



Title:	Special Measures Improvement Framework – End of Phase 1 Report															
Author:	Grace Lewis-Parry, Board Secretary															
Responsible Director:	Gary Doherty, Chief Executive															
Public or In Committee	Public															
Strategic Goals	<table border="1"> <tr> <td>1. Improve health and wellbeing for all and reduce health inequalities</td> <td>✓</td> </tr> <tr> <td>2. Work in partnership to design and deliver more care closer to home</td> <td>✓</td> </tr> <tr> <td>3. Improve the safety and outcomes of care to match the NHS' best</td> <td>✓</td> </tr> <tr> <td>4. Respect individuals and maintain dignity in care</td> <td>✓</td> </tr> <tr> <td>5. Listen to and learn from the experiences of individuals</td> <td>✓</td> </tr> <tr> <td>6. Use resources wisely, transforming services through innovation and research</td> <td>✓</td> </tr> <tr> <td>7. Support, train and develop our staff to excel.</td> <td>✓</td> </tr> </table>	1. Improve health and wellbeing for all and reduce health inequalities	✓	2. Work in partnership to design and deliver more care closer to home	✓	3. Improve the safety and outcomes of care to match the NHS' best	✓	4. Respect individuals and maintain dignity in care	✓	5. Listen to and learn from the experiences of individuals	✓	6. Use resources wisely, transforming services through innovation and research	✓	7. Support, train and develop our staff to excel.	✓	
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Approval / Scrutiny Route	Prior to presentation to the Board, this paper has been reviewed by the Special Measures Improvement Framework Task and Finish Group (5.5.16) and the Executive Team (4.5.16).															
Purpose:	To report to the Board on the progress made as at the end of Phase 1 (November 2015 - April 2016) against the expectations set out by Welsh Government in the Special Measures Improvement Framework.															
Significant issues and risks	The Improvement Framework sets out actions which need to be taken in order to address areas which represent significant issues and risks to the Health Board and have led to the organisation being and remaining in Special Measures. Progress to date on Phase 1 actions will need to be continuously monitored throughout subsequent phases, to ensure that improvements are sustained.															
Equality Impact Assessment	As this is a retrospective report on progress with implementation of the Improvement Framework an EqIA is not considered necessary.															
Recommendation/ Action required by the Board	The Board is asked to approve this report on the end of Phase 1 of the Special Measures Improvement Framework, for submission to Welsh Government.															

Special Measures Improvement Framework – End of Phase 1 Report

1. Purpose of the Report

This report sets out the progress made against the Phase 1 (November 2015 – April 2016) expectations within the Special Measures Improvement Framework.

2. Introduction/Context

Following the Health Board being placed in special measures in June 2015, a programme of work to strengthen governance arrangements has been ongoing. This has built on actions already underway following previous external governance reviews.

The Minister for Health and Social Services announced on 8.6.15 that the Health Board had been placed in Special Measures reflecting serious and outstanding concerns about the leadership, governance and progress in the Health Board over some time. This followed a recommendation made as a result of a tripartite meeting between Welsh Government officials, Healthcare Inspectorate Wales and Wales Audit Office. The Minister set out key areas for tangible improvement as follows:-

-) Governance, leadership and oversight
-) Mental health services
-) Maternity services at Ysbyty Glan Clwyd
-) GP and primary care services, including out of hours services
-) Reconnecting with the public and regaining the public's confidence.

The Chairman responded on behalf of the Board recognising the gravity of the situation and the need for swift remedial action.

The Health Board introduced a series of 100 Day Plans in order to deliver urgent improvements and also lay the foundations for longer term, sustainable progress in the key areas. These plans were reported to the Board in September 2015:
http://www.wales.nhs.uk/sitesplus/documents/861/15_222%20Special%20Measures.pdf

Healthcare Inspectorate Wales and the Wales Audit office undertook a high-level review of progress after the first four months of Special Measures. The findings provided material evidence for a further tripartite meeting between Welsh Government officials, Healthcare Inspectorate Wales and the Wales Audit Office, who advised the Minister that the Health Board should remain in special measures for the next two years with progress and milestones reviewed every six months. The Deputy Minister for Health announced the decision in a written statement on 22.10.15.

The Interim Chief Executive and Accountable Officer Mr Simon Dean and the Health Board Chairman Dr Peter Higson were called in November 2015 to give evidence to the National Assembly for Wales' Public Accounts Committee (PAC) in relation to the Health Board's governance arrangements. Accounts were given of the progress made and challenges remaining. The PAC concluded that the Health Board still had

more work to do before its governance and management arrangements could be seen as fully fit for purpose.

The Deputy Minister for Health issued a Special Measures Improvement Framework to the Health Board on 29.1.16, setting out expected improvement milestones over the next two years, divided into three phases

-) Phase 1 – November 2015 – April 2016
-) Phase 2 – May 2016 – November 2016; and
-) Phase 3 – December 2016 – November 2017

The expectations are that each phase will focus on improvements in the following areas:-

-) Leadership
-) Governance
-) Strategic & service planning
-) Engagement
-) Mental health
-) Maternity services
-) Primary care

3. Progress

The Board has established a Special Measures Improvement Framework Task and Finish Group to ensure detailed oversight of progress against the Improvement Framework. The Group consists of Board Members (both Executive and Independent Members), the Special Governance Advisor appointed by Welsh Government and is chaired by the Vice-Chairman of the Board.

The Task and Finish Group considers progress against a detailed action log that has been compiled to monitor delivery against the expected milestones, taking remedial action where necessary. Monitoring reports from the Task and Finish Group are reported to the Board as its public meeting each month.

Lead Independent Members/Independent Adviser and Lead Directors have been identified to take responsibility for progressing designated aspects of the action log, including identifying sources of evidence, actions for prioritisation and key milestones. They are also responsible for recommending to the Task and Finish Group whether or not expectations have been met in line with the requirements set out by Welsh Government.

In addition to the monitoring arrangements overseen by the Health Board's Task and Finish Group, there are regular meetings between the Health Board's Executive Team and the Director General and Chief Executive of NHS Wales.

Highlights from Phase 1 (November 2015 – April 2016) are detailed below, with further supporting information shown in Appendix 1:-

-) A number of key appointments have been made including a substantive Chief Executive, Executive Director of Nursing, Executive Medical Director, Director of Mental Health Services and three Independent Members.
-) A Board Development Programme is ongoing; this has included self-assessments of Board effectiveness.
-) A revised committee structure and new Board business standards and have been implemented from 1st March 2015.
-) A Board Assurance Framework has been approved and implemented.
-) A Risk Management Strategy has been approved and implemented.
-) An Engagement Strategy has been approved and the Health Board was awarded a Certificate of Good Practice by the Consultation Institute for its Maternity Services consultation.
-) A new system of ward handover safety briefings and senior leadership safety walkrounds has been introduced.
-) Performance management arrangements have been strengthened by regular accountability meetings and performance reviews for each of the operational areas and directorates.
-) The historic backlog of complaints identified previously has been cleared (with the exception of 4 concerns subject to ongoing investigation involving other agencies)
-) The Operational Plan key deliverables are to be presented to the Board in May 2016.
-) A Mental Health Strategy is under development.
-) The Board has established a Strategic Workforce and Engagement Group comprising Trade Union Partners, Independent Members and Officers to improve levels of workforce engagement.
-) The outline business case for the Sub Regional Neonatal Intensive Care Centre (SuRNICC) has been approved by Welsh Government for progression to the full business case stage.
-) The Health Board has implemented a new management structure based on three geographical Area Teams, to improve the effectiveness of the leadership arrangements for Primary Care and Community Services.
-) In April 2016, the Health Board implemented a new model of primary care to deliver services to the Prestatyn community as a result of the local GPs giving notice to terminate their contract.

Whilst it is clear that progress has been made throughout Phase 1 and improvements are starting to be seen, the Board acknowledges that there remains ongoing work to be undertaken to fully embed the key areas of the Special Measures Improvement Framework. These expectations will continue to be monitored as part of Phase 2. The Health Board is committed to deliver and succeed.

4. Equality Impact Assessment

As this is a retrospective report concerning progress on implementation of the Improvement Framework, an equality impact assessment is not considered necessary.

5. Conclusions/Next Steps

The Health Board has made significant progress against the expectations of Phase 1 of the Special Measures Improvement Framework, although more remains to be done, as described in Appendix 1.

Progress made in Phase 1 will continue to be monitored to ensure that improvement is sustained throughout Phases 2 and 3 and beyond. The determination of key priorities, deliverables, milestones and evidence of improvement for the next phase (Phase 2) by the Task and Finish Group is underway.

The Task and Finish Group will continue to report to the Board on a regular basis.

6. Recommendations

The Board is asked to approve this end of Phase 1 report.

APPENDIX 1

Betsi Cadwaladr University Health Board Special Measures Improvement Framework Phase 1 – one to six months (November 2015 to April 2016)	
Summary Update as at 12.5.16	
Theme	Progress against expectation
Leadership	<p>Expectation: Sufficient steps will have been taken in building a capable and competent board of directors with the skills to deliver the strategic priorities of the Health Board</p> <p>Following the appointment of a substantive Chief Executive, progress has been made with the appointment to Executive Director vacancies. A new pattern of meetings have been established for the Executive Team and wider leadership group of senior Directors underpinned by robust business standards to support the focussed delivery of strategic priorities. The Chief Executive has worked with the Executive Directors to review and update the role and function of Executive management meetings. Wednesdays have been established as the day given over to Executive corporate meetings. The Executive Team acts as the mechanism by which the Chief Executive coordinates the management of the organisation. Executive Team meetings have a key role in collectively agreeing Board papers and assuring their quality prior to submission to the Chairman for sign-off. These arrangements were reported to the Board in February 2016.</p>
	<p>Expectation: A substantive Chief Executive will be in post</p> <p>Mr Gary Doherty commenced in post on 29th February 2016.</p>
	<p>Expectation: Progress in the appointment of new Director of Nursing and Medical Director</p> <p>The vacancies for the Director of Nursing & Midwifery and Medical Director have been progressed. Appointments to both posts have been made. Dr Evan Moore will take up the post of Medical Director on</p>

	<p>1.9.16 and Ms Gill Harris's date of commencement as Director of Nursing & Midwifery is to be confirmed.</p> <p>A new Director of Mental Health Services post has been progressed and an appointment made. Mr Andy Roach commenced on 5.5.16. This post will report directly to the Chief Executive and subject to Ministerial approval, will become an Associate Board Member.</p>
	<p>Expectation: Recruitment of 3 Independent Board Members with the necessary skills and experience</p> <p>The Health Board has worked with the Public Appointments Office in support of the recruitment process. Announcements were made at the end of March 2016 that the following appointments had been made: Mrs Marian Wyn Jones (re-appointment), Cllr Cheryl Carlisle and Mr John Cunliffe. A tailored local induction programme has commenced.</p>
	<p>Expectation: The Board will be functioning more effectively</p> <p>The Board is engaged in an ongoing Board Development Programme facilitated by Ann Lloyd as part of the Special Measures Programme. This has included self-assessment against the Well Led Framework and a skills audit which has informed the content of the programme. A revised Board Development Programme for the next 12 months has been agreed.</p> <p>A suite of revised Board Business Standards, a Board Assurance Framework and a review of committee structures have been completed and was approved by the Health Board at its public meeting in February 2016.</p> <p>In March 2016, the Board considered its strategic goals and corporate objectives as well as the findings of the Public Accounts Committee (wider governance review), which will inform the future direction of the Board's business.</p>
<p>Governance</p>	<p>Expectation: An effective approach to the management of risk will be in place</p> <p>The Board approved a revised Risk Management Strategy in April 2016. This strategy is based on</p>

evidence of best practice. Significant further work is now being undertaken to embed this approach across the organisation. The Health Board has continued to implement the revised operational management structures, which include clarity on accountability for risk at all levels. The Strategy incorporates a clear escalation / de-escalation process, a description of roles and responsibilities across the management structures and an outline (consistent with the BAF) in relation to risk appetite. The Strategy will be reviewed in September 2016.

Accountability meetings for services and corporate functions are held monthly to review risk profiles. Operational management teams are required to review their own risk profiles at their local Quality and Safety meetings and to escalate those risks that cannot be mitigated to an acceptable level; strategic risks are monitored at the Executive Management Group with a process to escalate risk to the Corporate Risk Register where necessary. Corporate risks are monitored at the relevant Board Committee with regular reporting to the Board.

With effect from 1st March 2016, the Board approved the revised Board Assurance Framework and has responded to the recommendations in the Wales Audit Office Structured Assessment 2015.

A Health and Safety Committee has been re-established reporting directly to the Executive Management Group to ensure there is a focus on the delivery of the Health & Safety Improvement Plan priorities.

Expectation: A clear management and accountability structure will be in place from frontline clinical staff through to the Board

The Health Board has established a new operational model with clear lines of accountability at all levels. There are three Area Teams each coterminous with two Local Authorities responsible for primary and community services. A Secondary Care Director has been appointed and has responsibility for each main hospital site which are led by a Hospital Management Team. The Mental Health Directorate will be led by a Mental Health Director reporting directly to the Chief Executive. Appointments to remaining vacancies across the operational management structure are being progressed. The Health Board is working to communicate more widely its revised operational management structure.

The Performance Management Strategy was approved via the Finance and Performance Committee from

July 2015. This establishes performance management and assurance arrangements from Board through operational directorates of the Health Board. Progress reports in relation to implementation of this have been provided via the Finance and Performance Committee of the Board.

The performance assurance reports have been strengthened during the year, with WAO structured assessment providing positive feedback on the present Integrated Quality and Performance Report of the Board (IQPR) when compared with others in Wales.

Accountability meetings have been scheduled monthly with the operational directorates, leading to the de-escalation of one directorate following the latest review. All others remaining on monthly reviews at present. These reviews align to both the national outcome indicators included in the IQPR and to local indicators identified by executive lead. Each indicator has a nominated executive lead and an operational management lead. Accountability reviews do not take place in the months in which quarterly performance reviews take place.

Quarterly performance reviews have taken place in November 2015 and February 2016 in respect of quarter 2 and 3 performance. The end of year performance reviews, include the presentation of annual reports from each operational directorate and is scheduled for 13th May 2016.

Expectation: The Health Board will have put in place systems to ensure patient safety and quality issues are identified as they arise, and addressed

A new system of ward handover safety briefings, shift by shift, has been put in place together with arrangements for auditing compliance and effectiveness. This feeds into a twice daily reporting system from each hospital site. A programme of revised senior leadership safety walkrounds has also been established. The walkrounds are supported by prompt cards to help individuals completing the visits to focus on patient safety and quality. All data are then triangulated within a software programme together with information arising from Health & Care Standards monitoring. An example of how the organisation has responded to emerging risks is the establishment of strategic groups looking at falls and pressure damage.

Quality & Safety Groups have been established in operational structures. Their purpose is to monitor quality, review clinical risk profile, review concerns and SUIs and identify learning. Reporting is through the Performance and Accountability regime now in place.

	<p>The Quality Assurance Executive Group has an overview of clinical risks and standards and the Quality Improvement Strategy. It monitors trends and directs action as necessary to address emerging issues.</p> <p>Template reporting on themes and trends is being developed to inform the Quality and Safety agenda.</p> <p>A safehaven system has been established and publicised through the Office of the Medical Director to support the Health Board's whistle blowing arrangements.</p>
	<p>Expectation: An effective committee structure will have been established and will be functioning appropriately</p> <p>The committee structure has been reviewed and refreshed. Revised Terms of Reference have been agreed for each committee. A Committee Business Management Group has been established to co-ordinate and improve the effectiveness and flow of committee business. The Health Board approved these revised arrangements at the Board meeting in February 2016. The new arrangements became operational from 1st March 2016.</p> <p>Committee membership has been reviewed in April 2016, to take account of the newly appointed Independent Members of the Board.</p>
<p>Strategic and Service Planning</p>	<p>Expectation: An outline timetable and programme of activities for developing a whole system vision and strategy for North Wales in 2016 will have been developed</p> <p>A programme scope and briefing document has been developed for discussion with Executive Directors. This builds upon the framework shared previously with the Strategy, Partnerships and Population Health Committee as part of the draft operational plan and sets out the proposed approach to managing the various aspects of strategic development as part of a single programme. The programme details are being developed further and will include timelines for the various aspects of the strategy along with key leadership responsibilities within the Board to drive this work forward. This proposed approach has been reviewed with the new Chief Executive. Within the context of the overall programme early work will be progressed in relation to primary care and mental health services as previously agreed by the Board.</p>

Expectation: Demonstration of an understanding of the health and social care needs of the local population and an outline of the consequences for service planning developed

A comprehensive range of health needs profiling information is available via the Local Public Health Team website at <http://www.wales.nhs.uk/sitesplus/888/page/63554> and has been shared with strategic planning and service planning leads. This includes data available in an infographic format to facilitate communication with the public and professionals (N.B. A new population health directory is being developed for the Health Board which will present information on the public health priorities at multiple geographical levels including at Areas and GP cluster level). The use of this information in previous versions of the strategic plan has been acknowledged as good practice by Good Governance Institute. Senior public health resource has been deployed to support area teams and GP clusters; this includes supporting the development of the needs assessment for the Wellbeing of Future Generations Act, being led by the 4 Public Service Boards in North Wales. Additionally, a formal workstream has commenced under the Social Services and Well-being Act regional partnership to assess care and support needs for the North Wales population, chaired by the Executive Director of Public Health.

Expectation: An operational plan for 2016-17 will have been agreed

The Strategy, Partnerships and Population Health Committee has considered the first draft of the Plan and this has been shared with Welsh Government. A stakeholder workshop was held in March to share the priority areas for action within the Plan and discuss their reflections on the content. Following feedback, work to set out the deliverables for 2016/17 in more detail has been undertaken. A detailed Annual Operating Plan was submitted to Welsh Government at the end of April 2016. A summary of this Plan, setting out the key deliverables for the year, was presented to the Health Board at its public meeting in May 2016. Further discussions are ongoing with Welsh Government regarding the detail of delivery expectations.

Expectation: Continued improvement trajectories in performance. This to include areas of quality, unscheduled care and planned care

Performance management arrangements have been strengthened with regular accountability meetings

and performance reviews for each of the operational areas/ directorates. Outcomes from the performance reviews are routinely reported to the committees of the Board. Where performance has been below plan, trajectories have been implemented to track and drive improvement. Examples of improved performance are demonstrated in stroke and cancer care. In stroke care the latest published data, Quarter 3 2015, October-December 2015 from the external Royal College of Physicians audit process demonstrates the Health Board's performance is the best in Wales and comparable with high performance regions in England. Progress has also been made to reduce waiting times from referral to treatment for cancer care with a higher volume of patients treated within the 62 day target. Hospital acquired infection rates for C.diff have shown a reduction confirming the effectiveness of the actions being taken. Significant reduction in the number of patients waiting in excess of 8 weeks for diagnostic tests at year end was evidenced with a total of 14 patients exceeding this target compared to 3487 in January 2015. The health board is committed to ensuring that no patient waits over 8 weeks by the end of Q1 2016-17. The audiology re-assessment wait delivered the year end target of 0 patients waiting over 14 weeks. This represents an improvement against the baseline of 792 patients waiting over 14 weeks with the longest wait at that time being 48 weeks. 3 patients waited in excess of 14 weeks for access to Dietetics at the end of March 2016, with all other therapy services reporting waits within the 14 week target. The Health Board remains challenged on the delivery of elective care access times in respect of a small number of specialities and escalation measures have been taken to optimise performance by year end. This resulted in an improved position compared to the end of Q3. However 3666 patients waited in excess of 36 weeks at the end of March. The Health Board is working with Welsh Government to improve this position during 2016-17.

Unscheduled care performance remains of concern and a whole system focus is being taken supported by the Delivery Unit to address patient flow through the emergency pathway. Actions being taken include three times daily multi-site / multi agency situation reviews focusing on discharge processes, ambulance waits/ handover arrangements, staffing levels and use of community resources to meet patient need. There is now more effective integrated working with partner organisations to assess continuing care and nursing home capacity and capability to address both short and medium term planning and commissioning.

Expectation: Improved response times to concerns and complaints, ensuring the existing backlog is cleared urgently with lessons learnt and implementation of actions evidenced.

A number of actions have been taken to achieve sustained improvement in the handling of concerns:

	<ul style="list-style-type: none">) Structures have been re-aligned to be consistent with the emerging national model) Additional resources have been secured to support the corporate team which will lead to the development of an early resolution team and additional investigation capacity; the outcome anticipated is a 10/15% reduction (full year effect) in formal complaints) Improvement trajectories are in place and scrutinised through the Performance and Quality Accountability regime; the backlog of concerns will be cleared by the end of April 2016 (with the exception of 4 concerns which are subject to ongoing investigation involving other agencies) with the trajectory for 50% 30 day response rate by March 2017) A Being Open Policy has been approved and is now being implemented lead by the Office of the Medical Director) Operational management teams all have Quality and Safety Groups established to monitor performance and identify lessons learned) Templates are being developed for tracking all Serious Untoward Incidents /Regulation 28/ Public Service Ombudsman for Wales actions) Revised reporting has been developed with a focus on themes/trends and lessons) Datix structures and hierarchies are being reset to mirror new operational structures; this will ensure reports are owned by the relevant managers; work ongoing to ensure the appropriate fields are completed consistently to evidence action taken.
<p>Engagement</p>	<p>Expectation: Produce a strategy for engaging with and listening to patients, staff and the public and describe how this links to the development of the overarching board vision and strategy</p> <p>The Board established an engagement working group, supported by Mrs Ann Lloyd, to oversee the development of the Board's Engagement Strategy and to ensure that any future consultations comply with both statutory requirements and best practice. A Public Engagement Strategy which sets out a framework for how we will involve people in the Health Board's work was approved by the Board in April 2016.</p> <p>A review of practices in other Health Boards has been undertaken in order to gain an understanding of common challenges and best practice in the delivery of community and staff engagement activities.</p>

A high level engagement plan has been developed aligned to the planning cycle to produce the Annual Operating Plan/shadow Integrated Medium Term Plan for 2017/18. A task and finish group with planning, engagement and CHC membership is developing the “script” and supporting materials with locality focused engagement plans being developed through the Area Teams. The area engagement activities will contribute to delivering the Board’s goals of improving health and wellbeing for all, reducing health inequalities and working in partnership to design and deliver more care closer to home. Workshops are being planned to explore local engagement models in our communities and to progress work on detailed stakeholder analysis. These will be supported by Welsh Government advisers.

To maintain a corporate profile and presence and to help engage with our population about health, the Health Board will be attending a number of large community events such as county shows over the summer of 2016. The Health Board’s Stakeholder Reference Group is working to contribute to key strategic issues at an appropriate stage of development.

Work is ongoing with regard to formalising the Health Board’s strategic approach to engagement with staff (see separate section).

Expectation: Establish a Health Board approach to consultation and engagement activities, consistent with the National Principals of Public Engagement in Wales

Since January 2016 the Health Board has continued to proactively engage with a wide range of partners, stakeholders and communities on a diverse range of issues and service redesign and delivery opportunities. It should be noted that alongside the activities outlined the Health Board is positively engaging with people daily. For example, a change of approach on the Health Board’s social media channels has seen the BCUHB corporate Twitter account achieve a 20% increase in followers in the last quarter (Q4 2015/16), growing from just over 4,000 followers to over 5,000 followers.

Face to face engagement with community groups and individuals takes place routinely. Awyr Las, the Health Board’s fundraising charity, works with local community groups and organisations such as cancer charities and local fundraisers. <https://twitter.com/BCUHB/status/712674055921524736>

The Health Board also engages with a wide range of third sector organisations such as League of Friends and volunteers including the “Robins” who support patients and hospital staff <https://twitter.com/BCUHB/status/717745009953517569>

Below is an overview of some of the key activities and events the Health Board has been leading on or played a key role in supporting during Phase 1.

-) **Volunteering Strategy Development Workshops, January - April 2016, St Asaph** – A number of engagement events have been held to gain the views of a wide range of stakeholders such as local voluntary councils, housing providers and service user groups interested in co-producing our BCUHB Volunteering Strategy. <https://twitter.com/iCatz/status/703229596150407168>
-) **Young Carers Event, January 2016, Rhyl**- Over 200 young people attended a BCUHB event for young carers to celebrate the past and look forward to the future. The event gave young carers the opportunity to have their say on the future planning for young carers services across North Wales.
-) **Community Health Council, full council meeting, January 2016, Bangor**- Senior Health Board officers attended and made presentations. We also arranged for the Deanery to give a future presentation to the Council at a later date.
-) **Pensioners’ Day, February 2016, Colwyn Bay** - The Pensioners Fair provided an opportunity to engage with older people about our services. This was hosted by the local MP David Jones and provided an opportunity to strengthen the Health Board’s partnership working and to make new contacts. <https://twitter.com/CarysTaylor/status/702862957361946625>
-) **Mid Wales Collaborative February 2016, Blaenau Ffestiniog** – This is a cross border partnership involving Hywel Dda, Powys and Betsi Cadwaladr Health Boards, local authorities and other partners such as Welsh Ambulance Services Trust (WAST). Two events were held both during the afternoon and evening to discuss with communities their health priorities. <https://twitter.com/BCUHB/status/697002018058141696>
-) **Equality & Human Rights Scrutiny Task & Finish Group, February 2016, Abergele** – This is a group led by the Health Board but involves stakeholders such as Community Health Council (CHC) and the North Wales Regional Equality network (NWREN). They fed back on the draft engagement strategy and operational plans focusing particularly on ensuring equalities issues were taken into account.
-) **Stakeholder Reference Group, March 2016, Llandudno** – The Health Board’s draft engagement

and mental health strategies were shared and feedback was provided by members of the group. The Health Board's Stakeholder Reference Group has a key role to play in advising on the methods of communicating and engaging with citizens and stakeholders at each level. This group provides a forum for continuous engagement and involvement in the determination of the Health Board's overall strategic direction.

-) **Accessible Healthcare Reference Group for Sensory Loss, March 2016** – A Reference Group of people who are deaf, hard of hearing, blind and visually impaired.
-) **Flint Delivery Board, March 2016, Flint** – This is a partnership board involving local organisations, such as Flint Town Council, local schools and community groups. The group help identify local health priorities and service improvements and are currently monitoring and supporting the development of the Flint Health Centre.
-) **Stakeholder workshop, March 2016, St Asaph**– An event to shape our operational plan and future strategy was held and involved senior partnership representatives including those from the Stakeholder Reference Group.
-) **Flint Carers Group, March 2016, Flint** -The Flint carers group is run by Hafal and once a month they have a walking group. A discussion was held about the Health Board's developing mental health strategy which received positive feedback. The group invited a representative to attend one of their future meetings and also to join them on one of their walks.
-) **Minority Ethnic Elders Advocacy workshop, April 2016** –Representatives from the Chinese community discussed what primary and mental health services may mean to their communities and how these could be delivered.
-) **North Wales Armed Forces Forum 4th March 2016, Llandudno** -Action planning day to develop and agree the priorities to support veterans and their families in North Wales
-) **Community Support Houses meeting, Wrexham March 2016** – This is a supported accommodation for primary diagnosis of mental illness. We talked to residents about their experiences of current services and future service needs.
-) **Wrexham Tenancy Support Group, Wrexham, March 2016**–This group supports long term people from hospital to get own tenancies and gain life skills. We met with members of the group again to learn about services provisions and possible gaps
-) **Mental Health Deaf Network, Conwy, March 2016** - A meeting took place to consider how the needs of deaf people who also experienced mental health issues could inform future mental health

strategy and service provision

) **Public Meetings, Wrexham, April 2016.** The East Area Team attended two public meetings to discuss concerns about local GP services and future arrangements. This resulted in positive feedback from both residents and local media and helped reassure the community that there would be no withdrawal of services

All consultation and engagement activities are and will be consistent with the national principles which are explicitly detailed in the Health Board's Engagement Strategy.

Work is ongoing with Public Health Wales in relation to the Well North Wales Programme which has engagement at a community level as a key element of the process. The aim is to identify the appropriate communities to engage in the programme through actively involving local people and securing support and active involvement for the approach.

Expectation: Provide evidence of improved relationships with stakeholders

We have increased our engagement stakeholder database with new local networks and community group contacts - more than 1100 contact details of individuals and organisations.

Face to face meetings have taken place with a number of key partners to explore further joint working opportunities, the sharing of resources and input into our emerging engagement strategy.

Development of an Engagement and Involvement website is underway. This will include an eRegistration form to allow people to sign up to an involvement scheme and increase opportunities for participation.

An audit of the opportunities for people to get involved in the work of BCUHB is being undertaken, e.g. Public Members, reading panel, volunteering etc.

The Chair of the Health Board's Stakeholder Reference Group has been invited to become an ex-officio member of the Strategy, Partnerships & Population Health Committee.

The Health Board is now looking to develop a 360-degree feedback mechanism for key stakeholders to establish a baseline and a range of metrics to measure engagement and its impact.

Expectation: Continued engagement with the Community Health Council

The Health Board has continued to work with the CHC through the Service Planning Committee and working relationships are constructive. This includes regular Board to Board and Chair to Chair meetings and liaison at a local level through Area Teams. The CHC is also embedded in the engagement planning group and regularly attend the Health Board's Quality, Safety and Experience Committee.

The women's and maternity services consultation was undertaken working closely with the CHC and the CHC has expressed satisfaction with the consultation and the open approach adopted by the Health Board.

The Health Board is in discussion with the CHC regarding the development of our whole system strategy for health and healthcare and the CHC is willing to work with the Board, citing the recent consultation as a positive model for future joint working.

Expectation: Review and act on the results and lessons learned from the staff engagement and listening events run by the Health Board and Trade Unions.

The Health Board reviewed the results of the organisation's listening & engagement exercise at a development session on 10th November 2015 and the Board meeting on 21st January 2016 when key feedback themes and proposed actions were reviewed. Five broad workstream areas were endorsed for further action planning :

1. Launching and using the Engaging Leadership Model and Leadership Behaviours Framework to drive change in organisational culture
2. Improving the organisational capability in engagement, collaboration and partnership working including additional leadership development
3. Develop sustainable engagement in practice through team based working and an engagement process (eg. the BCU *Discover, Debate, Deliver* process or an externally commissioned engagement process)
4. Building a compact with clinical staff commencing with focused work on Medical engagement (this

- will support the Medical Engagement Scale Survey commissioned by NHS Wales Chief Executives)
5. Interventions to develop a no blame culture that encourages staff to raise concerns, incidents and errors and supports learning.

Actions to support these workstream areas are detailed in the draft Operational Plan.

The Board considered the report of the UNISON listening exercise at its meeting held on the 21st January 2016 alongside other feedback. The Board agreed to the establishment of a tripartite Strategic Workforce Engagement Group comprising Trade Union partners, Independent Members and Officers to provide direction to and scrutiny of the Health Board's approach to workforce engagement, engagement processes and planned interventions to improve levels of workforce engagement.

The first meeting of the group was held on the 22nd February 2016, and the group has met on two occasions with a further meeting scheduled in May. A further Board Development session was held on 5th May 2016 which will provide additional direction to the work programme.

The following actions have been agreed and are being progressed:

1. Development of a revised Workforce Engagement Strategy incorporating review of other examples from NHS Wales and based on the 4 Pillars of Engagement in the 2009 MacLeod Report ('Engaging for Success: enhancing performance through employee engagement). Strategy to be presented for approval at SPPH committee in July.
2. To consider benefits of Listening into Action and develop a business case.
3. To pilot *Discover, Debate, Deliver (3 Ds)* engagement events with a report back by the end of May 2016, the chosen areas being –
 -) Mental Health & Learning Disabilities- East
 -) Secondary Care – East
 -) Estates/Facilities –East
 -) Central Area
 -) West Area
4. Roll-out the Leadership Qualities & Behaviours Framework to support the BCU values –launched at

	<p>the Leadership Forum on 27th April.</p> <ol style="list-style-type: none"> 5. Publish the Excellence in Leadership case studies from Achievement Awards as living examples of the type of leadership behaviours we would wish to see flourish. 6. Spread the Balch o/Proud of Campaign launched in Secondary Care to all parts of BCU 7. Agree 'quick wins' from each of the Workforce Engagement Group meetings- for example key health & wellbeing advice was circulated in April. 8. Re-focused plan for roll-out of Team Based Working. 9. Further support to encourage staff to raise concerns through the Raising Concerns Policy and BCU Safehaven procedure.(A Workforce & OD Conference on Raising Concerns was held on 8th April 2016) 10. Develop a business case for investment by the Charitable Funds Committee in life skills training (e.g. literacy, numeracy).
<p>Mental Health</p>	<p>Expectation: An outline timetable and programme of activities for the development of a mental health strategy which aligns with the ambitions of <i>Together for Mental Health</i> and its delivery plan, will have been developed</p> <p>Progress has been made in establishing user and carer engagement in the shaping of the mental health strategy. A number of engagement events were held in the summer of 2015, attended by 250 users and carers and 150 staff and have provided the Health Board with an early indication of priorities for action for the development of mental health services in North Wales.</p> <p>These priorities have now been shared with third sector organisations for validation, comment and feedback. In addition a draft engagement strategy for older people's mental health services has been developed by Flynn and Eley Associates and has been consulted upon.</p> <p>Agreement has been secured with the North Wales Cross Sector Chief Executives Leaders and Chairs Group for the development of an integrated strategy to mental health and well being. A programme management approach has been put in place to include; needs assessment, workforce planning across all sectors, user and carer engagement and finance and commissioning. This multi agency approach will direct the timescale for delivery of the strategy.</p>

A strategic review of mental health services in North Wales is to be commissioned to ensure that future mental health and well-being services not only reflect the needs of the population but the priorities identified by users and carers for mental health services and in addition develop models of care based on research and best practice.

It is anticipated that this review will be commissioned in late spring 2016 informing not only the strategic direction of Mental Health, but the overarching whole system strategy, which will form the basis of the future Operational Plan and IMTP.

Further engagement is required to continue staff and user/carer involvement to ensure that they contribute to the development of the strategy and assist in the shaping of future services for the population of North Wales.

Expectation: Improve compliance with the Mental Health Act and Mental Health (Wales) Measure

The Terms of Reference, membership and cycle of business for the Mental Health Act Committee have been reviewed and revised and approved by the Board in February 2016. Compliance with the Mental Health Act and Mental Health Measure are being closely monitored by the Mental Health Act Committee. Training events have been held for all Mental Health Act Managers.

A new Mental Health Measure Lead is being appointed with additional capacity provided to underpin compliance.

Work is ongoing to develop a new performance report to monitor compliance with the Mental Health Act and Mental Health (Wales) Measure, and the first iteration of this will be presented to the Mental Health Act Committee in May.

Expectation: Appoint a Director of Mental Health Services

There is an interim Director of Mental Health & Learning Disabilities in place and an appointment to the substantive role was made; the individual commenced on 5.5.16. Both the interim and substantive post now

	<p>report directly to the Chief Executive and subject to Ministerial approval, will become an Associate Board Member.</p>
	<p>Expectation: Improvements to internal governance arrangements</p> <p>An experienced interim governance lead has been appointed to oversee the establishment of robust governance and assurance systems and processes within the directorate reporting to the Director of Mental Health. The Chief Executive meets monthly with the Mental Health Leadership Team to strengthen the focus on performance and accountability. The operational management structure is being finalised</p>
<p>Maternity Services</p>	<p>Expectation: Work to improve culture, clinical leadership and management arrangements within the service is progressing</p> <p>A wide range of initiatives are being undertaken to improve culture, leadership and management in the service.</p> <p>This includes:</p> <p>Additional management support introduced into the YsbytyGlanClwyd site at inpatient matron level to ensure that there is increased senior management presence on site.</p> <p>A comprehensive action plan has been developed to address concerns about the learning environment, triggered by the NMC visit and the decision by Bangor University to withdraw student midwives from Ysbyty Glan Clwyd.</p> <p>Further work has been agreed using recognised external experts to address team behaviours in YsbytyGlan Clwyd. Weekly monitoring meetings are held to address the key risk issues affecting the service, which include a reflection on behaviours and their impact on the clinical environment.</p> <p>Expectation: Improved medical staffing levels in consultant-led maternity services;</p> <p>To achieve Deanery requirements of 2 middle grade rotas of 1:11 doctors and one rota of 1:8, the Health</p>

	<p>Board has undertaken a comprehensive recruitment campaign to attract resident consultants to North Wales, resulting in 10 appointments being made. These newly-appointed doctors undertake consultant-level duties in working hours, and supplement the middle grade rotas for on-call and out-of-hours duties. With the retention of up to 2 long-standing locum doctors on each site, the overall vacancy rate has reduced to 18%, making the service significantly more robust in the short term.</p>
	<p>Expectation: Progress the work programme on target for developing the SURNICC at YsbytyGlan Clwyd, including articulating the timetable and activities required to develop the supporting service strategy;</p> <p>The outline business case for the SuRNICC has been approved by Welsh Government for progression to full business case. The full business case will be concluded by July in line with the project plan and submitted to Welsh Government for approval. Enabling infrastructure works have commenced and transport equipment has been purchased to allow some of the clinical benefits associated with the service to be delivered early. The service model and strategy for neonatal care is set out within the business case.</p>
	<p>Expectation: Manage the consultation on the temporary arrangements for maternity services and the outcomes arising from it.</p> <p>The formal consultation process ended in October 2015 and following analysis of the feedback and completion of the formal impact assessment processes (participatory Health, Equality and Quality impact assessments) and an appraisal of the options in light of all the evidence, the Board determined in December that there was no longer a critical need for a temporary change.</p> <p>The CHC have expressed satisfaction with the consultation process and the process has also been awarded a Certificate of Good Practice by the Consultation Institute.</p> <p>The weekly monitoring meetings for women's services are continuing together with ongoing staff liaison. Recruitment has resulted in sufficient staffing (medical and midwifery) to sustain the services in the short term. The position is being carefully assessed and clinical risk is monitored on a shift by shift basis.</p> <p>The outputs of the public consultation will be used to feed into future service planning. Those respondents</p>

	<p>who gave their name and contact details have been asked whether they wish to continue to be involved and a number have responded to indicate their willingness to participate in ongoing engagement.</p>
<p>Primary Care</p>	<p>Expectation: Effective leadership arrangements for primary care and community services;</p> <p>The Health Board has implemented a new management structure based on three geographical area teams and a pan North Wales Secondary Care Directorate. Each Area is led by an experienced Area Director and has a Medical Director, all three of which are practising GPs.</p> <p>The Area teams will lead the development of primary care and community services in their geographic areas. The area senior management team includes a management lead for primary care and community services and clinical leads for medicine, nursing and therapy services. There are 14 well established locality/cluster arrangements lead by a mixture of GPs, pharmacists and third sector staff.</p> <p>Expectation: Establish approaches to ensure resilience in primary care services is in place, making best use of available resources</p> <p>The GP clusters are developing into effective local fora for identifying issues and taking forward solutions to address these. Additional management and administrative support will be provided to the clusters to enable them to take forward their development. The allocation of £1,315,000 in this year to support cluster development is being used in a number of innovative ways such as GP/Care of the Elderly posts, Advanced Nurse Practitioner undertaking GP home visits and supporting care homes, diabetes nurses, advanced pharmacy and physiotherapy practitioners, primary care counselling and social prescribing initiatives. Successful models will be shared across the Health Board and implemented where appropriate and practical.</p> <p>The Health Board is utilising the £4.9 million of new Primary Care monies provided in this year to develop new ways of recruiting and retaining GPs, further developing a supporting infrastructure for independent contractors and also recruiting and training a number of allied professions such as physiotherapists, pharmacists, nurses and audiologists, that can support GPs and their staff to maintain and enhance services to their practice populations. We have already been able to recruit 5 new GPs as part of our 'Outstanding GP' scheme and have recruited salaried GPs to support our managed practices and other</p>

practices in difficulty.

A review of the primary care estate will be completed by September 2016 to support the development of area primary care estate investment plans. New GP practice buildings will be opened in Benllech, Tywyn and Colwyn Bay. Accommodation in Prestatyn is being revised as part of the new model of primary care. Building work on a new integrated health and social care centre in Blaenau Ffestinioghas commenced. The Flint business case has been approved, with work reaching the final stages of acquiring the site and progress being made with the planning requirements in conjunction with the developer for the adjacent Extra Care Housing Scheme. A further business case is being developed for Corwen.

Expectation: Evidence of service development in primary care (e.g. Prestatyn);

A new model of primary care has been developed working with stakeholders and was approved by the Health Board in November 2015. The new model focusses on:

-) The psychosocial determinants of ill health
-) Preventative care
-) A prudent approach to care and treatment
-) The use of a wider range of professional to deliver core services
-) A permissive governance framework which appropriately empowers professionals

This builds upon best practice in the UK and internationally. It provides a more accessible, person-centred approach than the traditional model of care.

At the end of September 2015, the Pendyffryn Medical Group (PMG) and Seabank Surgery, both in Prestatyn, gave notice that they would be terminating their contract with the Health Board on the 31st March 2016. From April 2016, these practices transferred to a Health Board managed solution.

The successful development and delivery of this proposal links closely with the development of a Primary Care Strategy for North Wales and will inform this work going forward.

The implementation of this new model in Prestatyn and elsewhere will take several months to fully

implement and longer again to deliver optimum improvements. It will continuously be evaluated and rely on patient feedback, involvement and ownership.
Key milestones leading up to 1st April 2016 were achieved. Further estimated milestones for the continued development of the model after 1st April 2016 are being progressed:

-) Transfer of IT systems – October 2016
-) Development of Domiciliary and Care Home support – October 2016
-) Relocation to new premises (if secured) – January 2017
-) Formal launch of 'The Academy' – January 2017.

GP clusters are developing local plans, as referred to above.

Expectation: Improvements in out-of-hours services including better shift coverage, and access to the service

The BCUHB GP OOH service has focused on 3 key areas since July 2015, namely: governance and accountability; quality and access; and workforce.

Key improvements delivered over the last 7 months are:

- New performance and accountability structures have been put in place supported by clear lines of reporting linked with site based management teams and an agreed Scheme of Delegation.
- GP OOH risk register has been developed and maintained reflecting local and pan BCU risks
- An 'Escalation Policy' based on good practice from Cardiff & Vale Health Board has been implemented.
- Signed into the FISH Primary Care/OOH capacity/demand modelling work supported by WG
- Supported the rollout of Treatment Escalation Plans (TEPS) working with designated Care Homes with Nursing, and specified GP practices
- Successful recruitment of Nurse Practitioners and GPs together with enhanced use of paramedic practitioners
- Completed a pan BCU baseline assessment in preparation for 111

	<ul style="list-style-type: none"> Installed and operationalised the new software to capture calls waiting (prior to being answered) which offers the opportunity to better understand the patient experience and clinical risk
	<p>Expectation: Ensure consistent engagement of primary care clusters, staff and patients in shaping new service developments in primary care and community services.</p> <p>A strategic primary care transformation group has recently been established, chaired by the Chief Operating Officer, whose membership includes area teams, cluster leads, Local Authority and other key stakeholders. The work programme will include further development of health and social care clusters, integrated teams and address strategies for sustainable primary care workforce across the region. The area teams will build on the engagement that is taking place with localities and clusters, GP practices, stakeholders and public and develop programmes of general and specific engagement for their areas as a way of having an on-going conversation to shape services and understand local needs and issues so that these can be addressed in partnership.</p>

APPENDIX 2 – Special Measures Improvement Framework - Expectations in Phases 2 and 3 can be accessed via <http://gov.wales/docs/dhss/publications/160129framework1en.pdf>

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