working of the new People and Culture committee.



Citizen and Patient Involvement & Engagement

- 5) The Health Board will build a wide-ranging engagement programme with communities across North Wales, providing opportunities to ask questions and find out more about the plans for the future.
- 6) A Citizens Experience Report, produced every other Board meeting, will inform Board members about the key themes of interest and concern to the public.
- 7) An Engagement Working Group will act as a catalyst for stronger cooperative working across the organisation and with independent colleagues and citizens (eg Llais, Forum Chairs). It will build genuine co-production in engagement and patient experience and bring together expertise and knowledge. The Group will develop the Betsi Engagement Way and embed this across the organisation.
- 8) The Health Board will learn from engagement with families, listening to family stories during reviews, understand what families continue to need and how they can be routinely involved and build an approach which becomes embedded.

Patient experience

- 9) Expand the offer to patients to complete Patient Experience questionnaires following the use of clinical services (outpatient, acute hospital inpatient and Emergency Department settings).
- 10) Embed a system of feedback analysis that allows the recognition of good practice (to be disseminated) and early warning opportunities where additional intervention and support may be required.
- 11) Embed feedback reporting for public, Board and partner assurance.



4) Improving quality, outcomes and experience: key areas of focus

Challenged services

- 1) Continuing to drive improvement across key “challenged” services and clinical areas: Planned Care, Urgent & Emergency Care, Mental Health & Learning Disabilities, Children’s and Adolescents Mental Health, Neurodiversity, Vascular, Urology, Ophthalmology, Oncology, Dermatology, Plastics, Orthodontics, Orthopaedics.

Public Health Programme

- 2) Continue to refine, evolve and deliver the Healthcare Public Health Diabetes programme.
- 3) Review which other areas can follow the same model.

5) Establishing an effective environment for learning: key areas of focus

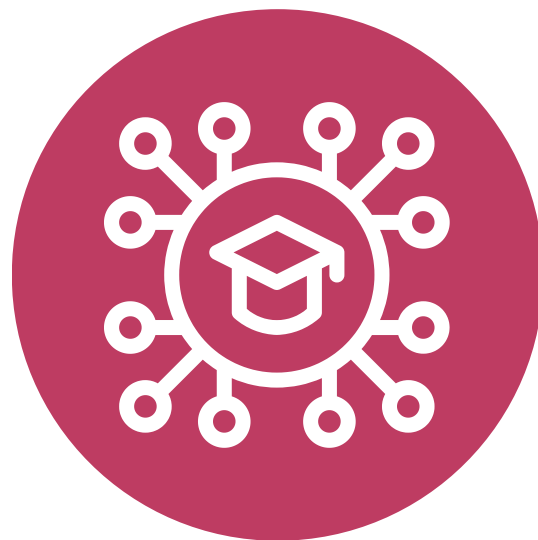
Learning Organisation

- 1) The Health Board will complete its review of how the organisation investigates and then learns from serious incidents.
- 2) The Health Board will then implement change to address the potential improvements identified through the review. In doing so, the Health Board will apply the principles of the emerging Quality Management System, further increasing the opportunity to implement learning.

Intelligence led

The Health Board will build upon the work commenced in 2023/24 to:

- 3) Establish a Health Board data quality and governance forum.
- 4) Introduce a data kite mark system.
- 5) Further develop BCU's data warehouse, broadening the range of datasets available.
- 6) Undertake a skills / training needs analysis to inform a data literacy workplan.
- 7) Develop organisational capability around demand and capacity analysis and planning.
- 8) Identify priority areas and improve clinical engagement with data using Comparative Health Knowledge System (CHKS) as the chosen clinical benchmarking tool.
- 9) Implement dashboard standards, applying design principles and embedding data stewardship.



Key reflections and moving toward change

Key learning from the Special Measures approach:

- 1 Having absolute clarity on the specific issues of concern.
- 2 Amount of foundational work required to enable future improvements.
- 3 90-day cycles support pace but longer term plans also required.
- 4 Independent Reviews – quality, length and focus on key actions.
- 5 Special Measures as a level of escalation not a central programme.

The focus over the last nine months has been on ‘stabilisation’, making the most significant and immediate changes necessary after the escalation into Special Measures to continue to provide services to the residents of North Wales.

During 2024-2027 the Health Board will build upon this to implement an approach that both ensures an approach to service delivery in North Wales that is more ‘standardised’, making the changes needed to place the Health Board on a ‘sustainable’ footing for the future.



During the last year the Health Board has started to progress in a number of areas and although there are still many challenges, there is a commitment to taking the learning from the processes introduced to ensure that BCUHB is an organisation that can proactively plan, identify risks and challenges and put in place necessary actions to address them.

Embedding the Special Measures response into the 3 Year Plan will enable the organisation to move through each of the phases outlined above and to make real and lasting improvements to services. Working with the Health Board’s partners across the whole system, along with continued Welsh Government support, will ensure the organisation is sustainably set up for success in the future.

There is still a long way to go ...



Whilst we're really pleased that the recent Audit Wales report acknowledges the progress that we've made over the past year and we can point to examples of progress that are underway, we know that there is still much more to be done as we continue on our improvement journey.

We are committed to providing excellent healthcare services for the people of north Wales and know that there are still people waiting longer than we would like or who feel frustrated over their experiences of our services. We also know that we have some fantastic staff who are with us on this journey and thank each and every one for their continued hard work and commitment. We hope that the next phase for Betsi Cadwaladr University Health Board continues to build on the stabilisation we have set out to achieve and that people can see the opportunity we have now to transform ourselves and our services.

We've welcomed the support from our partners and from the Welsh Government and over the next 12 months we will focus on how we can ensure our approach to the last year is replicated and built upon so that we can build an effective organisation, with a robust plan for long-lasting change so that we can truly improve quality, outcomes and experience.



We want to be known as an organisation with a compassionate culture, with visible leadership and engagement with staff, partners and our communities to be a Health Board they trust and can be proud of.

We must learn from the past, from our previous experiences and are committed to ongoing and continuous improvement.

Thank you to everyone for being involved in our journey so far and we look forward to working with you in the months and years ahead.

**"The board has the opportunity to regenerate itself and lead the organisation through the challenges it continues to face." –
Audit Wales, February 2024**

A handwritten signature in grey ink, reading "Dyfed Edwards".

Dyfed Edwards,
Chair, BCUHB

A handwritten signature in grey ink, reading "Carol Shillabeer".

Carol Shillabeer,
Chief Executive, BCUHB



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

For more information:

www.bcuhb.nhs.wales/about-us/special-measures/health-board-progress/



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