

Special Measures End of Phase 3 Overview Report

1. Purpose of the Report

This report sets out an overview of the progress made against the Phase 3 (December 2016 – November 2017) expectations within the Special Measures Improvement Framework. It also draws on

-) the assessment of progress in relation to the governance arrangements as reported following the joint review undertaken by Healthcare Inspectorate Wales (HIW) and the Wales Audit Office (WAO) in June 2017,
-) the findings of the WAO Structured Assessment 2017

In addition, during August 2017, the Health Board became subject to Targeted Intervention under the Escalation Framework for finance and performance (planned and unscheduled care). Therefore this report also includes a summary of progress in relation to these aspects of the Health Board's responsibilities.

2. Introduction/Context

Following the Health Board being placed in special measures in June 2015, a continuous organisation-wide programme of work to strengthen governance arrangements has been in place. This has been a dynamic process, as the organisation works not only to address the specific expectations set out in the Special Measures Improvement Framework (SMIF), but also seeks to respond to the emerging challenges. This report is the third of a suite of three reports covering the phases of the SMIF. It builds upon actions previously taken, which have been reported in the End of Phase 1 and End of Phase 2 reports. The End of Phase 1 report published in May 2016 can be accessed via the following link:

http://www.wales.nhs.uk/sitesplus/documents/861/16_91%20Special%20Measures%20Improvement%20Framework%20End%20Phase%201%20Report%20v1.0.pdf

The End of Phase 2 Report was published in November 2016 and can be accessed via:

http://www.wales.nhs.uk/sitesplus/documents/861/Agenda_bundle%20Health%20Board%202017.11.16%20v2.0%20REVISED%20reduced%20file%20size.pdf

In January 2016, the then Deputy Minister for Health issued a Special Measures Improvement Framework to the Health Board, setting out expected improvement milestones over the next two years, divided into three phases, in the following areas:

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

The Framework also set out the criteria that the Health Board must meet in order to be considered for de-escalation (downgrading or removal of special measures status) in the future. Phase 1 covered November 2015 – April 2016, phase 2 covered

May 2016 – November 2016 and phase 3 covered December 2016 – November 2017.

Throughout this period, Welsh Government has continued to have regular discussions with the Health Board in regard to special measures, scrutinising and challenging in order to drive improvements in performance and delivery.

In April 2017 Welsh Government advised that it was felt that the Health Board had made progress in a number of areas and that the direction of travel was generally good. However, there remained a number of challenges in key areas that required continued focus and attention. In June 2017, the joint review undertaken by HIW and WAO formally reported on the actions taken by the Health Board to address the governance concerns that had originally been identified in 2013. The report acknowledged that the Health Board was continuing to move in the right direction, however several of the most pressing challenges continued to remain evident. These included financial performance, strategy/plan development and fully embedding quality assurance arrangements.

In July 2017, the Cabinet Secretary for Health, Well-being & Sport published a written statement confirming that the Health Board was to remain at the current state of escalation - special measures.

In August 2017, it became necessary to elevate specific discussions on finance and performance. Welsh Government remained concerned about the deteriorating financial and performance position and it was decided that in addition to the action being taken in regard to special measures, that it was necessary for the Health Board to have the same discussions in relation to finance and performance that had been occurring in organisations under Targeted Intervention. The organisation therefore effectively moved into turnaround as part of its financial forecast and performance / delivery, and commensurate actions were put in place to address the significant and ongoing challenges.

3. Progress

The Special Measures Task & Finish Group established by the Health Board continues to meet regularly to track progress. The Group is chaired by the Vice-Chair of the Health Board and its membership comprises three Independent Members and nine Executives / Directors. Ann Lloyd, Independent Adviser, was also a member until September 2017. The purpose of the Special Measures Improvement Framework Task and Finish Group, is to advise and assure the Board on the effectiveness of the arrangements in place to respond to the Special Measures Improvement Framework set by Welsh Government. The Group, in respect of its provision of advice and assurance, is authorised by the Board to

- Assess the progress made against the expectations and timescales set by Welsh Government.
- Provide advice and direction on the information to be included to demonstrate compliance.
- Assess the reliability and integrity of the information and evidence collated.
- Escalate matters to the Board where limited progress has been made.

The Chair of the Group provides assurance reports at Board meetings held in public

http://www.wales.nhs.uk/sitesplus/documents/861/Agenda_bundle%20BCUHB%20Health%20Board%2021.9.17%20v2.0%20Public%20session.pdf

As well as providing assurance where appropriate, the Chair's reports highlight any concerns the Task & Finish Group has regarding ongoing and emerging risks. The group has worked collaboratively to assess progress against the expectations specified within the Framework. In addition, as part of the cycle of meetings, the Group has focused on specific areas of concern and has required responsible officers to attend meetings, to present additional evidence of progress for more detailed scrutiny.

In February 2017, the Health Board commenced a series of bi-monthly 'focus on' agenda items, covering each of the areas within the SMIF. At the time of writing, the following areas had been covered:

-) Maternity services
-) Mental health
-) Primary care
-) Engagement
-) Strategic and Service Planning

This ensures that the whole Board is sighted on and engages with the specific areas in special measures where concerted action is required. It also provides a further opportunity to strengthen the reporting and accountability arrangements in public.

Overall, in reviewing progress made across each phase since the Health Board was placed in special measures, up to the end of phase 3, the Task & Finish Group believes that some progress has been made, though significant challenges still remain. In terms of progress, the areas of greatest transformation since 2015 are under the leadership, governance, maternity services, primary care and engagement themes.

Key achievements to highlight across the themes are as follows:

Stabilising the Board and strengthening leadership, through appointments, tenure extension and revised organisational structure, including

-) During the first year of special measures, there were 4 Executive roles with 'interim' status, including the Chief Executive; by the end of phase 3, there was just one interim role (this was due to the substantive post-holder being asked to assume full-time responsibility for a major project within the organisation)
-) *'There have been visible improvements in the working relationships between senior leaders...and there have been some improvements in how members challenge and scrutinise'* (The Healthcare Inspectorate Wales & Wales Audit Office Joint Review, June 2017)
-) Improved clinical engagement through the implementation of a medical leadership structure in secondary care, appointments to the cluster leads role in primary care, clinically led organisational development and clinically led strategy development work streams.
A new Standards of Business Conduct Policy was adopted, underpinned

by an innovative electronic management and reporting system for declarations of interests, gifts and hospitality.

The Board agreed its strategic goals in October 2015.

Meeting attendance rates for Independent Members of the Board have been addressed and are now satisfactory.

Fulfilling requirements for Board Development, annual reporting and Board/Committee administration, including

-) Fully meeting the requirements previously set by the Wales Audit Office, with Board development sessions now being well attended and used constructively to help develop Board members' skills '*Skills sets of Independent Members are improved and...new Independent members...brought additional experience in a number of key areas*' (The HIW/WAO Joint Review, June 2017)
-) *There have been a number of improvements...in terms of both the design and conduct of (committee) arrangements. The Committee Business Management Group is also helping to shape agenda and align these to the committees*' (The HIW/WAO Joint Review, June 2017).
-) The application of the Well Led Framework and maturity matrix applied by Ann Lloyd, Independent Advisor appointed by Welsh Government, demonstrated some improvement in Board member skills and increased Board effectiveness.

Progress on risk management and assurance, including

-) Development of a new Risk Management Strategy, representing a positive step forward in articulating and mitigating risks.
-) Introduction of a programme of risk management training
-) Development of a Corporate Risk & Assurance Framework as part of a wider programme of assurance mapping work, to enable the Health Board to determine threats to achievement of future organisational objectives.

Development of the Quality ('Harms') Dashboard to improve the 'ward to Board' view of patient safety and service quality. In the early phases of special measures, the Health Board was not fully informed on the incidence of harms such as falls, at ward level. By the end of phase 3, the Board is now able to drill down into such data, to a level of detail that can even indicate time of day.

Reducing the concerns backlog and resolving Executive leadership issues. During phase 3, responsibility for Putting Things Right transferred to the Executive Director of Nursing and Midwifery as part of her updated quality governance framework; the positive impacts of the new arrangements are beginning to be seen, in that the concerns backlog has reduced by more than 50%.

Improving the ways in which the Board engages with members of the public and staff, including, since the outset of special measures

-) an increase of over 23% in the number of followers across the Health Board's social media channels; the Health Board is now reaching an average of 500,000 more Twitter users and 10,000 more Facebook users compared to the situation at the outset of special measures.
-) A Public & Stakeholder Engagement Strategy was approved by the Board in April 2016.
-) The launch of an involvement scheme and website in August 2017, which

facilitates stakeholder engagement with the Living Healthier, Staying Well strategy development.

-) A Staff Engagement Strategy was endorsed by the Board in August 2016.
-) The Staff Survey findings presented in January 2017 showed a marked improvement on nearly all measures and an increase in the Engagement Index score.
-) The formal consultation process relating to maternity services was awarded a Certificate of Good Practice by the Consultation Institute, and was commended by the Community Health Council.
-) A step-change in the way that clinicians have been involved in workshops and other engagement activities, as part of clinical strategy development.

A policy of open visiting hours was introduced across the Health Board during summer 2017, enabling families and carers to engage more effectively with patient care. Open visiting also offers opportunities for concerns to be addressed on the spot.

Sustaining improvements in maternity services, including

-) An innovative approach to the national middle grade doctor recruitment difficulties led to the introduction of a new model of consultant-led care. Appointments made to 10 new Resident Consultant posts has reduced reliance upon locum doctors – by phase 3 the overall medical staffing vacancy rate was 14.3% (down from 43% in 2015) and the locum/agency rate was 11% (down from 50%).
-) Midwifery students were re-introduced into Ysbyty Glan Clwyd in the summer of 2017 and they have offered positive feedback on the learning environment, evidencing the improvement in culture. Following the diagnostic phase of organisational development work, the tender process is now complete for ongoing OD work.
-) Midwifery leadership, and promotion of the normality agenda, has been strengthened during special measures by the appointment of a Consultant Midwife in August 2016.
-) Performance on statutory and mandatory indicators has improved since the outset of special measures; during 2015 when special measures were introduced, midwives were only 50% compliant with mandatory training due to the need to suspend training to support medical rota gaps. By phase 3, midwifery compliance is at 93.3%. Personal appraisal and development review (PADR) compliance was 24% overall in Maternity Services in 2015, but increased to 90.3 by phase 3. Compliance with Birthrate Plus and Chief Nursing Officer safe staffing levels has been maintained throughout all 3 phases of special measures.
-) Construction of the Sub-regional neonatal intensive treatment centre (SuRNICC) has commenced.

Improved outcomes have been seen in Maternity Services on measures such as:

-) Women with an existing mental health condition at booking who have a care plan in place - 71.4% at the end of phase 3, compared to 49.3% at the outset of special measures.
-) Women giving up substance misuse during pregnancy - 50% at the end of phase 3, compared to 40.6% at the outset of special measures.
-) The still birth rate has reduced by a fifth compared to figures at the outset of special measures.

Improving primary care in areas such as

-) GP out of hours -some improvement in rota fill rates; mandatory training compliance up by 27% and appraisal rates up by 17% since 2015
-) innovative models of care – including the introduction of the Healthy Prestatyn managed practice model in response to GPs handing in their notice,
-) transformational initiatives such as the innovative Dwyfor Home Visiting Service in support of the move to care closer to home, and the holistic South Flintshire project.
-) Enhanced clinical leadership and engagement in primary care as a result of appointments being made to all 14 Cluster Lead roles
-) Tackling national recruitment issues through the Outstanding GP Scheme.

In respect of delayed transfers of care (DTocS), throughout phase 3 there has been a reduction from 209 DTocS in December 2016 down to 175 by October 2017.

Section 1 – Special Measures Improvement Framework Themes:

Leadership and Governance

During Phase 3, a substantive Executive Director of Therapies & Health Science and an Executive Director of Public Health have taken up post, which has contributed to the stability and capability of the existing Executive Team. An interim Executive Director of Workforce & Organisational Development was appointed in November 2017, to enable the substantive post-holder to focus upon the management of significant work relating to the Tawel Fan investigation and governance review. The appointments made during phase 3 mean that the Health Board now has a full complement of members and the Chairman's tenure was extended by the Cabinet Secretary for a further year, again providing stability at the highest level of the organisation. At the time of writing, the Health Board's Vice Chair and also four Independent Members of the Board were nearing the end of their tenures. All of these posts will be subject to the re-appointment process.

Building upon the Board effectiveness assessments and skills gap analyses undertaken by Ann Lloyd, Independent Adviser appointed by Welsh Government, the Board has been engaged in an ongoing Board Development Programme, which has been externally facilitated. The draft WAO Structured Assessment 2017 confirms that the requirements previously set in respect of Board development are now fully met. Board Development and separate Board Briefing sessions have been used to help develop Board Members' knowledge and skills, as well as fora to discuss and explore some of the more strategic challenges faced by the Health Board. The themes that have been addressed include transformational change, organisational culture, partnership working, holding to account, strategic & service planning and team dynamics & skills. PADRs have routinely been undertaken for all Board members by the Chairman and Chief Executive. Board members have been supported to complete their statutory and mandatory training through online-learning and bespoke Board-level face to face training.

The administration of Board and committee meetings has continued to improve, as confirmed by the draft WAO Structured Assessment 2017. The Board and Committees are supported by coordinated risk-based cycles of business overseen by the Committee Business Management Group. This has ensured that agendas

and work programmes are coordinated and minimises the risk of duplication or omission. During Phase 3, all committees produced an annual report, which was scrutinised by the Audit Committee and fed into the Health Board's Annual Governance Statement.

Progress has been made against the expectation to have patient safety systems in place to identify quality issues as they arise, and to ensure that there is no disconnect between ward and Board. Development and implementation of the Quality ('Harms') Dashboard is already improving the 'ward to Board' view of patient safety and service quality; in the early phases of special measures, the Health Board was not fully informed on the incidence of harms such as falls, as the necessary data was not collected at ward level. By the end of phase 3, the Board is now able to drill down into such data, to a level of detail that can even indicate time of day that the harm occurred. Access to such data allows the Board to, for example, track the impact of the Falls Pathway and the resulting reduction in incidence.

The Health Board has taken positive steps to manage risks, ensuring a balance of detail and content, with risks effectively acted upon and escalated as appropriate. A revised approach to the Board Assurance Framework (BAF), which addresses the current reality of the Board being in Special Measures in the absence of an approved three year Integrated Plan, was put in place during phase 3. The BAF and the Corporate Risk Register (CRR) became one entity – a Combined Corporate Risk & Assurance Framework (CRAF), as a pragmatic solution in the absence of an agreed Integrated Medium Term Plan (IMTP). The draft WAO Structured Assessment 2017 recognises the progress made in this area. In the results of the Staff Survey presented in January 2017, 82% of staff said that the organisation encourages staff to report errors, incidents and near misses (up from 77% in 2013). 61% said that their employer takes action to ensure that incidents don't happen again (up from 53% in 2013).

Assurance mapping is an evolving process that will require further work, including the embedding of linkage to the Health Board's well-being objectives. Work already completed was recognised by Welsh Government in April 2017 and 'buddying' arrangements with another Health Board to aid this work, have been put in place. Audit Committee members have been working to develop these arrangements and a joint workshop with Cwm Taf Health Board and all BCUHB Board members, has been facilitated.

The Board recognises the importance of making risk management a reality in day to day practice. A revised Risk Management Strategy was implemented in September 2016 and underwent its annual review at the November 2017 Audit Committee meeting. A Risk Management Training Strategy has been approved and resources have been identified to roll out training and support so that all departments and divisions are operating effectively to deliver their responsibilities for managing and reporting risk as well as identifying opportunities for organisational learning. Risk Management practices continue to embed and are developing to be a natural part of the way in which the Health Board operates. This includes a working model in which the Executive Management Group (EMG), the Quality & Safety Group (QSG) and ultimately the Board is clear and fully understand the risks to which the Health Board is exposed.

The Datix electronic system underpins risk management arrangements and significant progress has been made during phase 3 to utilise the information from Datix to inform a bespoke Quality ('Harms') Dashboard. This new system is now live and being actively used to provide information on patient safety/quality across the organisation. Early benefits include an improved 'ward to Board' view of pressure ulcers, falls, medication issues and infection prevention. As a single, easily accessible tool for improvement, the dashboard is also providing more timely data to facilitate lessons learnt and sharing of good practice. As the new system develops and matures, it will be used to provide integrated reporting to the Board, triangulating key indicators and highlighting emerging themes and trends. The system will play a key role in promoting a culture of data-driven decision-making, and in realising the ambition to foster a culture where zero harm is the norm.

In June 2017, the HIW/WAO Joint Review of Governance Arrangements confirmed that leadership had been strengthened, the Board was working more effectively and a fundamentally different organisational structure had been established. The report noted that the arrangements for special measures were clearly helping to focus attention on key areas for progress and that the Board was now working much more cohesively, with the Executives providing a stronger collective steer, helping the Health Board to negotiate a path through the challenges. Nevertheless, a number of key challenges remained and were noted as taking a considerable time to address. No further specific recommendations were made but the findings from the report were mapped into the wider response that the Health Board is making as part of Special Measures arrangements - focussing on recovering financial performance, developing an overall strategy and IMTP, embedding quality assurance arrangements, developing new performance measures, responding to the reviews of Mental Health Services due to be published later this year, and building stronger relationships with partners. As previously noted, the draft WAO Structured Assessment 2017 observed that the Board was well administered, and runs its business properly and transparently. It also noted that the requirements of 2016/17 annual reporting had been fully met within timescales set.

Much work has been undertaken to bring about improvements in clinical staff culture and behaviour change. Considerable effort has been invested in engagement with medical staff. The culture in respect of this staff group has at times been defensive, seeking to protect individual services and sites. This has, on occasion, prevented meaningful discussion about how services could be better provided for all the citizens of North Wales, with a consequent risk that BCU does not realise the potential benefits of its size and scale.

Through the Acute Hospital Care strategy, the Board has stated its intention to maintain three secondary care sites. As confidence in this strategy grows, the Health Board has been able to promote clinically led discussions, particularly around the provision of tertiary care in vascular surgery, ophthalmology, orthopaedics, neonatal care, stroke care and most recently urology. These work streams are at different stages of progress with some already in the implementation phase and others in early development.

A key enabler of this work stream and medical staff engagement has been the implementation of a medical leadership structure for secondary care. Following the removal of the previous organisational structure's Clinical Programme Groups, the

layers of clinical management and leadership below hospital site Medical Director had not been clarified or appointed to by the outset of special measures. Following a period of consultation and interviews, these posts have now been filled. This has resulted in greater clarity and focus, much needed capacity, visible leadership and greater autonomy for the clinical staff in designing and delivering patient care.

This model has been mirrored in primary care through the significant work undertaken in developing the clusters through the appointment of GP cluster leads to support the local planning and delivery of Health and Social Care services. This will provide direction and support to clusters and the engagement with GPs will facilitate the planning and delivery of services based on local population need.

In addition to these major work streams the Medical Director has led work to improve engagement with the medical staff through:

-) Regular Joint Local Negotiating Committee (JLNC) and Local Medical Committee (LMC) meetings, focused on fixing less complex issues, so as to build confidence,
-) Compliance with medical staff job planning, with ambitious targets now being largely delivered and monitored through the Audit Committee,
-) Improvements in the local junior doctor induction programmes and rota monitoring, monitored through the Finance & Performance Committee,
-) Responding to General Medical Council (GMC) and Wales Deanery feedback, monitored through the Medical Education governance system,

The Health Board has endeavoured to embed medical staff into the overall Health Board staff engagement programme, which includes:

-) Improvement work across the organisation on personal appraisal and development review (PADR) rates; currently medical staff have the highest rates of compliance at 98%
-) Local listening leads
-) The 3D programme – Discover, Debate, Deliver
-) Developing robust fora for senior medical and dental staff to engage with senior leadership.

In addition, as described under the Maternity Services section of this report, significant organisational development (OD) diagnostic work has been carried out involving clinicians at Ysbyty Glan Clwyd. The Consultant Midwife and site Clinical Director have been leading an OD Group and a tender process recently completed for further investment in OD work. This work will be important for sustaining the culture and behaviour improvements seen over the special measures period.

Service Planning and Strategy Development

Phase 3 of the SMIF set out an expectation that a strategy for health services in North Wales would have been consulted on and an agreed way forward approved by the Board. There is a timeline in place consistent with Welsh Government's revised expectations of the Health Board to produce an overall strategy which will provide the strategic context for the Health Board's Integrated Medium Term Plan (IMTP).

This will be in place by March 2018. The overall strategy is taking forward a number of work streams reporting to a Programme Executive Group. The work streams take a life course approach and focus on:

-) Health improvement, health inequalities
-) Care closer to home
-) Acute hospital care.

In April 2017, the Health Board described its overall strategic vision for the future of health services in North Wales. The Living Healthier, Staying Well strategy programme makes explicit commitments which will ensure the development of a comprehensive overall strategy and subsequent IMTP. The IMTP will assist in the delivery of the overall strategy.

A separate Mental Health Strategy was approved by the Health Board in April 2017, and is linked into the overall strategy of the Health Board.

The overall strategy has adopted an outcomes-based approach to demonstrate how the Health Board will contribute to improving population health. The programme of work is supported by continuous engagement and involvement of partner organisations, stakeholders, community groups, service users and carers. During Phase 3, the Health Board held a series of targeted events on specific issues, as well as wider discussions with a range of participants.

In October 2017, the Board considered a draft strategic document which summarised work to date and outlined a strategic direction for health and health services in North Wales. The Board agreed to commence a period of engagement with staff, communities, partners and stakeholders during November and December 2017, which will inform the final strategy to be received by the Board at its meeting in February 2018.

At the time of writing, work was ongoing to identify the potential impacts of the strategy and also the implementation timeline. A phased approach to implementation will be necessary.

In respect of the Annual Operating Plan for 2017/18, at the end of Quarter 1, 53% of actions were fully achieved. By the end of Quarter 2, the position had improved in that 67% of all actions identified for completion in Quarter 1 were fully complete. This progress reflects an element of over-ambition in respect of the targets set, and provides a platform from which to move to the IMTP.

During phase 3, Board level responsibility for concerns has transferred to the Executive Director of Nursing & Midwifery as part of her refreshed quality governance arrangements framework. The benefits of now having clinical Executive leadership of concerns are beginning to be seen in relation to greater ownership of concerns by clinical teams out in the service, leading to enhanced capacity for learning lessons. Clear trajectories for improvement were set to clear the backlog of concerns by the end of phase 3. The improvement trajectory is illustrated by the fact that in June 2015 there were 557 complaints open, rising to a high of 662 in December 2015. The total number open as at November 2017 had fallen to 244. The

draft WAO Structured Assessment 2017 confirmed that good inroads were being made into the concerns backlog.

Additional senior clinical capacity has been secured to assist with the resolution of overdue complaints. Progress is scrutinised through the performance and accountability arrangements and also via the Quality & Safety Group chaired by the Executive Director. The Board recognises that there is further work to be done to ensure that not only are improvements sustained with regard to managing the Putting Things Right (PTR) process, but there still needs to be a step-change in the way that the organisation identifies, shares and responds to learning from concerns and incidents.

Whilst the Board has a number of mechanisms for dissemination of learning, including the use of safety bulletins, patient stories and the use of investigation process and action plans in response to concerns, incidents and events, there is not yet a single structured methodology and system for identifying, documenting and disseminating lessons learnt across the whole organisation. An Associate Director of Quality Assurance has been appointed and took up post in November 2017. This post-holder will work with the newly appointed Senior Associate Medical Director to lead on the development of a quality and learning framework.

A Patient Advice and Support Service has been established at Ysbyty Glan Clwyd since July 2017 and is acting as the first phase of a Health Board-wide initiative to offer immediate practical advice and support to the public, to improve their experience of services, and in doing so, resolve concerns on the spot. Early indications suggest evidence of an increase in concerns being resolved on the spot and patients having a better experience as a result of more assistance being available for guidance / directions around the hospital site.

Engagement

Work has been ongoing to connect with the public and to involve and engage staff and service users. Work has focused on continuous engagement and assessing the impact this has had. The Health Board has been working with the Consultation Institute in collaboration with Hywel Dda Health Board to elicit feedback. Wider work is being undertaken by a specialist company, which will provide benchmark data against which the Health Board will be able to measure improvement. It is expected that the outcome of this work will be received by the Health Board at the end of 2017. Early indicators demonstrate improvements in public perceptions of the Health Board in some areas, particularly in terms of being open and accessible.

Over the last 12 months, the Engagement Team has been working across North Wales to support Area Teams, involving people in shaping the Health Board's corporate priorities as part of the Living Healthier, Staying Well programme.

Digital engagement is maturing as a core component of the Health Board's engagement strategy. It includes use of Twitter, Facebook and other social networking sites. The extent to which the Health Board has improved in this area is demonstrated by the fact that, since June 2015 when the Health Board was placed in special measures,

-) there has been an increase in followers across the Health Board's social media channels from 4,245 to 18,250
-) there has been an increase in overall engagement (likes, comments, shares) by social media users on both Twitter (500,000 more Twitter users interacted with Health Board content in 2016-17 compared to 2015-16) and Facebook (reaching an average of 10,000 more social media users per day in 2016-17 compared to 2015-16)
-) a significant increase in reaching a wider audience per Facebook post and tweet from an average of 2000 – 4000 users in 2015-16 to between 22000 and in excess of 35000 users in 2016-17.

In addition, a new Health Board website has been developed alongside the corporate website to promote engagement activity and share information about plans for the future and ways in which the public can join a group or volunteer within the Health Board. At the end of Phase 3, there were over 4,000 visitors to the engagement website per month and this is increasing as the site evolves.

The engagement website also includes an involvement scheme section (www.bcugetinvolved.wales , launched in August 2017) which allows members of the public to register in order to receive the latest Health Board information, updates and news, including opportunities for contributing to Living Healthier, Staying Well strategy development. There are currently over 600 people signed up to the scheme and this number is on an upward trajectory as promotion efforts continue via digital channels and face to face engagement with the public. In respect of media coverage, there is some evidence to suggest a shift to more positive news reporting of the Health Board in the media (249 positive press releases for the year leading up to June 2017, compared to 191 in the year following the introduction of special measures in June 2015).

A refreshed Staff Achievement Awards event has been scaled up and was successfully held in November, with much positive feedback received. By engaging in this way, the Health Board is recognising and rewarding best practice stimulating improvements in staff morale. The results of the Staff Survey 2016 showed a marked improvement on nearly all measures and an increase in the Engagement Index score from 3.35 to 3.51. Improved scores were recorded in relation to advocacy statements, job satisfaction, line manager support and satisfaction with care given. There was strong improvement in staff views on learning/training and appraisal effectiveness. Staff felt there was positive encouragement to report errors, incidents and near misses and believed that reporting would lead to action. However, it is acknowledged that whilst the results showed improvement on most measures, the Health Board is below the Welsh average overall. There were a number of areas which staff highlighted for further improvement, such as improving how change is managed, and these are subject to renewed ongoing efforts.

The Chief Executive has made a visible and personal commitment to engaging with staff, which has been well received. This includes a weekly newsletter, multiple site visits and walkabouts, the Seren Betsi award, presenting long service awards and Awyr Las social and sporting charity events. Staff are also encouraged to e-mail the Chief Executive direct, on any topic of their choosing, and there is a wealth of evidence of staff engaging with him in this way. The Chairman has also

demonstrated ongoing commitment from the very top of the organisation to engage with staff and stakeholders, in particular elected members, Hospital Leagues of Friends, Armed Forces and high profile members of the community.

The Chief Executive and Chairman have been actively engaging in the North Wales Regional Leadership Board alongside local authority Chief Executives and Leaders, North Wales Police and Fire & Rescue. There have been substantial discussions identifying common priorities for public bodies in North Wales and the Health Board. Engagement is also ongoing with the care home sector and voluntary sector organisations.

The Health Board is also taking a leadership role within Public Service Boards (PSBs). Area Directors have been elected from within the PSB membership to chair two of the four PSBs in North Wales, which provides some positive indication of the maturing relationships with partner organisations. During phase 3, work to date within PSBs has included undertaking local well-being assessments and developing well-being plans on shared priorities based on the assessment of the needs of local people. This work has been taken forward in line with the expectations set out within the Well-being of Future Generation (Wales) Act 2015.

The Vice-Chair of the Health Board is a member of the Regional Partnership Board as per Part 9 of the Social Services and Well-being (Wales) Act 2014, and is due to step into the Chair's role for this Board. The Chief Operating Officer and Executive Director of Public Health are also members. Arrangements are maturing and October 2017, the Health Board signed an Integration Agreement with its Local Authority partners, setting out a way forward for effective joint working.

The Health Board and Community Health Council (CHC) continue to work well together. Engagement with the CHC has been continuous throughout phase 3, as demonstrated not only by the formal Board to Board meetings, Chair and Chief Officer meetings and the Joint Planning Committee, but also by feedback and observations from the CHC visits to care settings.

Phase 3 has seen ongoing improvement in the organisational ownership of staff engagement. A group involving unions, Independent Members and senior staff oversaw the development and initial implementation of the Staff Engagement Strategy. This has generated work in a number of areas, including:

-) Pilot roll out of 3D approach (a programme which identifies ways of keeping staff enthused, involved and engaged)
-) Chief Executive on the spot Seren Betsi awards
-) Listening leads
-) Photo Boards of Board members and Senior Managers on Health Board sites
-) Cultural tools
-) A leadership & development training programme will soon commence as part of the staff engagement strategy (supported by funding from the Charitable Funds Committee)

Team briefing is now well established across 16 sites, held on the Tuesday following the Board meeting, with a cascade system in place.

Mental Health

The Board recognises the significant scale of the ongoing challenge in sustainably improving mental health services across North Wales. The early steps undertaken in phases 1 and 2 have continued during phase 3 and some progress has been made within the Mental Health and Learning Disabilities (MHL) Division on the development of effective leadership and governance structures, supported by systems and processes to underpin operational delivery, service development and the delivery of high quality, safe and effective services. The Health Board diverted an additional £5 million from elsewhere in the system in order to provide an increased level of support to the Division and its services. However, towards the end of phase 3, the stability of the Division's governance, management team and financial position became challenging due to the ongoing and unexpected sickness absences of a number of senior leaders in the Division.

The Chief Executive has been actively seeking solutions to strengthen the team and a senior individual appointed by Welsh Government has been working with the Division to reduce out of area placements, to help achieve financial improvement alongside improved clinical outcomes. By the end of phase 3 the findings of this work had provided a much clearer understanding of the nature and magnitude of the access, quality and finance challenges in the Division. Specific areas for focused action include the Division's structure, operational controls, delayed transfers of care processes, out of area placements and continuing healthcare. In November 2017, the Chief Executive, in consultation with other Board Members and Welsh Government, concluded that the best way forward was to ask the Board Secretary, a former Local Health Board Chief Executive, to step across to work with the MHL Division with immediate effect for a three month period. By the end of phase 3, this action was beginning to demonstrate benefits through the enhanced link to the Board; stability is improving through strengthened oversight, governance, management responsiveness and infrastructure. Additional senior nurse leadership has also been provided to the Division, and the key appointment of a substantive Assistant Director of Strategy & Engagement (MHL) was made in November 2017.

The new strategy for mental health services, Together for Mental Health, was developed with extensive input from service users and other stakeholders. It was approved by the Board in April 2017 and has continued to be developed informed by engagement with partners:

<http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20Health%20Board%20Public%2020.4.17%20V1.0.pdf>

The Strategy has been developed with the view that it is all-age and whole-system and it includes Child and Adolescent Mental Health Services, Substance Misuse Services, Adults of Working Age, Forensic Services, Learning Disabilities and Older People's Mental Health. The focus has now moved forward from the initial strategy and engagement onto the mainstreamed future model for MHL services.

During phase 3 there has been an improvement in compliance with the Mental Health Act and Mental Health (Wales) Measure. Compliance has been closely monitored and overseen by the Mental Health Act Committee. This committee has been refreshed and stabilised and now has more effective governance arrangements. This includes a roll out of regular training for Mental Health Act Managers and Associate Hospital Managers to ensure they are up to date with the changes to the Code of Practice in Wales. The Division now has an agreed dashboard of information provided in the combined Mental Health Act and Mental Health Measure report submitted to the Mental Health Act Committee.

In respect of work on improvement trajectories, a ward based dashboard has been introduced during phase 3 and this provides the latest available position against expected performance targets. The dashboard is accessible via the Division's new intranet page to ensure visibility for all staff. This also provides links to IRIS data, other divisional reports and NHS Benchmarking information. The ward based dashboard format is now being used to develop a community-based dashboard, to ensure that the Community Mental Health Teams' performance management tools are aligned with those of the wards. The intention is to roll out the Health Board's overarching Quality Dashboard, with mental health indicators added, so that there is MHLD Division-wide coverage and linkage to with the ward and community based dashboards.

In respect of adult mental health services, there has been some fluctuation in performance in phase 3. Following an initial period of stability the position has deteriorated and it has become difficult to sustain performance. Although there are some positive aspects of achievement for example the Heddfan Unit in Wrexham, there is a lack of consistency in performance across all mental health sites. This is subject to detailed scrutiny and action planning to drive improvement.

In respect of the Health Board's input into the wider governance review of older people's mental health services led by Donna Ockenden, and the Health & Social Care Advisory Service (HASCAS) investigation into the concerns and complaints raised by members of the families of patients treated on Tawel Fan ward, it is acknowledged that both the review and investigations have taken longer than originally envisaged. In January 2017, the Cabinet Secretary for Health, Well-being and Sport announced the appointment of an independent oversight panel which has continued to meet to progress the work on the Ockenden Review and HASCAS Investigation. The Board has received regular progress updates and information about planned activities and timescales affecting the publication of the reports. A detailed plan is in place to manage the publication of the reports and a synopsis of these arrangements was published in the update report to the Health Board on the 16th November 2017:

<http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20Board%2016.11.17%20Public%20V1.0.pdf>

The Internal Tawel Fan Group continues to meet regularly to progress operational arrangements. At the time of writing, the Group was overseeing the handling plan ahead of publication of the findings. During phase 3, the Board level lead for this work transferred to the Executive Director of Workforce and Organisational

Development (OD), after the Director of External Investigations left the organisation. The Executive Director of Workforce & OD subsequently moved over to work on Tawel Fan full time, and an Interim Executive appointed in his place, as described earlier in this report.

Maternity Services

There have been significant improvements in maternity services since the commencement of special measures in 2015, when a formal consultation on temporary service arrangements commenced as the first step of the improvement journey (subsequently awarded a Certificate of Good Practice by the Consultation Institute). Progress and stability has been sustained throughout phase 3. The continuing successful recruitment of medical and midwifery staff has ensured that the service is more robust and sustainable. There is now a reduced level of reliance upon agency / locum staff to support service continuity, for example, by phase 3 the medical staffing locum/agency rate was 39% lower than in 2015.

10 new Resident Consultant posts were introduced and the p position relating to these posts is

-) All four Resident Consultant posts at Wrexham have been filled since 1st March 2017.
-) Two permanent Resident Consultant posts had previously been successfully appointed to in Ysbyty Gwynedd in 2016, leaving two vacancies, and one of the existing Consultant team has recently resigned.
-) Interviews were held in Ysbyty Glan Clwyd at the end of March 2017 for the four Resident Consultants, the advert attracted ten applicants, seven of which were shortlisted for interviews and four were successfully appointed. All have commenced in post since August 2017.

Student midwives returned to Ysbyty Glan Clwyd (YGC) in the summer of 2017. Their return was introduced on a phased basis and a full complement is now in place. The students are offering positive feedback on their experience of the work and learning environment. A formal review is scheduled for January 2018.

Organisational development (OD) diagnostic work has been carried out as part of the Clinical Leadership and Cultural Plan, and tender shortlisting is complete. The tender winner is due to commence at the beginning of December 2017. In the interim a local OD group has been set up, led by the Consultant Midwife and site Clinical Director at Ysbyty Glan Clwyd, to progress the local elements to avoid any delays in the timescales set for the delivery of the overall plan. An OD Project Lead is to be appointed to support and co-ordinate the implementation of the delivery plan and a Project Board is to be established to monitor progress. The Project Board will meet quarterly to receive and assess progress. It will report directly to the QSE Sub-Committee of the Health Board as part of the Special Measures Assurance Framework and monthly to the Monitoring Group and Welsh Government as part of the ongoing special measures monitoring arrangements. A handling plan for the project has been developed to support effective communication as part of the

assurance framework for all stakeholders. This further work will help to ensure that the improvements in culture and clinical leadership are sustained by the provision of ongoing organisational development and support.

There has been continued progress on performance against national indicators and outcome measures for maternity services. Maternity Dashboards are reviewed monthly at the Women's Quality, Safety & Experience (QSE) Committee & Directorate Board and improvement plans are requested as necessary and monitored. The national maternity Key Performance Indicators (KPIs) and Maternity Outcome Measures (MoMs) are captured on a scorecard and are also reported monthly to the Women's QSE Committee & Board and to Welsh Government at the Annual Maternity Performance Board. The service presented its performance to this year's performance meeting in November 2017. There were two areas identified at last year's performance meeting for ongoing improvement; the breastfeeding rates in North Wales, both initiation and continuation rates, and the number of women with serious Mental Health issues who have a care plan in place for delivery. Improvement plans have been developed to address both issues in co-production with relevant services and stakeholders, and are being monitored by the North Wales Maternity Strategy Group and Women's QSE Committee on a quarterly basis. Overall, stabilised and adjusted mortality rates for the Health Board are lower than those seen across similar Health Boards.

Performance on statutory and mandatory indicators has improved since the outset of special measures; during 2015 when special measures were introduced

-) midwives were only 50% compliant with mandatory training due to the need to suspend training to support medical rota gaps. By phase 3, midwifery compliance is at 93.3%.
-) Personal appraisal and development review (PADR) compliance was 24% overall in Maternity Services in 2015, but increased to 90.3% by phase 3.
-) Compliance with Birthrate Plus and Chief Nursing Officer safe staffing levels has been maintained throughout special measures.
-) Statutory compliance on mentor update training is at 100% and compliance with triennial reviews also stands at 100%.

A Maternity Voices Group has been established to listen to service users and enhance the patient experience. Construction of the Sub-Regional Neonatal Intensive Care Centre (SURNICC), a key Strategic Framework element, has commenced and recruitment is progressing well.

Primary Care

At the end of Phase 2, the SMIF Task & Finish Group decided to continue to track all of this phase's actions in Phase 3, to ensure that the work already done to address the expectations was delivering the anticipated outcomes. During Phase 3, the Health Board has developed a comprehensive understanding of the demands and risks facing primary care, and through this enhanced understanding, is now better placed to address the issues. Improvements have been made in key areas despite increasing challenges that have become evident in primary care (in common with the rest of Wales and the UK). The need to ensure a sustainable primary care workforce is a key priority. GP recruitment challenges are ongoing, and the primary care workforce remains under significant pressure. The situation is being actively managed in order to mitigate the risks. The GMS Sustainability

Framework is in place and risk assessments take place at practice and Area level. Innovative initiatives have been used to address the situation, including developing the roles of other professionals, such as paramedics, Advanced Practice Physiotherapists and the creation of popular combined GP/Hospital Speciality roles to attract applicants under the Outstanding GP scheme. Considerable resources have also been invested in phase 3 to support GP practices to avoid potential terminations of contracts.

One of the key primary care expectations within special measures related to the need to improve GP out of hours services. Throughout special measures, there has been further investment in out of hours, including the clinical leadership of services, through appointments to the Lead Nurse and also Medical Adviser roles. The overall management structure has been reviewed and refreshed, to incorporate out of hours into the Secondary Care division as part of unscheduled care arrangements. Out of hours staff mandatory training compliance has improved; compliance stood at 49% at the outset of special measures, but was at 76% by September 2017. Personal appraisal and development review rates for out of hours staff has also improved although further work is required to achieve full compliance. GP out of hours risk registers have been strengthened and performance data analysis is used to inform improvements to home visits within the context of challenges posed by rurality. Rota coverage is now better than in 2015. The WAO report referred to below noted that the Health Board's out of hours performance was comparatively good when viewed against the rest of Wales.

The Wales Audit Office (WAO) report on the Review of GP Out of Hours Services was published in 2017 and its findings were the subject of a SMIF Task & Finish Group 'deep dive' scrutiny session. All recommendations have been incorporated into the SMIF progress monitoring log to enable the group to see the totality of action being taken. The WAO found that the Health Board was planning more strategically and clearly to improve out of hours services, but that the challenging environment meant that a modern, well-resourced and staffed service that meets national performance targets was not yet being achieved. In response, the Health Board's action plan is maintained as a live document, covering planning, workforce, public messaging, home visit performance, the interface with other services, risk management and financial planning. A GP out of hours Future Service Model Task & Finish Group reports into the Primary Care Transformation Group and is working to develop the future service model with the involvement of staff. The Group will oversee the development of a workforce plan linked to the strategy for the future service model.

During Phase 3, the Health Board has continued to develop its integrated strategy for primary and community care, 'Care Closer to Home', which will confirm the direction of travel for these services and set out an agreed model of care supported by capital, revenue and workforce requirements.

In respect of cluster working, all 14 clusters have identified leads, a number of whom have been on national and local cluster lead development programmes. This represents an improvement on the position in phase 1 of special measures, when only 12 leads had been appointed. Each lead is a member of the Primary Care Transformation Group. This strengthened leadership has resulted in better cluster

working throughout phase 3. Each cluster has developed and submitted a cluster plan and annual report, and each has a number of improvement schemes underway which are contributing to total system change in primary care, such as the Home Visiting Service in place in Dwyfor with a GP and Advanced Nurse Practitioner appointed to undertake home visits. The clusters have promoted social prescribing (community referral) through a number of initiatives e.g the South Flintshire project that sought to reduce demand for GP services by offering a more holistic service for patients where appropriate, thus supporting people who might otherwise require a clinical service.

There are also a number of Delivery Agreement and Pacesetter schemes underway within primary care. All projects are maturing, with some evidence of a positive impact on improving and supporting both primary care and secondary care capacity, e.g. Advanced Physiotherapy; Common Ailments; Advanced Pharmacists; Out of Hours District Nursing; Outstanding General Practitioner; Healthy Prestatyn. This transformational work is an enabler for new ways of working and different models of care that will improve access for patients, tackle health needs priorities, support prudent healthcare and promote sustainability. There are also plans for a new walk-in offer to re-direct patients from Emergency Departments.

Section 2 - Targeted Intervention areas:

Finance

As previously described, the Health Board was advised by Welsh Government that concerns around the deteriorating financial position meant that the oversight arrangements should be increased in line with that of Targeted Intervention status. The Health Board has itself moved into a turnaround focus, with the commensurate actions.

During October 2017, Deloitte, commissioned by Welsh Government, reviewed the Health Board's financial governance arrangements, and the Health Board will seek to learn from the outcomes of this review and implement any recommendations which arise. Since becoming subject to Targeted Intervention, the Health Board has made progress in the following areas:

-) A high level approach to financial and service improvement, involving diagnostic, engagement, planning, programme delivery and monitoring elements has been agreed; this formed the basis for the Financial Recovery Plan.
-) The Financial Recovery Plan was agreed by the Board in September 2017.
-) Significant opportunities for improvement have been identified following the commencement of work on Value - estimated to be approximately c£40m in total. Further work is ongoing to assess the extent to which inefficiency is embedded due to the rurality issues, and how much can be extracted through different ways of working.

-) Work on allocative value has been progressed, and as part of the Care Closer to Home Strategy, opportunities to deliver Ambulatory Care Sensitive Conditions in a more cost-effective way have been identified.
-) Work on personalised value is in its early stages - beginning to identify the cost of harm, in order to support the work to improve our approach to infection control, falls and other avoidable harm.
-) The Health Board has also established formal and informal links with the other financially challenged Health Boards in Wales, to share good practice and lessons learnt across the organisations.
-) Financial Governance arrangements have been strengthened by the creation of the Financial Recovery Group, which meets fortnightly to drive achievement of the Financial Recovery Plan. The Group is chaired by the Health Board Chairman and also includes the Chair of Audit Committee, Chair of the Finance and Performance Committee, Chief Executive, Executive Director of Nursing & Midwifery as well as the Executive Director of Finance.
-) Weekly reporting to the Executive Team has been introduced, covering key financial metrics and a pack has been developed which enables a focus on actionable metrics. This has resulted in a number of immediate actions to address Nurse Agency and Medical Agency costs in particular; along with Out of Area and Continuing Health Care placements.
-) Monthly reporting has been enhanced by the introduction of a Day 6 Flash report which provides the Executive and Operational Directors with an early view of the key trends and cost drivers to identify mitigating actions in advance of the normal monthly meeting cycle.

In respect of financial performance, the development of the recovery plan has been an iterative process based on the opportunities for change; the requirement for remedial actions and recovery actions; cost control identified for pressures arising in-year; and a tightening of financial controls over the year. At the time of writing, the recovery plan was set to deliver a position of just under £34m, and further plans were being developed, with an agreed trajectory.

However, since developing the Financial Recovery Plan, the Health Board has been challenged by a deterioration in financial performance relating to packages of care, in particular within the Mental Health & Learning Disabilities Division, but also more broadly. The Health Board also continues to incur other significant additional exceptional costs, including the Tawel Fan investigation (Welsh Government has provided funding for this in previous years). Consequently, and despite identifying further opportunities through e.g the Agency cap and additional savings in medicines management (c. £1.0m), achievement of the recovery plan was considered unlikely at the time of writing. The forecast is likely to be a £36m deficit. This position in itself is not without risk, and will be challenging to achieve.

Performance

Together with finance as stated above, Performance has moved into Targeted Intervention status, predominantly focusing on planned and unscheduled care. In response to this, unscheduled care governance structures have been reviewed. A multi-agency public sector strategic transformation group is in place, with senior membership from the Health Board, the Wales Ambulance Services Trust, Local Authorities and the Police. This group has prioritised whole-system improvement under 4 key themes. Each theme has an Executive lead and a work stream to develop sustainable improvement. In addition to the important sustainable work streams, immediate and urgent action is being taken to improve the 4 hour target performance. This urgent work focuses on avoidance of 4 hour waits for minor symptoms and conditions and also involved a two day pan-Health Board organisational “jolt” with key staff across agencies working on the unscheduled care pathways. Additional support has been provided via an externally procured team, initially focusing on Emergency Departments and the 4 hour target.

The RTT profile for 2017/18 has been agreed with Welsh Government. Additional funding of £13.29m has been provided, and the Health Board is committed to ensuring that no more than 4237 patients wait over 36 weeks at 31.3.18, the number of over 52 week waits reduces, and that no patient waits over 8 weeks for diagnostics or over 14 weeks for therapy at 31.3.18. The Health Board is focusing on delivery of core activity, improving efficiency and validation and improving cohort management through clinically engaged discussion on prioritisation and variation in clinical practice. The additional resource is being used for demand management between primary and secondary care, to increase internal capacity, to outsource additional activity and to provide insourced capacity for patients who are waiting in excess of 36 weeks.

The closure of the day case theatres in Wrexham has been challenging, and significant efforts have been made to re-provide services quickly, with three session days, weekend working, relocation of the ophthalmology service to a newly commissioned theatre at the Robert Jones Agnes Hunt Hospital for a 6 month period. At the time of writing, work was continuing to secure additional modular theatre capacity for quarter 4, to ensure that core activity can be delivered.

The diagnostic services are expected to achieve the 8 week target by the end of March 2018. The successful recruitment of a consultant neurophysiologist has enabled the recovery trajectory for this service to show delivery of the target by the end of December 2017.

In respect of delayed transfers of care (DToCs), from the outset of special measures until phase 3, delayed transfers of care (measured per 10,000 population, non-mental health aged over 65) rose steadily. However, throughout phase 3, the trend has been reversed. The trajectory is now downward, with a reduction from 209.97 DToCs in December 2016, down to 175.61 by October 2017.

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

Further detail on progress made against each specific phase 3 expectation (and phase 1 and 2 expectations that continue to be monitored closely) is included at Appendix 1.

The Health Board has made progress against the expectations of phase 3 of the Special Measures Improvement Framework. However, it is recognised that, as described in this report, significant challenges remain in some areas and there is considerable further work to be done. The Board has a clear understanding of those areas requiring additional focus and the improvements required. Work is ongoing and some areas are on an improvement trajectory.

Progress made during each of the special measures phases will continue to be monitored to ensure that improvement is sustained beyond November 2017.

The Board approved this end of phase 3 report for submission to Welsh Government at its meeting held on 11.1.18.