

BOARD GOVERNANCE

Governance, Leadership and Oversight: End of 100 Day Plan Narrative Report

The Health Board recognises there must be tangible improvement in relation to implementing the governance and assurance actions which have been highlighted in a series of external reports. Mrs Ann Lloyd was appointed to provide oversight in relation to governance and accountability and has worked extensively with the Board during this period.

Within the first 100 days action has focused on 4 key areas.

1. Developing Strategic Objectives

The Board have been working to develop strategic goals which are aligned to the Board's agreed purpose and vision and set the direction of travel, capturing intent and ambition. They are currently being finalised and will be drafted in a clear and succinct way so that they can be easily understood by all. They will provide a framework within which the Board's plans and annual delivery programme can be clearly defined.

2. Assessing Board Effectiveness

Mrs Lloyd has led the Board through a self-assessment process against the "Well Led" framework for Board Governance Reviews and undertaken a Board Members skills audit to assess Board effectiveness. This diagnostic phase of work will be completed in September following which a tailored Board Development Programme will be put in place.

3. Board Assurance Framework and Corporate Risk Register

A new approach has been taken to redeveloping the Board Assurance Framework and Corporate Risk Register based on good practice identified by Wales Audit Office and the Good Governance Institute. The Chair of the Audit Committee, Executive Members and the Integrated Governance Committee have overseen the development of the work. Significant progress has been made and a new Board Assurance Framework will be approved by the Board in October.

4. Implementing Governance and Assurance Actions

A comprehensive and detailed review of all governance reports has been overseen by Mrs Lloyd resulting in clear actions, reportable individuals and timescales for completion. This has included a complete review of all outstanding recommendations from internal and external audit reports since 2011. Significant progress has been made and has been recorded and reported to the Audit Committee. In addition, the Board has revised its governance arrangements in relation to capital and introduced a new procedure manual. Roles and responsibilities for managing projects have been clearly defined with training needs for key roles identified and training is progressing. Business case scrutiny arrangements are in place and a financial health check of benefit realisation for existing major projects has commenced. The estates project management capacity has been renewed with a new structure agreed and appointment process ongoing.

MENTAL HEALTH

Complaints & Concerns, Incident Reporting and Governance

Recent reports highlighted a need to 'overhaul' the concerns, complaints and serious incidents reporting structures and the systems of learning from these issues. We have:

- Improved the management of complaints and developed systems to effectively capture and feedback concerns. Reduced the number of complaints open for over 3 months from 11 to 3.
- Introduced "*I Want Great Care*" onto 3 adult mental health wards in Wrexham Maelor Hospital.
- Ensured service user feedback is captured to inform improvement, developed an agreed report on performance and themes and trends to use at management level and ensured that complaints are included for discussion on the agenda for community and ward team meetings.
- Undertaken an analysis of serious incidents and incident reporting processes to provide a baseline of emerging issues, establish trends and themes and identify improvements required to achieve safe and effective management of any incident.
- Developed a Quality Assurance Document for staff guidance and agreed key performance indicators to monitor the effectiveness of the improvements from serious incidents.
- Provided training and awareness sessions for ward and community teams to support the discussion about the changes needed to ensure ongoing improvements as a result of any incident.
- Developed a comprehensive spreadsheet incorporating recommendations and actions from a number of reports/inspections. The Divisional senior management team are accountable for the action plans with the local areas being responsible for managing and updating progress against the actions. This process will address the issues raised from external reviews in a comprehensive and planned way across the service.
- Reviewed the Divisional risk register which is managed via Datix with escalation as required. This provides assurance to the senior management team that risks are identified and are mitigated/managed in order to ensure patient safety.
- Agreed a Delayed Transfer of Care process to improve bed flow within the Division and this will evolve to ensure that patients are cared for in the most appropriate setting.
- Commissioned a capacity review and forecasting exercise to specifically look at bed stock numbers to provide assurance on whether there is sufficient to manage the demand of inpatient admissions.
- Reviewed the governance framework for meetings providing greater transparency.
- Identified the areas that have achieved Accreditation for Inpatient Mental Health Services/Star Wards and are enabling other areas to work towards this.

Professionalism, Shift by Shift Metrics and Sustainable Workforce

We have:

- Reviewed all medical supervisor job plans, allocated time to deliver supervision to trainees and introduced weekly group supervision for out of hours activity.

- Commenced specialist Older Peoples Mental Health (OPMH) clinical supervision for Band 5 staff caring for inpatients and introduced a programme of compassion care training in OPMH inpatient areas.
- Commenced a training needs analysis and identified staff due their mandatory training and appraisals across the division and developed a plan for delivery of this.
- Introduced a new version of the MH&LD quality and safety audit.
- Implemented a set of shift by shift metrics to be used on all units.
- Trained staff in the use of “*Care to Talk*” which offers the families and carers of patients the opportunity to become much more involved in the process of care including assessment, care planning, care delivery and evaluation of care.
- Introduced monthly peer reviews with a pool of senior managers identified and the review tool is being refined, with staff engagement.
- Developed strategies in a number of key areas to ensure recruitment of staff is carried out in a timely manner, providing an effective and skilled workforce with succession planning, including developing new and innovative ways of training nurses and support staff.
- Undertaken an establishment review using a national benchmarking tool and developed a proposal for internal rotation of staff to ensure appropriate numbers of trained staff are available on every shift and working across different areas.
- Attended a local careers advisors event and will also be attending national recruitment events during October and November.

Interdependent Pathways, Meaningful Admissions and Medicines Management,

We have:

- Started to identify core conditions likely to require cross speciality in hospital referral for mental health in patients experiencing medical conditions.
- Identified a range of pathways to deliver appropriate care in a timely manner.
- Developed links with the Health Board’s Unscheduled Care and Primary Care working groups to ensure exploit opportunities for development of integrated care delivery to realise maximum benefits.
- Undertaken a staff consultation exercise on approach and models of care.
- Commenced mapping of the current occupancy and utilisation requirements to support future service delivery planning.
- Updated the Mental Health Formulary and completed an audit of the appropriateness of antipsychotic medications in patients with dementia.
- Prepared a business case for more pharmacists, particularly in the care of the elderly.
- Audited the safe storage and security of medication on the inpatient units and commenced a training programme for nurses.
- Commenced discussions for more effective monitoring of the physical health of patients on antipsychotics with GPs.

Environment

Priority projects to improve the environment have been compiled and risk rated. These have been categorised into two groups:

- 100 Day Plan work including redecoration to high risk areas, replacement floors and carpets, kitchen and bathroom repairs and updating, grounds and garden maintenance and roofing repairs.
- Capital Projects
- A group has been established to scope and deliver the agreed high risk anti-ligature measures following a previously commissioned audit.

OBSTETRICS AND GYNAECOLOGY

a) Safe staffing strategy for the service across North Wales:

The staffing requirements to maintain the service across three sites has proved challenging. From a midwifery perspective, all vacancies have been filled, and 27 new appointments have been made. These appointments also allow for the previous backlog in mandatory training to be addressed. The service is currently compliant with Birth Rate Plus, the acknowledged workforce benchmarking tool.

For medical staffing, a number of rota gaps persist, particularly at middle grade level. A recruitment strategy of constant advertising of existing vacancies; of advertising for consultants to bridge gaps at middle grade level, and to develop innovative posts, has not generated the appointments required to stabilise the service and provide a sustainable staffing solution. Consequently, the Health Board is currently out to consultation on a range of options to introduce temporary changes to Womens and Maternity services in North Wales that will consolidate services and staffing onto fewer hospital sites.

The consultation will run for a 6-week period from 24 August, with 8 venues chosen for public events. Early indications are that the meetings are not well-attended, but the information supporting the consultation has been made available throughout all hospital sites in North Wales; each pharmacy and GP practice has the information on display, as well as public libraries and other local authority locations. Specific attention has been given to the dissemination of information in Communities First areas. The information is also available on the internet and through social media, and the majority of the 1,000 responses received in the first 2 weeks of the consultation have been received electronically.

In addition, Community Health Council Local Committee Meetings have each received an update on the proposals, and an in-depth opportunity to scrutinise each option in detail.

b) Mandatory training compliance.

11wte additional midwives (above Birthrate Plus requirements) have been appointed to allow for midwives to be released for mandatory training. Where there are delays in the appointees taking up their posts, agency midwives are being utilised. The training strategy will allow for previous deficits to be addressed by the end of January 2016.

c) Student midwife training.

Placements for student midwives for September 2015 have been agreed. These will be at Ysbyty Gwynedd, Wrexham and in the community, dependent on the students' requirements. No date has yet been agreed for the re-introduction of midwives to Glan Clwyd, but work is on-going within the service to develop a robust strategy to improve the learning environment at Ysbyty Glan Clwyd for student midwives.

- d) Outstanding issues from the RCOG reports published in February 2015.
Most of the 30 actions in the RCOG report have been concluded. Work is on-going with *Impact Innovation*, an external company with a track record in working with and developing teams. This work will focus on improving teams and the interaction of the various professional groups on the Glan Clwyd site.

There have been a number of changes to the on-site management team within Obs & Gynae at Glan Clwyd, as we look to build a strong leadership team. These changes include the clinical director; lead manager; inpatient matron; inpatient ward manager, and some of the midwifery Labour Ward Lead duties.

- e) Long-term sustainable service model.
The Royal College of Obstetricians and Gynaecologists will be working with the Health Board over the next four months to develop a number of viable options for the long-term delivery of sustainable services. The initial review will be undertaken at the beginning of October, with the report submitted to the Health Board in early December.

In addition, 2 workshops have been held with senior clinicians in Obstetrics and Gynaecology and Neonatology to consider potential long-term service models. Each workshop was attended by an average of 50 people, and generated options for consideration in advance of the RCOG review.

GP OUT OF HOURS

The first of the weekly Task and Finish Group meetings (Chaired by Hospital Director – West) took place on 9th July 2015 and during the course of the meeting membership of the group was agreed. The Draft terms of reference was presented and subject to some minor amendments was subsequently ratified and approved at the meeting held on 17th July 2015.

Improving the patients' journey and experience

Weekly reporting was introduced against the 41 recommendations within the Partners4Health report and 100 Day Plan. The Governance, Management and Reporting structures, describing the links to the Unscheduled Care strategy and Primary Care, were clarified and agreed and circulated to all staff by 20th July 2015. This included a summary report, produced to show the differences between the 2006 and 2014 Quality Standards and reporting templates, which were amended to incorporate the 2014 standards. Weekly reports are presented to the Task & Finish Group against these standards.

The Terms of Reference for the Divisional Clinical Governance Groups was approved and ratified by the Task and Finish group on 17th July 2015 and monthly Clinical Governance meeting are now taking place in each Division. Clinical Governance Plans for 2015/16 have now been ratified and progress against the plans is reported weekly.

Weekly reporting in terms of activity, workforce and performance commenced 9th July 2015.

The Scheme of Delegation for the GP OOH service was presented to and agreed by the Task & Finish group on 17th July 2015.

Participation in the Area based forums to explore and agree further opportunities for joint development included discussions with Primary Care to review options for staffing and models of care.

Bespoke software has been purchased, training completed and implemented to monitor performance against the call answering/handling component of the service.

Escalation and Contingency plans have been ratified by the Group and all key milestones to be delivered by day 30 were achieved with good progress towards achieving the 60 and 90 day milestones. All 3 Divisional management teams met with Dr C V Jones to review current practice and share ideas in terms of how we take the service forward.

A North Wales risk register has been compiled and a divisional sub-register for specific risks is now in place. Daily reporting to include details relating to unfilled shifts and narrative to ensure full understanding of the effect on patient services was introduced from 13th August to provide Hospital Directors with the relevant information for the daily ED/Unscheduled Care conference calls.

Divisional Unscheduled care forums have commenced and will continue with the review of OOH pathways and further integration with other partners (ED/MIU etc). Together with the development of plans to improve resilience during the 2015/16 winter.

Follow up review of the recommendations contained within the Partners 4Health report will be undertaken before the end of September 2015.

Work is ongoing in terms of greater integration with Area teams to develop a safe and sustainable model with primary and community clinicians together with WAST and Social Services partners. A two day workshop, hosted by Dr Chris Jones and Richard Bowen (PD 111) to identify a way forward is taking place on 10/11th September, with follow up session to take place on 4th December where identified actions will be monitored for successful implementation.

What does this mean to patients? – it means that they will speak to a nurse or a doctor to have clinical triage much sooner after their contact with GP Out of Hours. This is essential in determining the care that they may need on an urgent or non-urgent basis.

Pathways between Ambulance Service, Emergency Department and the GP Out of Hours Service are now well established, particularly in the West. This means that patients are being seen by the appropriate clinical team in a more timely way.

We have recruited much needed GPs to support the service across the West and Centre and we continue to work hard to attract GPs to the service in the East.

Nurse practitioners have been recruited and are focusing their skills mainly to patients based within the rural areas of North West Wales.

RECONNECTING WITH THE PUBLIC

We have begun a comprehensive listening and engagement process with the public and our staff

We have publicised and promoted these events via: a dedicated website and our staff intranet; our social media channels and those of partners; press adverts; flyers and posters in communities; and word of mouth through our 17,000 staff and Team Brief system.

We have undertaken more than the 40 listening events at venues throughout North Wales that was specified in the 100 Day Plan

A rolling programme of events and meetings for the public is ongoing. We have:

- held 15 'drop in' sessions for the public at locations across North Wales between 17 June and 8 July to tell us their views on health services.
- attended 22 public events including country shows and food festivals over the summer, proactively approaching and talking to people to gather their views. Attendance at a further 14 public events is planned over the coming weeks.
- undertaken four High Street 'have your say' events across North Wales, led by 'street teams' to approach people for views in high footfall areas in Bangor, Llandudno, Rhyl and Wrexham. Almost 400 people were engaged with and completed questionnaires.
- delivered three virtual listening events with the public in the form of live webchats hosted by senior leaders.
- started the third phase of our work. This involves going out to meet community groups, county voluntary services, town and local councils and local authorities across North Wales to hear about what is important to them and how we can develop relationships to work together more effectively. To date, seven meetings have been held with a further 13 planned to date.

In summary, against a target of 40 listening events for the public across North Wales, we have delivered or attended 51 events with a further 13 already planned and we have received feedback from a total of about 4,000 staff and members of the public.

We have designed a method to feed back what we have heard

We have devised a simple questionnaire asking four key questions about people's views on what matters to them, what we do well and where we could improve.

We have provided a number of channels via which people can feed in their views: face to face meetings; hard copy questionnaire; online questionnaire as part of our dedicated website; smartphone app; social media; Freephone telephone line; and email.

Feedback is being monitored to ensure that we hear from different sections of our communities, including seldom heard groups.

We have summarised feedback from the early phase of activity in June and July and have published it on our website. We have also sent an update to stakeholders and all of those who shared their views and provided us with their contact details.

Some of the main issues raised by the public include: access to care (waiting times, availability of GP appointments and reducing cancellations of appointments); access to services (what is available locally and views on the centralisation of specialist services); the importance of good communication (relating to information provided to patients about their care and welsh language); and concerns about service reorganisation.

We are working with a specialist social research company to analyse the next phase of feedback and expect a report from them imminently. This will be published.

We have prepared a draft longer term engagement strategy.

This is currently being shared with colleagues and partners for feedback.

We have prepared a draft longer term engagement strategy. This is currently being shared with colleagues and partners for feedback. The strategy is centred on building and strengthening relationships with partners, communities and individuals so that we become a more visible, listening organisation. Our newly established area teams in the east, central and west will be key in helping us to deliver this.

We will build on what we have learned through the current listening exercise, and from best practise elsewhere, to ensure that all sections of our population feels empowered to have their say about our services and to influence their development. We will develop a range of channels through which our population can get involved and feedback their views to us.

STAFF ENGAGEMENT

The Health Board recognises the importance of engagement with staff, not only in respect of their status as employees but also as conduits to their families and the wider communities in which they live. One of the critical tests on Health Board strategy will be the extent to which our staff are supportive and act as ambassadors in helping build wider understanding of our plans.

The additional work that has taken place as part of the 100 day plans can be considered under four main themes:

a) Providing opportunities to listen to the voices of staff – the Health Board has utilised a variety of opportunities to listen to staff. This has included open sessions led by the interim Chief Executive, drop in sessions, World Cafés (a workshop methodology designed to promote generation and sharing of ideas through small group discussions) and Big Conversation events (larger group workshops). In total, 67 events have been held. Around 800 staff have viewed drop-in stands, over 300 have participated in open door forums and 115 staff have been delegates on workshop events. The Health Board has also used engagement surveys (short questionnaires) with staff and have received in excess of 2900 responses which are currently being analysed for reporting in Quarter 3. The feedback will be used for further engagement with staff.

Further, the Health Board has sought to develop a shared expectation on the behaviours leaders, managers and supervisors should exhibit as part of an engaged leadership style both generally and specifically in respect of safety walkabouts. The Health Board has welcomed the involvement of staff side partners in these arrangements and has been supportive of a staff survey undertaken by the north Wales health branch of UNISON.

b) Improving the health and well-being of staff – The Health Board acknowledges its responsibility for supporting the health and well-being of its employees and holds Gold Corporate Health accreditation. During the course of the 100 day plan, 27 staff Health ‘MOT road show’ sessions have been held across the Health Board area with around 400 staff attending. The road show offered blood pressure checks, diabetic screening checks along with provision of information on healthy eating, exercise, stop smoking, alcohol awareness. The Health Board has also approved ‘safe haven’ arrangements for staff raising concerns. It has also signed up to the Nursing Times Speak Out Safely campaign – the first Welsh Health organisation to do so.

c) Improving the working environment for staff – Poor working environments can be a stressor and act against positive engagement with the Health Board’s plans. The adequacy of staffing levels has and continues to be raised by staff as an area of concern. The Health Board has moved to publish on a daily basis planned and actual registered and un-registered staff numbers outside adult medical and surgical wards at our three District General Hospitals. Making transparent any shortfalls should aid the process of addressing them and give a renewed sense of confidence to both staff, patients and the wider public who use our services. This initiative has recently been commented upon positively by our Stakeholder

Reference Group. Many of our staff work in teams and the effectiveness of these teams can be an issue that affects both staff satisfaction at work and the quality of patient care. The Health Board has sought to increase the effectiveness of team working through the adoption of Aston Team coaching and team development which has been rolled out to 72 teams. The quality of interactions between individuals is important to both patients and to staff. The Health Board has formally launched the Board's commitment to #helofynenwydy #hellomynameis as a supportive strategy to respectful engagement with patients and between staff. These have been accessed over 1000 times.

- d) **Celebrating the contribution of staff** – Building on the existing measures to recognise the achievement of staff, notably our Staff Achievement awards, Celebration of Nursing & Midwifery awards and Long Service Awards, the Health Board has introduced two social media sites dedicated to recognising and promoting the achievements of our staff. These utilise Facebook where we have launched 'Betsi Staff at their Best' and a Twitter account @ Betsistaff.