GIG CYMRU NHS WALES | **Bwrdd Iechyd Prifysgol**
Betsi Cadwaladr
University Health Board

Block 5, Carlton Court
St Asaph Business Park
St Asaph
Denbighshire
LL17 0JG

Dr Andrew Goodall
Chief Executive, NHS Wales
Department of Health & Social Services
Welsh Government
Cathays Park
Cardiff
CF10 3NQ

Eincyf / Our ref:GLP/LJ

Eichcyf / Your ref: AG/JM

☎: 01745 448788 ext 6448

Gofynnwch am / Ask for: Grace Lewis-Parry

E-bost / Email: Grace.Lewis-Parry@wales.nhs.uk

Dyddiad / Date:30th November 2016

Dear Andrew

Re:Special Measures Improvement Framework End of Phase 2 Report

Please find attached the report setting out our progress at the end of Phase 2 of the Special Measures Improvement Framework. This report was considered and approved for submission by our Board on 17.11.16:
http://www.wales.nhs.uk/sitesplus/documents/861/Agenda_bundle%20Health%20Board%2017.11.16%20v2.0%20REVISED%20reduced%20file%20size.pdf

The Special Measures Improvement Framework Task & Finish (T&F) Group established by the Board has continued to meet monthly throughout Phase 2, to drive progress against the Improvement Framework expectations.A detailed action log is maintained to support the T&F Group in tracking progress. The Group submits monthly Chair's Assurance Reports to the Board, as illustrated via the web link below:http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20Bundle%20Health%20Board%2022.9.16%20Public%20V1.0.pdf

The work of the Task & Finish Group is underpinned by an evidence repository, which catalogues all documentation demonstrating the progress and improvements made on an ongoing basis. On 19.10.16, the Group held a 'Deep Dive' day to receive presentations and submissions from responsible officers and to scrutinise the evidence relating to each Special Measures area in greater detail. This process provided additional assurance and informed the End of Phase 2 Report.

In addition to the reporting and accountability arrangements described above, we have as you know been in regular contact with Welsh Government officials to assist with progress monitoring. The Chief Executive has also invited informal feedback on the Health Board's progress from the Wales Audit Office.

We have made significant progress throughout Phase 2 and the positive impact of these improvements is becoming evident. However, the Board fully acknowledges that there remains further work to fully embed these improvements. This will be

monitored and reported during Phase 3 in line with the Special Measures Improvement Framework.

The Health Board welcomes the additional resources provided to support Special Measures and we would like to note the significant positive impact made by the Independent Advisers appointed by Welsh Government to support the Health Board. We also recognise the importance of having continued dialogue and support from colleagues in Welsh Government while we continue to build upon the progress outlined above and progress to achieve the necessary improvements in health and health services that we all aspire to for the people of North Wales.

We trust this information is helpful but should you require any further details please do not hesitate to contact us,

Yours sincerely

Chairman   Chief Executive

cc. Simon Dean, Deputy Chief Executive, NHS Wales
    Sioned Rees, Head of Escalation and Special Measures Support, Welsh Government.

Special Measures End of Phase 2 Report

1.	Purpose of the Report

This report sets out the progress made against the Phase 2 (May 2016 – November 2016) expectations within the Special Measures Improvement Framework. It also provides a summary of the assessment on progress of the wider issues identified during the tripartite special measures meeting between Welsh Government, Wales Audit Office and Healthcare Inspectorate Wales in June 2016. The report also highlights the priorities for action during Phase 3 (December 2016 – November 2017).

2.	Introduction/Context

Following the Health Board being placed in special measures in June 2015, a programme of work to strengthen governance arrangementscontinuesacross the organisation. This builds upon actions already underway andcompletion of the expectations set out in phase 1 of the special measures improvement framework. 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 Deputy Minister for Health issued a Special Measures Improvement Framework to the Health Board on 29.1.16, setting out expected improvement milestones over the next two years, divided into three phases, 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 will cover December 2016 – November 2017.

The End of Phase 1 report was submitted to Welsh Government in May 2016. Feedback was received following consideration by the Cabinet Secretary on the advice received from the Tripartite meeting held on 8.6.16. The Cabinet Secretary published a written statement to Assembly Members on 24.6.16 on the assessment and overview from the Tripartite discussions in which he confirmed that the Health Board had made progress on a number of fronts but still had work to do especially in transforming mental health services and developing a clinical strategy for the future that is sustainable and affordable.
http://gov.wales/about/cabinet/cabinetstatements/2016-new/betsi/?lang=en

3.	Progress

The Special Measures Task & Finish Group established by the Health Board continues to meet monthly to track progress. The Group is chaired by the Vice-Chair of the Health Board and its membership comprises three Independent Members, eight Executives / Directors and Ann Lloyd, Independent Advisor. The purpose of the Special Measures Improvement Framework Task and FinishGroup, is to advise and assure the Board on theeffectiveness of the arrangements in place to respond to the Special MeasuresImprovement Framework set by Welsh Government.The Group in respect of its provision of advice and assurance is authorised by theBoard 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, integrity of the information and evidence collated.
• Escalate matters to the Board where limited progress has been made.

The Chair of the Grouphas provided monthly assurance reports at Board meetings held in publichttp://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20Bundle%20Health%20Board%2022.9.16%20Public%20V1.0.pdfand has worked collaboratively to assess progress against the expectations specified within the Framework. In addition to the routine monthly meetings, the Group set aside a full day in October to scrutinise in detail the evidence of improvement being made. This materially informed this report for the end of Phase 2.

Leadership and Governance

In June 2016, the Tripartite Groupacknowledged the progress that had been made to stabilise the organisation and implement new processes that provided the foundations to build on.The Group also acknowledged the positive progressmadewith the recruitment of the Executive Team. A new Executive Medical Director, Executive Director of Nursing & Midwifery, interim Executive Director of Therapies & Health Sciences and Director of Mental Health & Learning Disabilities, all with extensive experience within the NHS have now taken up post and have significantly strengthened the existing team. During phase 2, progress has continued with the recruitment of a new Executive Director of Public Health who will take up post in December 2016.

Concerns raised with regard to capacity and capability gaps relating to service planning and strategic development have been considered and additional support has been acquired through the standard procurement process. Consideration is also being given to the creation of additional support and skills required to facilitate complex engagement relating to strategic service planning.

A programme of work has continued to ensure that the revised committee structure is operating effectively, supported by the Committee Business Management Group which has now been operating effectively for 6 months. This has ensured that agendas and work programmes are coordinated and minimises the risk of duplication or omission.

The Board is engaged in an ongoing Board Development Programme overseen by Mrs Ann Lloyd as part of the special measures arrangements. During phase 2, the Board Development sessions have included staff culture and engagement, estates strategy, performance monitoring, public engagement strategy, partnership governance, recruitment and mental health services procurement.Arrangements are in progress to secure an external provider to deliver the 2017 Board Development Programme.

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 approved by the Audit Committee in September 2016. The BAF and the Corporate Risk Register (CRR) will now become one entity, so that it can accurately reflect the risks in the Annual Operational Plan. This approach is based on good practice in risk management and will be kept under review.

The Board recognises the importance of making risk management a reality in day to day practice. A revised Risk Management Strategy was approved by the Audit Committee in September 2016. 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 with a working model in which the Executive Team (ET) and the Executive Management Group (EMG) and ultimately the Board is clear and fully understand the risks to which the Health Board is exposed.

Significant progress has been made on clearing the historic backlog of concerns, with the exception of 4 which are beyond the Health Board's direct control. Improvement trajectories are in place and are scrutinised through the performance and accountability arrangements. 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 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.
The clinical Executive Directors will work together with the wider Executive Team to identify new ways of working to ensure progress is made. This will include a review of the organisation's approach to the implementation of a patient advocacy and liaison service.

Service Planning and Strategy Development

The Health Board's ambition is to develop an overall Health & Well-being Strategy which benefits from active engagement with staff, our population and partners. We recognise the importance of engaging with the wider public, staff and politicians to prepare for change. During phase 2, we have developed a succinct and clear

narrative which has been shared widely and has been the core of our staff and public engagement events. This has helped to inform the engagement process and stimulate debate.

Planning principles have been agreed to ensure that there is a clear, transparent and consistent planning framework in place across the organisation. The focus of this is to enable the achievement of our ambition to rebalance how the Health Board meets the needs of the population, focusing on health improvement and supporting people and communities whilst improving quality of care and ensuring best value from our resources.

There is now a timeline in place consistent with Welsh Government expectations of the Health Board to produce an annual Operational Plan for 2017/18 in line with our plan and approach in 2016/17. This aims to ensure that the Health Board can deliver safe and sustainable services to the population of North Wales and address and improve health and healthcare services. Alongside this there is a clear timeline for the development of our overall strategy which will provide the strategic context for our Integrated Medium Term Plan (IMTP). As set out in the Special Measures Improvement Framework this plan will be in place by March 2018.

As part of the development of this overall strategic direction and plan, the Health Board has developed three Strategic Framework documents to meet the requirements of Phase 2 of Special Measures. These cover Primary care and Community Services, Mental Health Services and Maternity, Neonatal and Paediatric services and were considered and approved by the Health Board at its meeting in November 2016.

Engagement

Positive early steps taken to reconnect with the public and to involve and engage staff, patients and the public have continued to develop and mature during phase 2. Work has focused on
- linking into established networks and forums already in our communities
- appointing 3 Community Engagement Officers with wide experience in Third Sector and voluntary organisations
- attending multiple meetings and events, gathering feedback to inform plans and priorities
- launching an involvement website to promote the various opportunities for the public to get involved in the work of the Health Board.

Digital engagement has extended to Twitter, Facebook and other social networking sites. A refreshed Staff Achievement Awards event has been scaled up and will be held in November.

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, through the Chairman, has been leading work to clarify and redevelop partnership governance arrangements.

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 three of the four PSBs in North Wales, which provides some positive indication of the maturing relationships with partner organisations. Work to date within PSBs has focused on undertaking population health needs assessments so there is a common understanding of the needs of local people, providing evidence and insight so that shared priorities for action can be agreed. This work has been taken forward in line with the expectations set out within the Well-being of Future Generation (Wales) Act 2015 and the Social Services and Well-being (Wales) Act 2014, both of which have major implications for the way we carry out our business.

Relationships with the Community Health Council have been strengthened and in a recent letter from the Chief Officer, it was noted that the new and extensive use of social media by the Health Board deserved a special mention – '*it is an example to all public bodies in Wales'.*The letter is included in full at Appendix 2.

Phase 2 has seen significant improvement in the organisational ownership of staff engagement. A group involving unions, Independent Members and senior staff has overseen the development of a Staff Engagement Strategy which was approved at the meeting of the Health Board held on the 18/08/16.Subsequent to the approval of the strategy by the Board, an implementation plan has been drawn up. This has generated a number of business cases that have been considered and approved, including:

- Pilot roll out of 3D approach (a programme which identifies ways of keeping staff enthused, involved and engaged)
- Chief Executive on the spot awards
- Listening leads
- Photo Board
- Cultural tools.

Our approach to Team briefing has also been reviewed and new arrangements have been introduced to ensure more effective engagement and promote active two way communication with staff throughout the organisation.

Mental Health

The Board recognises the significant scale of the challenge in sustainably improving mental health services across North Wales. The early steps undertaken in phase 1 have been built upon, led by the new Director of Mental Health and Learning Disabilities, who took up his appointment in May 2016. We are pleased that the post has been approved by the Cabinet Secretary to become an Associate Board Member position, signalling the Health Board's clear commitment to Mental Health Services, increasing visibility and accountability at Board level.

Ongoing progress is being made within the Mental Health and Learning Disabilities Division. Particular emphasis is being placed on the development of appropriate and effective leadership and governance structures, supported by systems and processes which will underpin operational delivery, service development and the

delivery of high quality, safe and effective services. It is of particular importance that this process is completed to enable significant service reconfiguration to take place, aligned closely to development and ultimate implementation of the mental health strategy.

During phase 2, improvement with compliance with the Mental Health Act and Mental Health (Wales) Measure has been closely monitored, overseen by a refreshed Mental Health Act Committee and the roll out of 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.

Improvements have also been made to internal governance arrangements within the Division, with robust governance processes and systems in place, alongside a new management structure with revised accountability arrangements. The Division has reported to the Quality, Safety & Experience Committee of the Board, who scrutinised performance and sought assurance on progress with regards to the quality and safety of care.

A new strategy for mental health services is being developed by the spring of 2017, supported through the diagnostic phase with external input from Mental Health Strategies and Professor Steve Trenchard. The Strategy is being built from multiple engagement events, with partners, service users and staff who have been sharing their ideas on what they would like to see in the future. The first product of this work is the Strategic Framework which has been developed to guide the next stages of detailed strategy work and was approved by the Health Board in November.

The Strategy has been developed with the view that it is all age and whole system and will include: Child and Adolescent Mental Health Services, Substance Misuse Services, Adults of Working Age, Forensic Services, Learning Disabilities and Older People's Mental Health.

The Framework includes a description of the current services and the story of Mental Health and BCU. The strengths, concerns and strategic vision and detail of the extensive engagement that has been undertaken to inform the strategy.

The key areas to be addressed are: Analysis of existing Benchmarking Information across Health, Social Care and Justice, mapped against population needs for North Wales; Collaborative approach to working with mental health, divisional, social care and third sector staff to feedback analysis and further understand gaps in current services/system; work with service providers to understand new models of care/potential shape of future service provision based on academic /research evidence; conduct capacity modelling exercise based on population needs/existing services/future services, detailing potential options and priorities; produce a Diagnostic report which details the above, articulating the current state of play, the future models of care and the gap identified with recommended priorities for action.

A formal patient engagement strategy for Older Adults Mental Health has also been developed.

There is a formal mental health experience sub-group of the divisional QSE meeting that is tasked with developing how peoples' experience of services is used effectively to shape and inform service development and improvement.

As part of the approach to shaping future services, the Division has been talking to users and carers of mental health services, to staff and to community networks, advocacy services and Local Authority and Third Sector partners over the past 6 – 9 months. This has provided the Division with an understanding of what stakeholders would like to see from services.

Individual and organisational stakeholders have provided invaluable feedback which has been summarised into priority actions, including the focus on mental health, and well-being is seen as key area of focus, with prevention and early intervention a key issue across all services, but with a particular emphasis on early years.

CANIAD is a new involvement project that was commissioned by the Health Board and the Area Planning Board from the 1st April 2016. The aim of CANIAD is to improve equity of service provision across mental health and substance misuse services within North Wales. People who use services need to know that their voice will be heard, and CANIAD intends to include them in associated commissioning, design, delivery and evaluation of such services. CANIAD will deliver the service and facilitate effective recognition of the collective voice of those using mental health and substance misuse services across the region.

The Health Board is working with CANIAD to develop a framework for Service user and Carer involvement, and facilitated a full day on 12th July 2016 which gave staff the opportunity to be involved across all levels of the Division to shape what this framework will look like.

Care to Talk: This framework promotes ward staff and family carers talking to each other about the kind of care that is needed and how it is to be delivered. The framework was jointly developed by carers, carer organisations and staff from across three dementia wards.

Care to Talk welcomes family carers into the nursing care process as the only real experts in the individuality of the person who, because of their dementia, may not be able to speak on their own behalf. It encourages family carers to jointly write the care plan, provide care (if they wish) and evaluate care along the way.

Going forward – Care to Talk is relatively new and during 2016-17 it will be firmly embedded on the dementia wards whilst a revised version will be made available to all other wards across not just the Division but the Health Board with an invitation to use it.

All recommendations identified by HIW following inspections of mental health and learning disability sites have either been progressed orfully completed. Specifically, these reports relate to visits as follows: Ty Llywelyn, November 2014; Tegid ward, November 2014 (Trusted to Care); Heddfan, April 2015; Ablett Unit, July 2015 and Hergest Unit, January 2016. As a consequence, improvements have been made which include changes to the patient environment, robust ligature risk assessments, identification of local older persons' champions and improved access to psychological services.

During phase 2, a Director of External Investigations, reporting to the Chief Executive, was appointed to coordinate the Health Board's input to 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 onTawel Fan ward. The review and the investigation are ongoing, and are expected to shape and inform future governance arrangements and practice.

Maternity Services

The Health Board is pleased to report continued significant progress against the expectations set out in both Phase 1 and 2 of the special measures framework. The service has been stabilised with the successful recruitment of medical and midwifery staff, making the service more robust and sustainable.

Of note during phase 2, an appointment has been made to the position of Consultant Midwife, who is based in YsbytyGlan Clwyd (YGC). In addition, an experienced senior medical consultant has joined the team in YsbytyGlan Clwyd, to oversee the actions being taken to improve the learning environment and to provide leadership by example.The Health Board is working with an external provider to drive and deliver sustained improvements in consultant behaviour in YsbytyGlan Clwyd, to enhance multidisciplinary working and minimise clinical risk to mothers and babies.

Clarityaboutthefuturestrategyandserviceplan for redesigningmaternity, neonataland paediatric services has been achieved through the production of the Strategic Framework. A key element of this is the role of the Sub-Regional Neonatal Intensive Care Centre (SURNICC). The full business case for this development was submitted to Welsh Government in July 2016. Formal approval to proceed has been secured and the main development works have now commenced in line with the project timeline.

Primary Care

Good progress has been maintained with regard to all expectations in phase 2. Work is underway on the development of an integrated primary and community care strategy, with a baseline completed in November as part of the diagnostic phase of work.

The challenges that have faced practices and clusters across North Wales in relation to recruitment remain, but each Area Team has a detailed grasp of the risks to primary care stability and sustainability, which they are working to mitigate and actively manage.

The GMS clinical workforce in North Wales is under significant pressure. This is a national situation and not specific to BCUHB, however, in some areas of North Wales access to primary care is reaching critical levels. Increasing numbers of GP contract holders are considering and requesting contract variations to reduce services, including list and branch closures, and in the most extreme cases, termination of their contracts.

The recognition of the challenges facing GMS Practices and the implications for their sustainability led to the following processes being established within BCUHB during 2016/17:

a) Implementation of the GMS Sustainability Framework
b) Implementation of 5 domain Practice Risk Assessment
c) Area Cluster Risk assessments

As the Area teams have begun to establish relationships with practices and clusters there has been some work at Area level to identify and discuss risks at a cluster level. Progressively practices will be asked to assess themselves against the above domains.

The Area Teams review the risk assessments on a regular basis and agree, and prioritise, actions to mitigate levels of risks. Where practices are highlighted as facing significant risks the primary care teams in the area will enter into discussions with the practice to seek to further understand the issues they are facing and seek to assist them in the short and medium term if possible. Such actions can be at a practice and/or cluster level e.g. the development of new models of care such as a federation or practice merger, additional clinical capacity such as pharmacists or physiotherapists or project management support to look at systems and processes in the practice that can be undertaken more efficiently.

This work will provide a strong foundation on which to build cluster plans for sustainable GMS services for the future as cluster planning processes mature and strengthen to take account of all the risk assessment information available on which to base their action plans.
There is increasing evidence of effective cluster working, with each cluster having agreed priorities which are now being implemented. Funding is being used to improve access and to support any struggling practices so that patients can be seen nearer/in their own homes and spend less time on waiting lists. Examples of effective partnership working, which is seen as key to the success of clusters are detailed in Appendix 1.

The 14 clusters are utilising the funds allocated them in a number of ways to meet local need and priorities. Projects include-:

- GP/Care of the Elderly Post
- Advanced Practice Pharmacists
- Advanced Physiotherapy Practitioners
- Diabetic Specialist Nurses
- ANP to support nursing/residential homes
- Primary Care Counselling
- Community navigator
- Temporary Resident Service over school holiday period
- Diagnostic tests
- Training and development for clusters and practice staff
- Equipment to support practice based diagnostics and improved access

The Health Board is working towards the new Wales Quality and Monitoring Standards for the delivery of GP out of hours services, which are reported on a monthly basis to Welsh Government. The special measures improvement framework Task & Finish Group received detailed assurance on the progress being made to improve access and response times, internal governance arrangements and the fill rates for rotas. In addition, work has progressed to engage with partner agencies using all available skills and resources to support patients close to home in the out of hours period.

The Committee Business Management Group will ensure that primary care is embedded within the existing committee work programmes so that the Board is able to seek and receive assurance, testing when appropriate, all matters relating to primary care.

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 2 expectation (and phase 1 expectations that continue to be monitored closely) is included in Appendix 1.

The Health Board has made significant progress against the expectations of Phase 2 of the Special Measures Improvement Framework, although more remains to be done.

Progress made in Phase 2 will continue to be monitored to ensure that improvement is sustained throughout Phase 3 and beyond.

TheBoardapprovedthis end of Phase 2 report for submission to Welsh Government at its meeting held on 17.11.16.

APPENDIX 1 - Progress against Special Measures Improvement Framework Expectations

Leadership	
Expectation: The Board will be functioning more effectively (carried over from Phase 1 to ensure ongoing monitoring)	The Board is engaged in an ongoing Board Development Programme facilitated by Mrs Ann Lloyd as part of the special measures arrangements. This has included a self-assessment against the Well-Led Framework and a skills audit. Arrangements are in hand to secure a provider to deliver the 2017 Board Development Programme. In year, Board Development sessions have focused on the key priorities agreed with Board members and Mrs Ann Lloyd as Independent Adviser to the Health Board. These have included staff culture and engagement, estates strategy, performance monitoring, public engagement strategy, partnership governance, recruitment and mental health services.
Expectation: A revised, Board agreed management structure has been fully implemented with clear and effective management and accountability structures between front line clinicians and the Board.	The agreed organisational structure has been published widely, with sufficient detail to give clarity on senior roles and responsibilities. The Health Board has established a new operational model with clear lines of accountability at all levels. There are three Area Team, each coterminous with two local authorities responsible for primary and community services. A Secondary Care Director has been appointed and has responsibility for each main hospital site. Each site is led by a Hospital Management Team. A holding structure has been put in place for the Mental Health & Learning Disabilities Division. The Health Board is working to communicate more widely its revised operational management structure. A revised performance management strategy was scrutinised by the Finance & Performance Committee and approved by the Audit Committee in September 2016. This document sets out the strategic context, lines of accountability, performance management processes and the key outcomes expected. It reflects the current operational arrangements.
Governance	
An effective approach to the management of risk will be in place (carried over from Phase 1 to ensure ongoing monitoring)	A Board Assurance Framework was endorsed by the Board in February 2016 as part of the 'Strengthening Governance' paper. A revised approach to the Framework, which addresses the current reality of the Board being in Special Measures and in the absence of an approved three year Integrated Plan was approved by the Audit Committee in September 2016. The organisation will have a single risk register, which is managed at a number of different levels. This will be achieved by embedding the use of Datix throughout the organisation, providing support and development to drive consistency in reporting, reviewing and managing risk.

	In normal circumstances the Board Assurance Framework (BAF) would consist of risks emanating from the IMTP with the Corporate Risk Register (CRR) reflecting those risks from the Annual Operational Plan. As has been stated, at present, BCU does not have an IMTP, but does have an Annual Operational Plan. It is therefore not possible to produce a comprehensive and detailed BAF looking at the strategic risks to the agreed strategic objectives. As a result,the BAF and the CRR will be amalgamated into a single format corporate risk assurance framework (CRAF) to accurately reflect the risks relating to the delivery of the Annual Operational Plan. This approach is based on good practice in risk management. The position will be reviewed once a Strategic Plan has been signed off by the Board. Risk Management practices continue to be embedded and a natural part of the way in which the Health Board operates with a working model in which the Executive Team (ET) and the Executive Management Group (EMG) and ultimately the Board is clear and fully understands the risks to which the Health Board is exposed and the organisational risk profile drives the governance agenda. A revised Risk Management Strategy was approved by the Audit Committee in September 2016. Resources have been identified to roll out training and support so that all departments and divisions are familiar with their responsibilities for managing and reporting risk as well as identifying opportunities for organisational learning.
Expectation: Improved response times to concerns and complaints, ensuring the existing backlog is cleared urgently with lessons learnt and implementation of actions evidenced.(carried over from Phase 1 to ensure ongoing monitoring)	Significant progress has been made on clearing the historic backlog of concerns, with the exception of 4 which are beyond the Health Board's direct control. Improvement trajectories are in place and are scrutinised through the Health Board's performance and accountability arrangements with operational scrutiny on a weekly basis with each management team. Further work is underway to ensure continued and sustained improvement in response times and to further embed learning in the organisation. **Improved response times:** The corporate performance against 30 day target is currently 33% (with most operational management areas exceeding 40%). Focussed support is being provided to outlying teams). This is in line with the planned trajectory and efforts are now being made to stretch this target in year. There was a significant and successful focus on reducing the backlog described in Phase 1 and there has been a continued focus on closing all cases open over 6 months with significant progress being made.

The total number of open complaints across the Health Board has reduced by 20% since May 16 (from 645 to 524 in September 16).

A series of further actions to improve performance are in place, including:

- Additional capacity is being secured in the divisions to enable services to manage concerns in a more timely way with additional capacity in the Investigation Team to support services.
- Datix hierarchies being revised and updated to allow accurate and prompt allocation of incidents.
- PALs type service to be implemented in discussion with the clinical executive (Spring 17)
- Proactive monitoring of responses being heightened – daily allocation meeting in secondary care
- Direct contact with all new complainants (where contact details available) by the corporate team to determine key issues and provide a focus to the scope of individual complaint investigation
- The revised Concerns procedure has been launched and a comprehensive training programme is being put in place. The process includes a learning template which is completed for each comprehensive investigation and presented to the relevant operational Q&S group.

Learning:
Whilst there are some areas of best practice in the Health Board (eg Medical Equipment Department recognised by WAO) further work is ongoing to embed learning in a more systematic way across the organisation:

- Learning Workshop held 30 September with 80 attendees to share learning from serious incidents and complaints
- Look back exercise on serious incidents over last 12 months at Wrexham Maelor Hospital held; purpose to check learning implemented. Will now be rolled out to other sites.
- Daily allocation meetings identify immediate learning and disseminated across site as required
- Safety issues of the day included as a standing agenda item for Bed meetings
- Discussions commenced regarding the effectiveness of Quality Assurance Executive (QAE) and Quality Safety & Experience (QSE) Committee - Chairs of both to lead relevant changes.
- Divisions have been asked to map their frameworks for learning from Concerns and patient experience for these to be linked to form a BCUHB wide learning from Concerns and patient experience framework.
- Minimum concerns and patient experience data sets provided every month to the divisional Q&S groups in line with the agreed reporting schedule.

	• Internal communications channels specific to learning being developed in addition to the existing internal safety alerts. • A summary of SIRs and action plans sent to the relevant QSEfor scrutiny and dissemination of learning to teams. • Strategic groups established for a number of high reported issues (Hospital Acquired Pressure Ulcers, Falls, Infection Control) to ensure that emerging themes are identified and triangulated with learning cascaded across the organisation • Revised reporting arrangements to QAE to ensure learning is highlighted and corporate triangulation of emerging issues.

Mental Health	
Expectation: Improve compliance with the Mental Health Act and Mental Health (Wales) Measure(carried over from Phase 1 to ensure ongoing monitoring)	**Mental Health Act (MHA) 1983, changes to the Code of Practice in Wales.** Andrea Gray, Mental Health Legislation Manager for Welsh Government has delivered a number of 'Train the Trainer' sessions across North Wales, which key individuals from the Mental Health and Learning Disability (MHLD) Division have attended. These individuals are responsible for communicating the amendments to the 2nd Mental Health Act Code of Practice for Wales across the Division and the wider Health Board, and have developed plans to incorporate them into the divisional MHA training. Additionally, a training session was delivered for the BCUHB Associate Hospital Managers on 23 September 2016 in relation to changes to the Code of Practice. The 2nd Mental Health Act Code of Practice for Wales provides statutory guidance to registered medical practitioners, approved clinicians, managers and staff of providers, and approved mental health professionals on how they should carry out functions under the Mental Health Act in practice. The Code has been revised following extensive consultation, collaboration and engagement with service users, carers, professionals, the voluntary sector, providers, commissioners and statutory bodies. The new Code came into effect from 3 October 2016 and a significant amount of preparatory work has been undertaken within BCUHB. **Police Powers and Places of Safety - Guidance on the Use of Sections 135/136.** Guidance on the use of section 135(1) and 135(2) has been expanded to give more detail of the process to obtain a warrant, individual's roles and it also expands on the procedure to gain access to a person's home. Guidance on

section 136 has also been expanded to give guidance on 'what constitutes a public place'; all advice from the previous code has been expanded to address all factors in the process of removing a person to a place of safety, and clear guidance on the responsibilities of professionals during and after the assessment in the place of safety.

Transport of Patients - Provides Guidance on the transport (conveyance) of a detained person from one place to another under the provisions of the Act. This chapter reinforces the need for locally agreed protocols between all agencies involved in the transport of patients under the Act. Due regard for the Guiding Principles, the patient's physical health and any other relevant factors must be given consideration before transfer. The authority to transfer must be evident and individual's responsibilities identified.

As previously discussed Care and Treatment planning requirements arising from Part 2 of the Mental Health (Wales) Measure 2010 have also now been incorporated into the Code.

Children and Young People

The revised Code provides guidance on the most appropriate care and treatment of children and young people both in hospital and the community and the most appropriate type of environment to safeguard their progress and ensure their ongoing education and welfare. Professionals' roles and responsibilities are key and all agencies must communicate. The Guiding Principles must play a major role in Care Planning.

Within BCUHB there has been an increase in the number of young people brought into the Place of Safety during the last five months, if this trend were to continue we would potentially see the number of young people being brought into the POS almost treble during this year. The age range and gender mix of admissions this year is of significant concern as are the circumstances of the admissions.

The analysis has identified the need for a Place of Safety for young people at times of crisis. However the Place of Safety required for young people is complex and requires a multi-agency approach particularly for younger adolescents (for example<15). The Director of MHLD is to convene a group to undertake a further review of a Place of Safety for young people pursuing a partnership approach that include LA, CAMHS, CJS and adult MH services.

North Wales Police Control Room Mental Health Call Handling Initiative.

Currently calls from members of the public in emotional / psychological distress and mental health crisis can be routed through the police control room as a first line of response. In the absence of expert advice the police will deal with the call directly either in an attempt to manage the call remotely or by deploying police officers to assist on a face to face basis. During the Christmas / New Year period 2015/16 BCUHB deployed mental health practitioners into the control room to assist by giving tactical and operational advice to call handlers and police staff to enable them to respond to crisis more effectively but did not offer direct contact with the public. The current Street Triage pilot which is operational in Wrexham during Thurs/ Fri/Sat/ Sun evenings is experiencing a high demand for telephone advice to operational officers and intelligence sharing to facilitate appropriate emergency service response during crisis presentations. The pilot is currently only servicing Wrexham for face to face deployment and

Flintshire and Wrexham for telephone advice.

'Seasonal Plan' funding has been secured to extend the facility for a period of ten weeks, for information exchange and direct support to people experiencing mental health crisis across North Wales. It is proposed that mental health practitioners should be available during periods of peak demand (including Christmas and New Year) in the police control room to offer direct telephone contact to people experiencing mental health crisis in an attempt to alleviate the acuity of the crisis event. The practitioners will also offer tactical and operational advice to police officers on scene to facilitate effective emergency responses, with a view to reducing the number of inappropriate s136/emergency department presentations.

Mental Health Act Committee
The Terms of Reference, membership and cycle of business for the Mental Health Act Committee have been reviewed and revised and approved by the Board in February 2016.
Mental Health Act training for Associate Hospital Managers took place at PorthEirias on Friday, 23 September 2016 with a variety of speakers covering e-expenses, MHA/Deprivation of Liberty Standards//Mental Capacity Act interface and Part III of the Act. A further session is scheduled for Tuesday, 13 December 2016 with a Board development session planned for Thursday, 15 December 2016.

Mental Health Measure Compliance.

Mental Health Measure targets are set by Welsh Government. The Division currently reports by exception to the Board on a monthly basis. There is weekly reporting by county / by service / by target direct to the Locality Managers and their teams. The MHM administration team provides support with guidance, training, reports, data cleanse and data entry on an on-going basis.

Part 1 Target 80% - % of assessments by the LPMHSS undertaken within 28 days of the date of referral

The Mental Health and Learning Disabilities Division are expected to meet the Mental Health Measure targets in Primary Care for 80% compliance. The targets are measuring how many patients received an assessment in 28 days and how many of those patients requiring an intervention received services in 28 days.

Current position for October part 1 a – 78% against 80% target

Current position for October part 1 b – 85% against 80% target

.
Part 2 – The Mental Health Measure requires all relevant patients in receipt of secondary care services to have a valid Care and Treatment Plan (CTP). The requirement for valid CTP is for new to service patients and for patients within services to have an up to date care plan via review within a 12 month period. The target set by Welsh Government is 90% of all patients in secondary care with a valid CTP.

Current compliance for part 2 - October 2016 - across the division is 88.9%.

Part 3 – the right under the Mental Health Measure allows for former patients who have been discharged from secondary care the right to request a reassessment from secondary care within 3 years from the date of discharge.The compliance target for recording whether a report has been sent within 10 days of the re-assessment is 100%. The amount of requests received for Part 3 is only small, therefore the recording of information is not always accurate. This had now been addressed through the issue of guidance and training and we expect to show improvement in December, full compliance in January 17.

Current compliance for part 3 October – 80%

There have been no requests for Part 3 of the Mental Health Measure for Older Peoples, Learning Disability, Forensic Services and Community Rehab Teams.

Compliance with the MHM is closely monitored and actions taken to ensure continued compliance include:

Presentation of data and discussion regarding improvement is undertaken at monthly Divisional Meetings.Responsible Managers follow local action/recovery plans.Data cleansing reports sent out to avoid any errors in the data collection.

Mental Health Measure - CAMHS

CAMHS is on target to be compliant with the Mental Health Measure across BCUHB by the end of March 2017.

In respect of young people requiring a place of safety or care in a crisis, guidance has been developed and approved for the management of the Crisis care pathway for children and young people presenting with mental health issues including during the out of hours period and those on s136.

The WG investment into CAMHs has been welcomed and is making a positive impact in supporting service development which will build capacity in prevention and early intervention and will support a 7 day service to paediatric wards. The rise in the use of s136 and admissions to the suites is being monitored and the Health Board is in discussion with the N Wales Police at an executive level, to ensure robust and appropriate arrangements are in place. In addition CAMHS senior Management and Adult Mental Health Management are scheduling regular meetings to ensure that transition of care is supported and a revised policy has been approved and is being implemented to safely manage the transition of care from children to adult services.

Mental Health Act Compliance.

The Division reports Mental Health Act activity data and compliance to the Mental Health Act Committee. However, the data by itself does not provide assurance in relation to appropriateness of use. Therefore, a programme of clinical audits is planned to test the system and provide assurance on the appropriateness of use of the Act.

Care and Treatment Plans

There has been considerable improvement in Adult Mental Health Compliance with Care and Treatment Plans as part of the Mental Health Measure:

% of LHB residents (all ages) to have a valid CTP completed at the end of each month
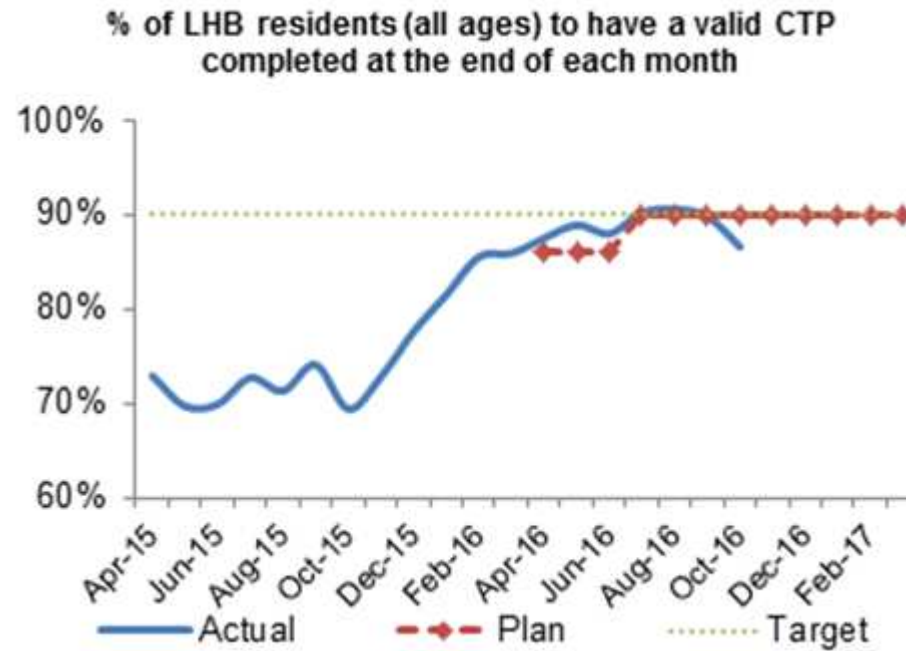
Expectation: Improvements to internal governance arrangements (rolled over from Phase 1)

Divisional Accountabilities and Clinical Governance / structures are maturing and significant progress has been made. Robust Governance processes and systems within the Division are key in ensuring it operates within a managed framework which focuses upon:

- Probity
- Accountability
- Professional Conduct
- Delivery of high quality and safe services
- Service improvement and development
- Learning lessons when things go wrong
- Patient and User involvement and feedback

The agreed framework and structure takes into account all aspects of governance and should be considered alongside the revised Management Structure and Accountability arrangements for the Division.The new arrangements seek to provide assurance that the Division is governing its business in a safe and robust way to deliver effective, safe and efficient services.

The Governance Framework and supporting committee structure mirrors the triumvirate managerial arrangements meaning that responsibility for Governance at area level will be determined and led by the area teams. Whilst ultimately accountable they will be required to ensure accountability for the Governance agenda at service level sits with service managers, ensuring relevant mechanisms are in place to monitor performance.

It is imperative that the Divisional committee structure has synergy with managerial arrangements and supports the management function to guarantee effective information flows, risk management, improvement plan identification and progression, clinical effectiveness systems, patient and user engagement.

The Division has an agreed Governance structure which reports into the Health Board structure. The divisional Senior Management Team meets on a weekly basis and has developed its cycle of business. Within the divisional holding structure, there are named individuals with clear portfolios of accountability. In addition to the Head of Governance and Compliance role, there will be a Regulation and Education Lead; Safeguarding Lead; Head of Nursing; Quality, Governance and Risk Lead together with supporting structures.

These arrangements clearly articulate the links between the groups and forums that are in place within the Division and the wider organisation. The revised framework and structure takes into account all aspects of Governance. The arrangements seek to provide assurance that the Division is governing its business in a safe and robust manner to deliver effective, safe and efficient services. Moreover, it is crucial that information flows from the Division are managed and timely.

Revised Governance Structure for Mental Health & Learning Disabilities Division
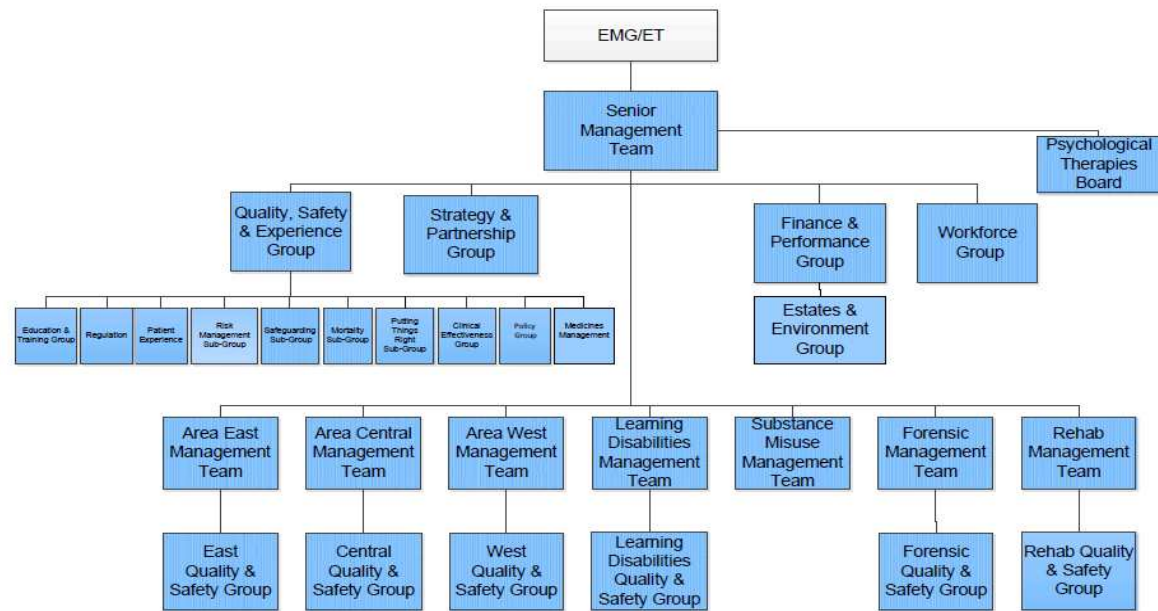
In addition, the Chief Executive chairs the Strategic Mental Health Monitoring Group.

The Divisional Quality, Safety & Experience Group is now established and has met four times to date. Membership of the group includes Service user and carer representation in the form of HAFAL. Part of the remit of this group is to ensure effective triangulation of data to provide evidence of the safety and quality of MHLD services.

The group hasestablished a number of sub-groups to lead on specific areas of work. These groups are:

Education and Training sub-group. This group oversees the uptake of nursing post-registration modules, monitor pass/fail/DNA rates to inform BCUHB Education Liaison Group and the BCUHB Education Steering Group (Nursing) of future post-registration requirements for MH&LD nursing staff.
It engages with and influences the development of the BCUHB Education and Training Strategy and will develop a Divisional Strategy that reflects the requirements of the Divisional Nursing Strategy and Workforce Development Plan ensuring systems are put in place to review and monitor the ongoing development and implementation of

Strategies through appropriate Local Development Plan (LDP) processes.
It monitors statutory and mandatory training requirements, good practice guidance and legislation including Health and Care Standards (2015), 'staff and resources' ensuring that appropriate monitoring systems are in place and compliance against these is achieved.

Regulation sub-group. Provides assurance that all non-medical employment relation cases are considered and scrutinised in relation to process and quality and ensures appropriate multi professional interface/working exists with other regulatory bodies ie.NMC/HPC/BACP/Safeguarding.
It ensures escalation of significant issues/delays in process to ensure appropriate action is taken, monitored and reviewed. It monitors compliance with the risk assessment process in line with Regulatory bodies and Workforce and Organisational Development policies.

Patient Experience sub-group. This group aims to support the delivery of the BCUHB Service User Experience Strategy 2016-2019 by influencing planning and delivery of Mental Health and Learning Disability Services. This will be achieved by giving a meaningful voice, at all levels, to service users and their carersin making improvements to their own care and treatment. The group will utilise the service user experience framework to enable the service user and carer voice to be heard at all levels of the Division and wider Health Board.

Putting Things Right sub-group. The purpose of the group is to review current activity falling under the Putting Things Right regulations. The group includes members of the Senior Management Team and Clinical Directors. The remit of the group is to:
Receive a weekly report on the number of Datix incidents within the preceding week.
Monitors and responds to complaints
Commission SUI investigations, allocating investigating officers
Receive a weekly report on the number of formal and OTS concerns within the preceding week.
Receive an update on claims, inquest reports and other ad hoc requests within the preceding week.
Confirm decisions made on Welsh Government reportable incidents and the level of review required.
Review and approve grade 3/4/5 formal concern responses, SUI investigation reports at Level 4/5 together with any coroner reports.
It also promotes Learning Lessons, cascading the learning from SUI's across the Division.

Supported by Public Health Wales, the Division held its first 'Learning Event' on 16 September 2016 entitled 'Review, Reflect, Respond – Looking Back to Look Forward'. The Division engaged a patient's family in this event to recount their experience of the service received.

Risk management sub-group. This sub-group held its inaugural meeting on 4th August 2016.The purpose of this group is to *r*eview and monitor external reports and action plans eg Healthcare Inspectorate Wales, Delivery Unit, Community Health Council; Review, approve SUI investigations and review the divisional risk register.

Safeguarding sub-group. The purpose of the Safeguarding sub-group is to oversee Safeguarding Activity within the Division and to identify and review themes and trends and inform the Corporate Safeguarding Group of its findings. It receives reports and safeguarding action plans from the divisional Safeguarding Lead. It makes decisions, delegates responsibility for actions and holds accountable, relevant personnel related to Child Practice reviews, Adult Practice reviews, Investigations, SUI's &Datix Incidents. It gains assurance, of compliance with MAPPA, MARAC POVA, Safeguarding Children and PREVENT and provides assurance that Risk is being managed, through agreed control measures.

Mortality sub-group. The purpose of the Group is to provide oversight of all patient deaths, and to manage and monitor the Division's response in relation to serious incident review investigations (SUIs). Patient deaths having occurred beyond 12 months of patients being discharged from the Service will not be included in the review. The group will undertake thematic review and determine if any harm has taken place and capture learning from all investigations into patient death.

Clinical Effectiveness sub-group. This group provides the strategic direction for clinical audit and clinical effectiveness initiatives across the Division, steering a programme of audit and effectiveness, monitor progress against that programme and providing clinical leadership. It provides assurance of adherence to mandated national audits and measurement of standards against national guidance. Additionally, ensuring that services progress with audits and escalate any concerns in respect of the fulfilment of the audit programme ensuring a patient centred approach that has patient safety as a priority in all clinical effectiveness activity, establishing working links with key partners and stakeholders as required.
It also oversees responses to relevant national initiatives and alerts such as NICE, National Audits, Accreditation Programmes, Intelligent Targets and coordinates clinical research undertaken across the Division.

Policy sub-group. The Policy/Procedure group has been established to ensure all policies/procedures are developed in accordance with good practice guidance identified by the Health Board.
It is responsible for the review and development of all relevant policies and procedures (existing and new) within the division ensuring that due process is followed in terms of development, formatting, consultation, EQIA, ratification and distribution. It will ensure the Division has a comprehensive list of all policies/procedures accessible to its staff and ensures that existing policies/procedures are reviewed and updated within agreed timescales.
It will also ensure that implementation of policies across the Division is managed appropriately.

Medicines Management sub-group is well established within the Division and is chaired by a Consultant Psychiatrist, vice-chair being the mental health Pharmacist. Its role and function is to act as an expert body with the division to advise on new and existing drugs based on proven clinical outcomes, value for money and affordability across BCUHB. It provides an overview of learning and actions from POMH UK and local medicines audits where appropriate and provides an oversight of DATIX medication related incidents and ensure appropriate learning is actioned. Additionally, it develops medicines related policies and protocols to be used with in the division and co-ordinates the communication of relevant safety alerts and information.

Local Quality and Safety sub-groups (governance). Additionally, local Quality and Safety (governance) sub groups have been established in the East, Centre and West localities with specific groups for learning disabilities, forensic, substance misuse services and rehabilitation services. These groups are supported by the governance team and work to a standard agenda in order to maintain consistency.

Health and Safety. Health and Safety is generating a high profile within the Division, working with separate groups and relaying the Health & Safety agenda. The division has identified a lead to work closely with Health Board H&S colleagues to convene Groups within all teams/services across MH&LD.
H&S teams are feeding into a larger regional group, bringing together any issues, and discussing H&S matters across the Division. The groups follow a fairly generic agenda which is designed to pick up all issues, and to prompt staff on subjects such as Risk Assessments etc. Each group keep an up to date Risk Log for their area and any issues for escalation are taken forward to the Divisional H&S Forum.

Monthly Quality & Safety Audit Tool (In use as of December 2015)

The Quality and Safety Tool has been reviewed and now includes relevant mental health indicators. The tool has been piloted and staff consulted believe it is more appropriate to inpatient MHLD settings than the previous versions. The tool retains the important indicators in relation to nutrition, falls, HAPU etc. The Division is developing the peer lead process and senior managers will be part of this work which will again increase their presence at ward level. It is anticipated that the peer led process will enable reviewers to develop a mentor type role for the ward environment they are linked to, which will realise additional benefits.

The Division agreed an audit programme for 2015/2016 based upon areas of concern from incidents and national priority. In total 44 audits have been registered with the Division since April 2016 and the Division has a completion rate of 32% which we are working to improve through the appointment of a dedicated lead for Clinical Effectiveness and robust monitoring at the new Quality, Safety & Experience Group. The results of this audit will be used to

promote and improve physical healthcare with the implementation of a policy and standards and several new initiatives that focus on health and well being.

The Division has developed a monthly 'Learning from Incidents and Complaints'. Version 1, September 2016 has been cascaded throughout the Division. There were three themes addressed: Communication; Involvement of friends and family and reaffirming the Therapeutic Engagement and Observation Policy. This also gives an opportunity to provide positive feedback to staff, general themes being; approachable, supportive, kind, friendly, patience and compassion.

The Division also had a 'Learning Event' in November 2016, including the launch of Safe Wards and also a case study presented with input from the patient's family.

Expectation: An agreed strategy is in place for developing mental health services across north Wales;

A full strategy for mental health services will be developed by the spring of 2017. The development of the strategy is being led by the Head of Strategy and Partnership for BCUHB and is being supported through the diagnostic phase with external support from Mental Health Strategies and Professor Steve Trenchard.

To support the development of that strategy and to ensure that the development is co-produced, a series of workshops has been arranged. These build on engagement events from the last year where around 500 colleagues have shared their ideas on what they'd like to see in the future. All workshops were completed by November 2016.

CANIAD have been appointed and are taking a leading role on the engagement to undertake a series of events in services. This will include 360 degree surveys to be completed by the end of October 2016 gathering information from current service users and carers or, those who have recently left services.
Engagement work being undertaken with general public – using the BCUHB 3 area Engagement Officers using the '5 Ways to Well Being' and 'Time to Change Wales'.

A Strategic Framework for mental health services has been developed which sets out the future model of services for North Wales and the key issues to address in the detailed strategy work over the coming months

Expectation: A clear management and accountability structure *[for mental health]* **will be in place from frontline clinical staff through to the Board**
[this is a phase 1 action carried over from section 9 as the overall expectation had been achieved with the exception

of the mental health element]

The structure described above clearly defines roles and responsibilities and will enable the Division to deliver on its key priorities and improve its responsiveness under all domains e.g. Mental Health Measure, Putting Things Right, with a supporting performance framework.

In accordance with the restructuring process being undertaken across the organisation, the Division will be undertaking a detailed review of the structures required to manage business and to ensure effective service delivery.
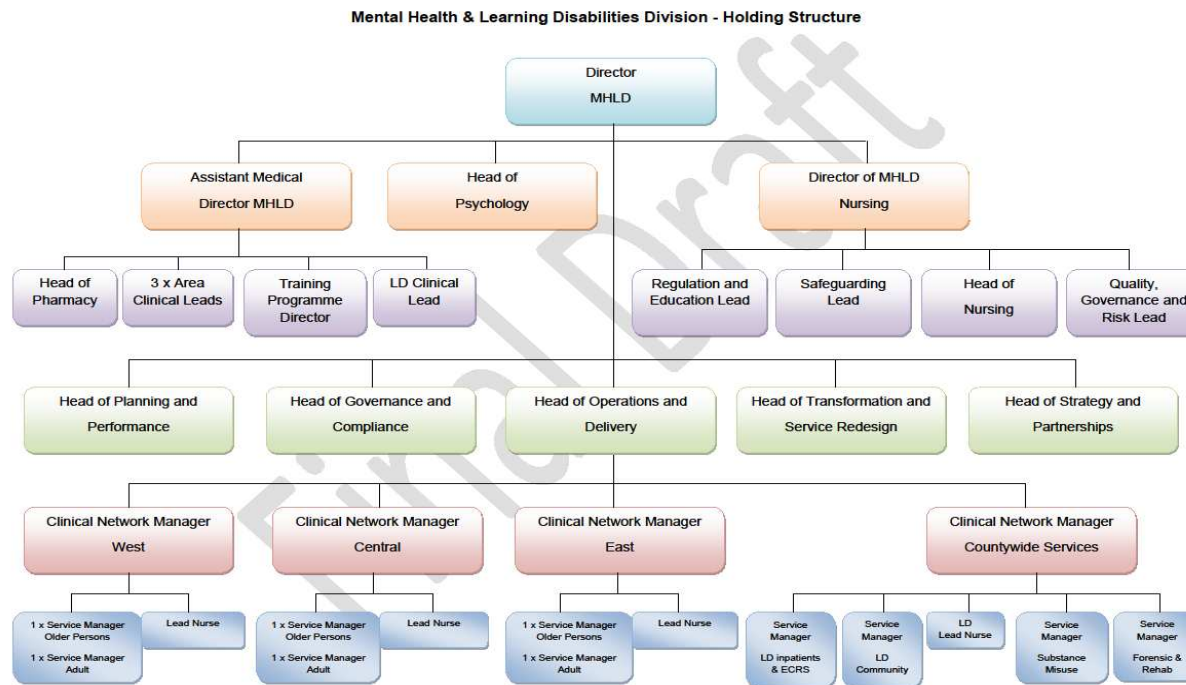
The Division is split into three areas, West, East and Central. Each area will have its own Triumvirate leadership team which will consist of a Clinical Director,a Clinical Network Manager and a Lead Nurse. These posts are new positions and the recruitment to these posts is in process. A Clinical Lead for Learning Disability services has also been appointed.

An initial review of the services has been undertaken with a view to developing a more effective structure based on anticipated delivery models.

The last twelve months have seen significant change within the Division. The leadership triumvirate is now established; Director of Mental Health/Learning Disability Services, Mr Andy Roach commenced in May; Ms Jen French joined the Division as Nurse Director in February and Dr Alberto Salmoiraghi has been appointed as Medical Director. Progress is now being made within the Division in supporting the development of the mental health strategy, developing the configuration of services to best meet local needs, and delivering a structure within the Division that best supports this.

The Triumvirate model of Director, Medical Director and Nurse Director is recognised as being perfectly applicable to MHLD. The newly appointed Director of MHLD reports directly to the Chief Executive. It was felt that this change in reporting may impact on the demands on the Director role and may require extra capacity if these demands are significant.

The leadership team has recognised the large scale change that is required to improve and modernise services and the involvement of all partners will be key to the success of this programme of work. It is therefore imperative that a 'holding' structure be established as priority to allow this work to commence. The holding structure has been consulted on and has received approval from the Health Board. The holding structure was implemented in September 2016 and all posts were filled by the end of October.

Mental Health & Learning Disabilities Division - Holding Structure

```
                          Director
                          MHLD

    Assistant Medical        Head of              Director of MHLD
    Director MHLD            Psychology            Nursing

Head of   3 x Area     Training      LD Clinical    Regulation and  Safeguarding  Head of    Quality,
Pharmacy  Clinical     Programme     Lead           Education Lead  Lead          Nursing    Governance and
          Leads        Director                                                              Risk Lead

Head of Planning and   Head of Governance and   Head of Operations and   Head of Transformation and   Head of Strategy and
Performance            Compliance               Delivery                 Service Redesign             Partnerships

Clinical Network Manager    Clinical Network Manager    Clinical Network Manager    Clinical Network Manager
West                        Central                     East                        Countywide Services

1 x Service Manager  Lead Nurse    1 x Service Manager  Lead Nurse    1 x Service Manager  Lead Nurse    Service   Service   LD       Service    Service
Older Persons                      Older Persons                      Older Persons                      Manager   Manager   Lead     Manager    Manager
                                                                                                                             Nurse
1 x Service Manager               1 x Service Manager                1 x Service Manager                 LD        LD                 Substance  Forensic &
Adult                             Adult                              Adult                                inpatients Community         Misuse     Rehab
                                                                                                          & ECRS
```

This new hierarchical structure clearly defines roles and responsibilities and will enable the Division to deliver on its key priorities and improve its responsiveness under all domains e.g. Mental Health Measure, Putting Things Right, with a supporting performance framework.

With the holding structure in place, and in accordance with the restructuring process being undertaken across the organisation, the Division will be undertaking a detailed review of the structures required to manage business and to ensure effective service delivery.

The Division will be split into three areas, West, East and Central. Each area will have its own Triumvirate leadership team which will consist of a Clinical Director, a Clinical Network Manager and a Lead Nurse. These posts are new positions and the recruitment to these posts is in process. A Clinical Lead for Learning Disability services will also be

	appointed. An initial review of the services has been undertaken with a view to developing a more effective structure based on anticipated delivery models. This process will require a wider dialogue with staff and stakeholders and it is important that there is a real link to the forthcoming outputs of the mental health strategy before this is formalised. Three middle manager roles currently exist within the division - County manager, Locality manager and Matron. A review of these roles is essential to provide clarity regarding the skills required to undertake each role, and of the requirements of the new management structure. Once the service model is finalised greater clarity can be provided that will enable consultation and recruitment. The specific discussion needs to consider inpatient and community delivery models along with adults and older people services and identify the most effective way of coordinating services based on the needs of patients and carers. Work is ongoing to find a practical way to address the issue of a number of vacant posts across the division, specifically in medicine and nursing, which increase costs significantly and can impact on the quality of care provided. This is a key priority for the Senior Management Team.
	Expectation: Continued improvement trajectories in performance *in mental health.* *[this is a phase 1 action carried over]* The Division continues to develop its Performance agenda. This is being led by the newly appointed Head of Planning & Performance and will include continued development of the MHLD Integrated Performance Report and live dashboard. A Divisional Finance & Performance (F&P) Group has now been convened and meets monthly; the purpose of the group being to provide the Senior Management Team with an objective review of, and assurance of Performance Management and Accountability. **Workforce:** **Staffing Trends/Background** The MH&LD workforce at 1652.09 WTE accounts for 11.5% of the overall BCUHB workforce and the following headline issues inform the actions outlined in our strategic priorities. • There has been little change to overall workforce numbers since Aug 15, FTE's have reduced by 11.2.

- There have been changes to the skill mix, Band 2 and Band 5 have reduced whilst Band 3 and Band 6 have increased.
- The cumulative sickness rate is 1.53% above the BCU target but does appear to be improving since Jan 16.
- Overall turnover rates are low, however, there are high rates amongst some groups e.g. consultants at 25%.
- 21.5% of the workforce are aged 51 to 55 and trend analysis indicates many retire soon after reaching the age of 55.

Workforce Strategic Priorities

- Strengthen Leadership and Capability. .
- Undertake workforce planning to accurately forecast our future staffing requirements
- Recruit to our agreed establishment levels and maintain levels to ensure safe staffing
- Support and develop staff to deliver expected standards of care and deal with performance that falls short of expectations.
- Be flexible in the deployment of our workforce to deliver appropriate levels of activity and reduce the need for overtime, bank and agency staff.
- Aim to be a centre of best practice for learning and development
- Develop a culture in which our values support compassionate care, openness and honesty.
- Encourage innovation by encouraging discussion about how we do things at ward and departmental level
- Support staff health and wellbeing to enable them to fulfil their roles
- Improve staff engagement and experience to build staff confidence in the Division as an employer of choice and provider of excellent care.

BCUHB has implemented a **Recruitment and Retention Strategy**, "Work where you want to live" which focuses on the advertising and marketing of BCUHB as an employer of choice. The division is actively engaged with this initiative through it's Nursing and Workforce leads. In conjunction with this initiative the Division has produced a **Medical Workforce Strategy** which maps a way forward for medical recruitment.

Sickness Absence: Although recorded sickness absence for latest data available (June 2016) has increased the overall cumulative figure has seen a reduction. Training for the All Wales policy has taken place.

Mandatory Training: Overall compliance has increased and the Division continues to work hard to achieve the

90% target.

Mandatory Training and Personal Appraisal and Development Review (PADR):

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
PADR %	52%	54%	57%	60%	60%	63%	64%	62%	63%	57%
Mandatory Training %	69%	70%	71%	72%	74%	75%	76%	77%	76%	78%

PADR and mandatory training – All accountable managers are required to continue to improve and sustain the increase in compliance with PADR and mandatory training. As demonstrated above, there has been a gradual improvement with compliance.

A Training Needs Analysis (TNA) of staff has been undertaken by the Head of Regulation and Education in conjunction with a Clinical Nurse Specialist. A developmental training plan is being developed based on the outcome of the TNA and is being implemented by Autumn 2016.

Expectation: Thelocalmentalhealth partnershipboard isfunctioning effectivelyandis providinga forum for effectivestakeholder andservice user engagement.

The Mental Health Partnership Board meets regularly and has representation from a number of key stakeholders. However, as part of the development of a new Mental Health Strategy for North Wales and the Together for Mental Health Delivery Plan 16/19,we are reviewing the current partnership Board arrangements. Discussions are ongoing with both the chair and a number of stakeholders and the Mental Health summit planned for January 2017 will help inform the new arrangements required for the Partnership Board.

Strategic & Service Planning	
Expectation:	This expectation has been achieved. Papers setting out details of the programme for the Whole System Strategy

TheBoardhasagreedandsignedoffa programmeto developawholesystemstrategyfor servicesinNorthWales	have been taken to the Board in July 2016 and to the Strategy, Partnerships and Population Health (SPPH) Committee in October 2016. A Programme Executive Group has been established with input from Independent Board Members. This is supported by Core Programme Groups in the key areas (Health improvement & inequalities; Care Closer to Home; and Acute Hospital Care.) Engagement has commenced through general awareness raising, supported by the Engagement Team, and targeted at key partnership forumsincluding Public Service Boards, the Regional Partnership Board, Stakeholder Reference Group, Community Health Council, Healthcare Professionals Forum and Local Partnership Forum. A timeline for the production of the Strategy has been agreed by the Board, which aligns with the timescale for developing the Board's Integrated Medium Term Plan. As part of the work to underpin the full strategy three strategic framework documents have been developed and approved by the Board covering the priority clinical areas identified in the special measures requirements, namely Mental Health, Primary and Community Services, Maternity, Paediatric and Neonatal Services. All papers are available on the Health Board's public website.
Evidenceof deliveringagreedmilestones withinthe2016-17operationalplan	The Board has established a monitoring process to track on a quarterly basis the achievement of the key deliverables in the Annual Operational Plan which were agreed in May 2016. This reporting framework is in addition to the Board's core integrated quality and performance reporting process. The first monitoring report in relation to delivery of the agreed milestones in the Operational Plan was presented to SPPH in July. The detailed Q2 report will be submitted to SPPH Committee in November.The reports identify areas of good progress across the 9 domains set out in the Annual Operational Plan, the challenges which remain and actions to be taken to recover areas where the expectations of the plan are not currently being delivered. All papers are available on the Health Board's public website.
Submission ofanapprovable planfor2017/2018	The Board's approach to the development of its Annual Operational Plan for 2017/18 was approved by the Strategy, Partnerships and Population Health Committee on 10th October 2016. This document set out the key principles for developing the Plan and the timescale for the achievement of milestones in its development. National Planning Guidance was received in early October which will now inform further the Health Board process. The principles underpinning our approach, alongside the timetable for delivering plans at a service / department level

	through to organisational level plans have been approved by the Committee. This is in line with Welsh Government expectations of the Health Board to produce an annual Operational Plan for 2017/18 consistent with our plan and approach in 2016/17.
Anoutline timetableforthedevelopmentofanapprovable three-year integratedmedium-term plantobesubmittedin2018will have been developed	The key actions and milestones required to develop our 3 year Integrated Medium Term Plan (IMTP) and longer term strategy will form key components of our planning work in 2017/18. This aims to ensure that the Health Board can deliver safe and sustainable services to the population of North Wales and address and improve health and healthcare services. An outline timetable for the development of the IMTP has been developed, which aligns with the timescale for the development of the Board's Strategy for health and health services – "Living Healthier, Staying Well"

Engagement	
Expectation: Establishlocalityengagementgroups to allowongoingengagementwithmembers ofthe public	Across the Health Board area a number of locality groups are already formed (egTywyn, Blaenau, Flint) and these have been supplemented by issue specific public groups (egPrestatyn, Wrexham) all of which we have held events with over the last 6 months. Our Public Engagement Strategy also describes taking an asset-based approach to engagement by utilising existing networks developed by partner organisations which we have been utilising to ensure continued engagement with the public. For instance, the Regional Collaborative Partnership has been undertaking an exercise to seek the views of the population in relation to the Needs Assessment required by the Future Generations Bill the outcomes of which we will use to influence our service planning. Since the SMIF was published further discussions have been held with partners (including the Community Health Council, local authorities and the third sector)on further development of Locality Engagement Groups with a strong view expressed by all that this would not be the most effective way to achieve our objectives in all situations and that existing forums are already in existence which would allow a shared engagement approach and reduce "engagement overload". Our plan is therefore to utilise this approach more widely as well as engaging with specific existing equality groups (eg local LGBT networks) which we have identified and visited. The role of our Engagement Officers – each one aligned to an Area Team but also responsible for overarching

corporate engagement activity – is to connect with our communities across North Wales at a grassroots level to strengthen relationships and identify opportunities to work more closely together to improve our services.

During Phase 2, we have attended a wide range of networking meetings and public events over the summer (over 50 in August and September), providing us with a profile in our communities and opportunities to actively talk to people and gather views. We have chosen events which are well attended by North Wales residents, providing plenty of opportunities to chat and listen to what people think.

In the spirit of partnership, we have invited the Community Health Council to join us at a number of the larger scale events such as county shows and food festivals to talk to people alongside us. These invitations were accepted where it was possible for the Community Health Council to arrange representatives to attend.

We have also arranged for other partners including Public Health Wales and Caniad to join us.   In parallel, there has been significant engagement activity in relation to the development of the Mental Health Strategy with Caniad facilitating a number of stakeholder events over the Autumn period to seek views specific to this work.

We currently have two Bevan Commission Exemplar Projects underway which have a focus on individual, locality and community engagement:

- Healthy Prestatyn/RhuddlanIach. This will focus on how the formation of a Patient's Council can underpin and encourage "customer" participation and ownership of service developments and individual and collective responsibility for personal health
- Well North Wales. The scheme will be based initially in 6 areas of high deprivation and will adopt a community development approach to address inequalities by supporting the building of resilient health communities which will incorporate extensive partnership and community engagement to maximise opportunities for co-production.

In order to understand the impact our engagement has in terms of public and stakeholder perceptions, we are working with the Consultation Institute to develop an evaluation process to provide a quantitative and qualitative assessment of our progress.

The scheme will incorporate assessment of five areas – activities, relevance and quality of information being provided, opportunities for participation and perceptions in relation to how feedback is used to influence service design. It will include a 360 survey of key stakeholders and a demographically representative cross-section of the public and will provide a detailed analysis of the effectiveness of our engagement activities.

It is currently planned to undertake an initial survey in early 2017. This will provide a benchmark of perceptions and

	inform the development of a longer term and robust continuous engagement programme; progress will be monitored throughout the scheme and a repeat survey will be undertaken in autumn 2017 to determine if our engagement is shifting perceptions. We will have the opportunity to extend the scheme for a further 12 months or to use the methodology to self-monitor in the future.
Establishaninvolvem entscheme acrossthehealth boardareafor individuals andgroupsto activelyparticipate	This expectation has been achieved. We launched our Involvement Scheme www.bcugetinvolved.wales (www.pbccymrydrhan.cymru in Welsh) on 14th August 2016. The aim of the*Get Involved* website is to share information on what's happening in the Health Board, promote the various opportunities for the public to get involved in our, whether it be volunteering, joining a special interest group or having a say on an issue. The involvement scheme includes promotion of our "public members" scheme. We currently have 24 members who act as critical friends. Our intention is to encourage more people to volunteer for this role and to identify more opportunities for them to be involved in service improvements. Examples of the work public members are supporting include participating on, clean hospital, groups/audits, readers panel, car parking committees and equality stakeholder group. Although some people want to get involved through volunteering, others simply want to give their views through participating in formal surveys and or offering general comments. Since the launch of the scheme we have invited our communities to have their say in a wide range of formal engagement programmes such as the population needs assessment surveys as part of the Social Services and Wellbeing and the Future Generations Acts. Examples include encouraging people to participate in the "*County Conversation*", "*Wrexham We Want*" *North Wales Citizen Panel* surveys and Welsh Government's consultation on health care in North Wales. This has involved inviting people to take part in online surveys or attend community drop ins or speak to Health Board staff at our wide number of public events. The registration process asks individuals to indicate if they have an interest in a specific service, condition or area which will give us the opportunity to target members with information about the topics and issues which they tell us they are interested in as the

work on developing our services strategy increases momentum.

In-house, we have created a site that is easily accessible, intuitive and simple to use, moving away from the NHS Wales 'Cascade' content management system for a cleaner, appealing, less cluttered look. This has cost very little (hundreds of pounds rather than thousands) although some further development of the site is required in order for it to be thoroughly responsive across all devices e.g. tablets, mobile devices as well as desktop browsers.

The English website has attracted over 1,000 visitors and more than 5, 000 page views within a month of launching. There have been some 200 visitors to the Welsh language site.It is a 'live' resource in that it is being updated regularly with fresh content, which is crucial for securing repeat visits from users.

We have taken care to avoid pages of solid text and have instead used pictures, case studies and videos to get messages across.

There is an events calendar on the site so that people can see details of the meetings and events we and/or our partners are attending.

We have asked colleagues and partners, including the Community Health Council and Stakeholder Equality Group, for feedback on the site and have acted on all feedback received so far. For example, we have ensured that we have a British Sign Language video to welcome those with hearing loss to the site alongside the welcome video from the Chief Executive. We have also sought to ensure that the imagery on the site, which contains no stock photographs, only images of genuine BCUHB staff, volunteers and patients, is as representative of all sections of our population as possible.

We currently over 320 active "members" or groups registered with the involvement scheme. We have procured a database and high levels of website protection to minimise the risk of hacking and to keep all registrants' personal details secure. Each person or group signing up to the scheme has been sent a BCUHB newsletter as a welcome to the scheme. They will continue to receive regular emails with information on getting involved.

Some 70 individuals have requested that they are sent information by post.

We are also encouraging people to sign up to the scheme through our networks and via

	partners' digital channels. We are asking people to register at the BCUHB stand at the public events we are attending across North Wales.Our aim is to increase membership by 10% per month in the first year and we intend to undertake a "hard launch" within the next 2 months to encourage further participation. We have attended a number of meetings to share this development with colleagues across the Health Board including the Health Professionals Forum, the Stakeholder Reference Group, and a Board Development session, where it was positively received.
Staff Engagement	
Expectation: Produce a strategy for engaging with and listening to patients, staff and the public, and describe how this links with the development of the over-arching Board vision and strategy (this was a phase 1 expectation; the staff engagement element was carried forward to phase 2)	A Staff Engagement Group was established by the Health Board at its meeting held on the 21st January 2016, following the presentation of a report on a UNISON Listening exercise and other materials on staff engagement. The group's membership includes 3 Independent Members, 6 management representatives, 7 Trade Union representatives. The meeting is serviced by the W&OD function. The group has met on six occasions. The minutes of the meeting record that the Task Group was to 'take forward the UNISON report and issues discussed at the meeting, including further improvement work in areas such as team working, raising concerns and management development'. The group has provided oversight for both quick wins and the development of a staff engagement strategy. The group has overseen a number of quick wins which have included: 1. Issue of guidance on working with staff on release to attend routine medical and dental appointments. 2. Issue of guidance to managers, via Staff Health & Wellbeing Group, on the importance of hydration. 3. Issue of guidance to managers, via Staff Health & Wellbeing Group, on health and well-being of sedentary workers. 4. Development of a business case to introduce Lifeskills training. 5. The group has overseen the development of a Staff Engagement Strategy which was approved at the meeting of the Health Board held on the 18/08/16, following earlier scrutiny at the Strategy, Partnerships and Population Health Sub-Committee on the 28/07/16. Subsequent to the approval of the strategy by the Board, an implementation plan has been drawn up. This has generated a number of business cases that have been considered and approved at meetings of the Executive Team including: • Pilot roll out of 3D approach (a programme which identifies ways of keeping staff enthused, involved and

	engaged) • Chief Executive on the spot awards • Listening leads • Photo Board • Cultural tools Team briefing has been repackaged and re-launched by the communications team. Various streams of activity are being targeted for completion by the end of November / beginning of December with a view to an update report being presented to a meeting of the Board during January '17. The Health Board has participated in the NHS Wales staff survey. The BCU and all Wales reports on the outcome of participation in the Medical Engagement Scale are currently being considered by the office of the Medical Director. Participation rates in PADR (Performance Appraisal Development Review) processes have increased to 53%, but remain below the all-Wales average of 57.9%. Further progress is being driven forward. Completion of mandatory and statutory training remains below targeted levels, but at 66.9% is the highest of any NHS Wales organisation – with a Welsh average of 45.9%
Maternity	
Expectation: Continuedimproveme ntinthecultureandclini cal leadershipwithinmate rnityservices	**Leadership** The Women's Service has been retained as a pan North Wales Directorate, led by a Head of Midwifery with a team of 3 Clinical Directors, an overall Medical Lead, Senior Clinical Lead/Managers and a designated Executive Lead, to maintain continuity in monitoring the governance arrangements and to drive the improvements required for a service in special measures. The Clinical Leadership Structure and staffing on all 3 sites continues to reflect the Workforce Governance Standards recommended in the Royal College of Obstetricians & Gynaecologists (RCOG) / Royal College of Midwives (RCM) Safer Childbirth Report (2007).

A Consultant Midwife appointed to the clinical team will support and promote the normality agenda in North Wales. The Consultant Midwife commenced in post on 22/8/16 and will be based in YGC.

A detailed medical model is being developed as part of the sustainable plan for Women's Services. To date 8 permanent Resident on Call Consultant posts have been appointed. Plans to recruit to posts on a permanent basis in Central are being progressed.

Culture

The Temporary Removal of Midwifery Students from YGC in June 2015 was a joint decision taken by the AEI and Health Board in response to concerns raised by external stakeholders relating to the promotion of normality, staff attitudes, behaviours and morale on site as a result of the on-going uncertainty about the unit. In response to the temporary removal of students local and strategic action plans to improve the learning and clinical environment were developed. The service plans were developed in partnership with key stakeholder, which included Bangor University, Workforce & Organisational Development (W&OD), Local Supervising Authority (LSA) and RCM colleagues.

The progress against the plans is monitored via an established group which include the key stakeholders. This group is formally known as the 'Improving the Learning Environment Stakeholders Group' and is held monthly.

The Improvement plans acknowledgepast reports that highlight cultural issues identified on the unit. The implementation of the plans has been a collaborative piece of work which supports behavioural and cultural change, specifically the introduction of the RCM's Undermining Behaviour and the STOP (Start Treating Others Positively) sessions, with the appointment of a Consultant Midwife to support and promote the normality agenda.

The RCM Undermining Behaviour and 'STOP' sessions are being rolled out across North Wales in Q3.

The Directorate has also approved the introduction of the PROMPT training which supports multidisciplinary working. Discussions to adopt this training Nationally are to be considered at the Quality and Safety Sub Group of the Maternity Network in November (Q3).

In addition on external Organisational Development company has been commissioned to support the plan to improve the culture and multidisciplinary team working within maternity services. The communication and diagnostic phase of the programme commenced in July 2016. A proposed Organisational Development plan will be presented to the Executives in

	November 2016. Progress against the agreed project plan is being monitored weekly by the Service and the Exec Lead and updates provided to WG fortnightly. A meeting was held between the AEI and BCU on the 5/9/16 to consider the phased re-introduction of midwifery students into YGC. Comments and evidence from all stakeholders were considered in the overall assessment. Following completion of the Risk Assessment for Clinical Placement Areas a joint decision was made to return third year students only in the first instance (September 2016) with added support and weekly monitoring of the learning environment by the AEI. These monitoring arrangements will inform weekly assurance reports for the respective Organisations. The reports will also be monitored at the Practice Education Quality Assurance Group and at the Joint Executive Oversight Group. The re-introduction of the 3rd year students into Maternity in YGC will be formally re-assessed in December 2016, Q3, before any decision is made to return further cohorts onto site.
Continuing improvement against the national maternity services performance dashboard	Performance against the national maternity outcome measures and key performance indicators (KPIs) are monitored locally at the Women's Quality, Safety & Experience Committee (QSE) and Board and submitted for inclusion to the national dashboard monthly. Monthly Exception Reporting is escalated to the Health Board's QSE Committee specifically in relation to c-section and low birth weight rates. A Women's Service Assurance Report was presented to the Quality, Safety & Experience Committee of the Board in November. The Service also presented its performance data and improvement plans for Q1 and Q2 toWG at the Maternity Performance Board in Q3 (21/11/16). Locally the service is monitored on a 4 hourly basis using specific KPIs introduced to monitor staffing, safety and capacity within maternity. This daily reporting informs a weekly dashboard which is presented to WG as part of the Special Measures Monitoring. The Service continues to be monitored ata fortnight meeting with WG officials as part of Special Measures. **Maternity & Community Dashboards** The Dashboards are tools that are employed to monitor the implementation of principles of clinical governance 'on the ground'. They can be used to benchmark activity and monitor performance against the standards agreed locally/nationally

on a monthly basis. The Maternity and Community Dashboards utilised in Women's Services provide contemporary information about resources ,workforce , clinical activity, risk management issues and user feedback enabling early detection of 'deviation from agreed goals' and initiating a timely and appropriate actions to be taken to avoid patient safety incidents and improve clinical care.

Locally the service has set goals for each of the parameters monitored , as well as upper and lower thresholds with a traffic light system approach;
- Green – when the goals are met (that is within the lower thresholds)
- Amber – when the goals are not met (that is, above the lower threshold but still within the upper threshold) . If a parameter is on amber, it indicates that action is needed if one is to avoid entering the red zone.
- Red – when the upper threshold is breached. If a parameter enters the red zone then immediate action is needed from the highest level to maintain safety and restore quality.

The Maternity and Community Dashboardsare reviewed monthly within the service and improvement plans are requested as necessary and monitored. The national maternity KPIs and Maternity Outcome Measures are captured on a scorecard and are also reported monthly within the service and to Welsh Government at the Annual Maternity Performance Board which has demonstrated continued improvement on a number of indicators. Detailed Maternity performance data is available upon request.

Low Birth Weight – (LBW)

The national incident rate for live singleton babies with a birth weight below 2.5kg is 6.9%. The proportion of babies with a birth weight below 2.5kgs is a national outcome measure against which Health Boards are monitored against on a monthly basis. The Health Board reported a rate of 7% for the year ending September 2016.

A number of risk factors are understood to cause LBW. Smoking in pregnancy is emphasised as a significant modified risk factor. The population attributed risk from maternal smoking is estimated to be between 10-27%. Other key risk factors include poor nutrition, substance misuse and sexual infections.

The highest incidence of babies born weighing less than 2.5kg has been recorded within the Flying Start Areas which reflects the highest areas of deprivation in North Wales. The Women's Directorate continues to work with Public Health colleagues to review the actions being taken to address LBW and implement new initiatives and clinical programmes to support the work – examples of which are ;
- Smoking cessation programmes

- Gaining no more than the recommended weight in pregnancy programme
- Introduction of the Gestational Related Optimal Weight (GROW) programme to detect babies who are small for their gestational age during the antenatal period. Once babies are identified an intervention is the planned according to the circumstances. N.B – Small for Gestational Age and smoking are known risk contributors of Stillbirths.

The graph below indicates a positive downward trend in the percentage of low birth weight infants within BCUHB.

Percentage of live singleton births with a birth weight of less than 2500 grams
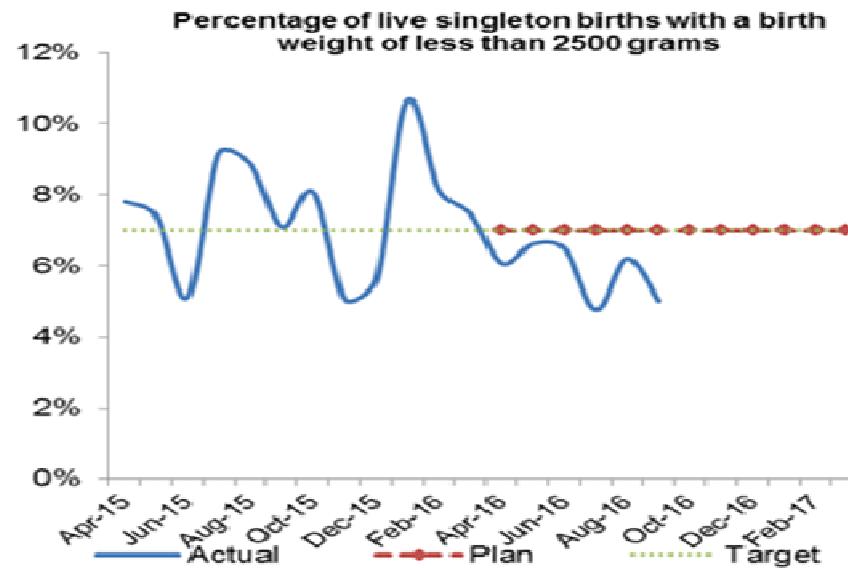
Stillbirths

The stabilised and adjusted stillbirth rate for the Health Board was 4.45 per 1000 total births in 2014. As this constituted an Amber performance marker a full local review of all our stillbirths was completed as recommended by MBRRACE –UK and the findings have informed a local action plan and our care provision within the Organisation.

The Perinatal Mortality Surveillance Report (2015) reported the Health Board's Stillbirth rate as 3.52/1000 which is a reduction from the previous reporting year. With all the interventions as noted above we expect the rate to be maintained

	and be improved going forward.
Satisfyingnational andstatutoryrequirem entsfor mandatorytrainingwit hin maternity services.For example cardiotocographytrai ningandmidwiferysup ervision	Compliance is as follows: **Midwifery Overall Compliance** Mandatory Training – 100% Mentor Update Training – 100% Triennial Reviews – 100% Annual Supervisory Reviews – 100% PADR compliance – 100% **Medical Overall Compliance** **Mandatory Training** Consultants – 82%, Juniors 67% in East Consultants – 91%, Juniors 89% in Central Consultants – 75%, Juniors 76% in West **RCOG Cardiotocograhy e-learning training** – 100% compliance was achieved in March2016. A rolling programme for 2016/17 is being progressed. Trajectory 100% compliance required by Feb 2017. The NMC Follow Up Review of the LSA in Wales and Statutory Supervision in BCUHB concluded on the 23/6/16 and confirmed that all rules relating to Statutory Supervision were met and that Rules 7 & 9 were met promptly following their Extraordinary Review in July 2015. A further LSA Annual Audit Review was undertaken on 22nd and 21st of September 2016. Again all Rules and Standards pertaining to Statutory Supervision were met. A written Report will be available to the Health Board in December 2016, Q3.
Clarityaboutthefuture strategyandservicepl an for redesigningmaternity, neonataland paediatric	The RCOG's – Options Appraisal of Maternity Services at BCUHB was submitted to the Board in July 2016. Whilst the report did recommend further work on a range of options, those relating to the siting of the SuRNICC were not applicable as the decision of the Board in December 2015 was to support the outline Business Case with the SuRNICC at YGC. The other recommendations detailed in the report has formed part of the evidence considered in order to develop the strategic framework for Maternity, Neonatal and Paediatrics . This strategic framework reflects the WG's requirement that 45% of pregnant women are offered a low-risk, midwifery led environment for birth reflecting the Prudent Maternity Care principles.

servicesaspartofthe SURNICC business casesubmission.	The SuRNICC Full Business Case was formally approved at the public meeting of the Health Board on 21st July and submitted to Welsh Government for consideration on 22nd July 2016. Following scrutiny through the Welsh Government's Infrastructure Investment Board approval has now been received for the scheme to commence. Main works on the scheme have now started in line with the project timeline.
Primary Care	
Expectation: Clear integratedstrategyfor primaryandcommunit ycareexists andthehealthboard understands riskstolocal sustainableservice delivery	Progress is being made on the development of an integrated approach to primary care and community services,. This forms a core element of the Board's strategic direction moving forward and is being progressed under the Care Closer to Home element of the Board's overall strategy The Programme Brief for this work has been developed and consulted upon. A baseline assessment was completed by the end of November as part of the diagnostic phase. A Strategic Framework for Primary and Community Services has been developed which will inform the development of the broader strategy going forward. From 2016/17 onwards the vision and mission for the clusters of North Wales will be more consistent, sustained, less diverse and embrace innovation that is progressed at pace. Over the next 2 years, the maturity matrix of the clusters will attain level 3 or 4 status, functioning and performing to an advanced level. This level of maturity will enable them to make decisions based on the needs of the local populations they serve, rather than on individual practices within cluster areas. Each cluster will be in a position to evaluate performance, quality and outcomes, making adjustments where necessary to ensure the best for their patients, population and the Health Board. Leadership and governance plans will be fully developed and the vision of how to deliver care truly shared both within and across the cluster network. The challenges that have faced practices and clusters of North Wales will remain during 2016-2017, especially those relating to the acquisition of trained staff such as doctors, nurses, therapists and pharmacists. Despite these challenges, excellent work has already been achieved and the Health Board is beginning to acquire a true picture of what 'good looks like' in the modern Primary Care Service. Each Area has been working with their clusters to develop a risk assessment of primary care sustainability. In addition a regional sustainability matrix has been developed, reviewing key indicators and Primary Care Area Teams are working at an individual practice level to proactively review risk and implement mitigating actions. **GMS Sustainability Framework**

The agreed Welsh national changes to the GP Contract for 2015/16 and 2016/17 included a commitment to address the sustainability of GP practices. This would be done through the development of an evidence based approach, including a risk matrix, to assess the extent to which access and continuity of services can be secured and improved for patients (through services in addition to those currently provided), in particular, in rural and deprived urban communities. This evidenced based approach includes unavoidably small and multi-site GP practices.

BCUHB Five Domain Risk Assessment

In advance of this national framework being agreed, the Primary Care Support Unit had developed a risk matrix to assist in forecasting those practices which are likely to fall into difficulty over the coming 12-18 months, to enable pre-emptive action in advance of a practice moving into a 'crisis' situation. This matrix provides Area Directors with improved information to allow BCUHB's approach to move to proactive rather than reactive support to practices.

The 5 domains which are considered as part of this assessment are:

- **Clinical Concerns –** this relates directly to whether there are any clinical concerns about the practice. For example, any complaints (especially grade 4&5) that have been made by patients, any investigations that are taking place or have taken place concerning GP's performance.

- **Sustainability –** refers to general issues that may affect the practice's sustainability. For example, if the practice is aware of any imminent retirements, succession planning, finance issues (inc. MPIG), and whether or not the practice is single handed.

- **Compliance –** refers to the practice's willingness to engage with the Health Board. For example: cluster working and their involvement in developing plans and any issues raised as part of the Quality Assurance Visiting Programme.

- **Premises –** refers to the physical premises that the practice delivers their services from. For example the suitability and condition of the practices clinical treatment rooms. It also includes: ownership/lease issues, equality and DDA.

- **Patient focus –** refers to the practice focus on delivery of the best services possible to patients. For example, practice opening times and the availability of appointments with this time, use of 'My Health on Line', and Innovative service provision. The detail of the scoring process is described in Appendix 2 below, however, in summary, each of the 5 domains is scored between 0 (Excellent) and 5 (Significant concerns / improvement required).   The maximum score

per Practice therefore is 25 and the lowest is 0.

To highlight the highest risk practices, these scores are then translated into a RAG rating:

	Score
Red	15 -25
Amber	8-14
Green	0-7

The PCSU and Area Primary Care staff undertake a regular Area and Regional Assessment of practices. The last one was undertaken in October 2016.

Supporting Unsustainable Practices

Currently 6 practices are managed by the Health Board. There is a recognition that the priority for the Board is to ensure that as the contract ends a service is in place for the patients of the practice. An option appraisal is undertaken with the cluster of neighbouring practices to develop and review the options available. An option appraisal and a business case are developed for the board to consider and support. Each business case is required to assess the timescale for living within the notional GMS budget.

Where managed practices are the preferred option, this may entail additional costs where there is a dependency on locums and other clinical staff such as ANPs, Advanced Practice Physiotherapists and Clinical Pharmacists to provide the service.

Over time we believe that managed practices should operate within the equivalent GMS budget for the practice size for the provision of GMS contracted services, working with a multi-disciplinary model of care should mean less dependency on GPs as other professions see less dependent patients, and traditional or innovative salaried roles for GPs reduce or remove the need for locums.

There are also opportunities for federalising or mergers where the geography permits, which will enable economies of scale to bring in a level of efficiency which may not currently be possible. This is not just an option for managed practices, but is also being actively considered by independent practices as a way of addressing sustainability.

| **Evidenceofeffectivecluster working** | The clusters of North Wales are mostly led by General Practitioners, supported by a developing network of cluster support staff to develop and implement the cluster plans and agree priorities as well as provide leadership to drive forward the wider |

	agenda for cluster working. Since the end of September all cluster staff are in post.
	The clusters are integral to the Area structures in BCUHB and the cluster leads, with support of other GP practices, work closely with the senior area teams. For example, over the last 12 months the cluster leads have supported the areas in strategic planning, sustaining primary care services and establishing clear communication links with the Health Board. Clusters in each Area are utilizing a generic maturity matrix to consider their aspirations for further development, innovation and responsibilities, The maturity matrix is on a scale from 1 (established), 2 (developing), 3 (performing) and 4 (advanced). Clusters consider themselves, in general, to currently be operating between level 1 and level 2. Each cluster aspires to be at level 3 (performing) especially with the support of the newly appointed of the designated cluster teams. A paper was presented to the BCUHB executive in July who agreed that, within the next 2 years all clusters will: • Have increased support and capacity for the cluster leads to develop and deliver cluster plans; • Have agreed a governance framework with the Health Board which clarifies their decision making processes, authority to act and accountability arrangements; • Have commissioned new services utilising the WG Cluster Funds and evaluated the impact. This will include improvements to procurement and recruitment processes across primary care and the Health Board; • Provide a key role in planning local services with a strong influence on the Area and Health Board planning processes eg the annual cluster plans will be fed into the Health Board's planning cycle; • Inform service delivery and management at a cluster level, with the potential for devolving budgets; • Provide a cluster approach to support GP practice sustainability, which will include the development of federated models; • Demonstrate improvements against agreed Performance Indicators and outcome measures relating to service provision and population health, supported by a primary care dashboard; • Ensure a multi-disciplinary approach to cluster planning, service delivery and improvement. Clusters have started addressing these points with the support of the cluster leads and Area Teams. Each Cluster fully complies with the requirements of the Cluster Network Development Domain of the Quality & Outcomes Framework of the GMS contract, developing and implementing cluster plans, holding regular meetings, focusing on the set national priorities and producing annual reports. Each cluster has also agreed priorities for the WG cluster monies and are at various stages of implementing these initiatives.

A summary of allocations and spend to the end of Q2 by cluster is set out below. There continues to be delays in spending these funds recurrently and non-recurrent use is being considered by each cluster. The Director of Finance has agreed to carry forward any under spending in this year to the next.

Cluster	Allocation in 2016/17 £	Total spend by end Quarter 2 (30 September 2016)	Forecast full year spend	Slippage
Anglesey	218,683	39,142	164,491	54,192
Arfon	198,160	29,813	101,667	96,493
Central & South Denbighshire	129,235	26,562	110,000	19,235
Conwy East	178,252	28,696	173,000	5,252
Conwy West	202,283	14,117	200,000	2,283
Deeside, Hawarden & Saltney	180,382	18,650	108,227	72,155
Dwyfor	83,873	39,805	50,000	33,873
Holywell & Flint	124,957	-	-	124,957
Meirionnydd	108,038	19,951	71,103	36,935
Mold, Buckley & Caergwle	144,391		-	144,391
North Denbighshire	200,715		90,000	110,715
South Wrexham	167,683	16,304	181,545	- 13,862
West and North Wrexham	120,582	34,341	64,588	55,994
Wrexham Town	152,865	43,556	92,943	59,922
Grand total	**2,210,099**	**298,877**	**1,407,564**	**802,535**

Continued investment, maximising the use of available resources to develop primary care and community services	Welsh Government Primary Care Funds and cluster monies are being utilised to fund services and developments which test new ways of working, improve access for patients and provide models of primary care that support practices to be sustainable. Cluster Funding is being used to improve access to healthcare, such as the GP/COTE medical staff, home visiting service, the temporary resident service, practice nurse training, and phlebotomists. This additional access further supports any struggling GP practices and enables patients to be seen nearer / at their own homes and spend less time on waiting lists. The funding of the pacesetter projects in the clusters are already contributing to the modernisation of Primary Care, tackling the priorities and health needs of the populations and supporting the principles of prudent healthcare.

- The Outstanding GP Scheme is a project to attract new General Practitioners from outside the area into North Wales, creating an attractive alternative career. The practitioners develop a specialty interest that can be practiced within the primary care, cluster and hospital settings. Each GP is placed with a practice for at least 12 months with a focus on supporting those practices,with particular workforce and recruitment challenges.

- Advanced Physiotherapy practitioners in primary care. This scheme is designed to improve patient access to musculoskeletal expertise, reducing the workload of GPs and transferring services from secondary care to primary care, , through reduction of hospital referrals and early intervention and treatment closer to the patients' homes. Indications to date are that these posts reduce the need for GP appointments by 30% and referrals to core services by 12%.

The interest from clusters in the service is high, with more allocation of funds to roll out the service to a wider area. To date 40 practices have at least 1 day a week of a physiotherapist in attendance.

- Advanced Pharmacists in Primary Care. Within North Wales we have twelve non-medical prescribers across the area working at Advanced Pharmacist Practitioner (APP) level. The pharmacists work within the GP surgery offering chronic disease clinics with clinical supervision provided by a GP mentor. The strategic plan is to develop the APP role to include:
  - ➢ Non-medical prescriber offering chronic disease clinics
  - ➢ New patient reviews
  - ➢ Support the repeat prescription process
  - ➢ Hold minor illness clinics
  - ➢ Provide expert advice for patients, health and social care staff around medicines. Liaise with Community Pharmacy to ensure seamless care.
  - ➢ Support care home medication reviews

Advanced Pharmacists are embedded into the Healthy Prestatyn Practice, using their skills to review medication, support other professionals in relation to prudent prescribing and reduce medicines related GP workload. Pharmacists are working within clusters to improve the care for Chronic Heart Failure patients and to reduce hypnotic medicines related harm.

Additional funds have been received to provide improvement grants to GP practices which have been allocated and schemes implemented.

Primary Care Investment Group meets monthly to monitor use of primary care monies and agree any variations. WG receives monthly updates on spend and projected spend.

Each Area is responsible for the core budgets for primary care and community services, a number fo which are ring-fenced. Allocation of these budgets is agreed locally and at a regional level eg development of new enhanced services, commissioning strategy for general dental services.

Effective partnership arrangements are in place to agree priorities for the utilisation of the Intermediate Care Fund, supporting admission avoidance and early discharge schemes.

Partnership working is key to the success and the plans of each cluster. In addition to working in partnership with other healthcare professionals, each area team is co-terminus with two Local Authorities. This supports engagement, networking and the development of joint working and integration of services.

- The Cartref Service in Dwyfor and Meirionnydd aims to offer improved access for patients within rural areas via virtual consultations from a community setting to a consultant at YsbytyGwynedd, negating the need to travel, freeing hospital appointment slots, yet retaining the quality of patient care. The project is now moving to linking nursing homes with YsbytyGwynedd and avoid unplanned admissions.

- FforddGwynedd is an integrated health and social care team for older people. It is comprised of social workers, district nurses, occupational therapists, enablement officers and third sector professionals. The team focus is on system thinking to address 'failure demand' and on 'what matters to the patients that they support.' Evidence to date is demonstrating a reduction in the number of social care packages.

- The Garreglwyd Dementia Scheme is an integrated BCUHB and Anglesey Local Authority programme to support people with dementia. This model supports residents in care homes to remain in the care setting for longer promoting improved quality of life and wellbeing.

- The partnership between Conwy Local Authority and BCUHB in Eirias Park combines elite sport, leisure facilities, community services and social care in one location.

- A social prescribing and childhood obesity projects is being piloted in the east clusters to provide an innovative way

	of delivering care within local communities and preventing ill health in the future. The social prescribing work proactively identifies patients at higher risk of creating high demand in both primary and secondary care.
	In all areas of the Health Board, funding has been used to deliver a range of services relating to intermediate care. Step up and step down beds are in place and there has been investment in strengthening community based teams. Initiatives are in place to support people in their homes as a credible and safe alternative to a bed within a hospital.
Growing management and clinical leadership capacity and capability to take forward the primary care agenda	Since the appointment of the Area Directors in April 2015 a new primary care management structure has been implemented. All Areas have appointed cluster and practice support staff.
	Each of the 14 clusters now has a cluster lead and a number of them are participating in all Wales lead development programme. Further development programmes for cluster leads and other primary care professionals are being planned for North Wales, for example bespoke skills workshops have begun with the first event focusing on needs assessment. In addition development programmes are being established for practice nurses and practice managers.
	A North Wales graduate trainee scheme has been developed and 4 management trainees have been recruited.
	A number of primary care papers have been considered by EMG over the past few months, increasing exposure of primary care issues to executives.
	A paper on future arrangements for the regional Primary Care Support Unit (contracting and clinical governance functions) and dental management is currently being developed for consideration by the Executive Team.
Demonstrable progress in implementing the revised out of hours (OOH) standards	The NHS Delivery Unit has undertaken an assurance exercise to establish that health boards have appropriate plans in place to deliver the revised quality and monitoring standards for the delivery of out of hours services by March 2018. The output of this is expected imminently. The Health Board continues to monitor progress against these standards, which include a mixture of process and outcome standards to measure quality and equity of service. A full report on the findings are reported monthly to Welsh Government and summarised in the Sitreps report. Whilst significant progress has been made, key areas for improvement include the need to ensure all patients receive a prompt response to their initial contact as well as timely coordinated clinical care.
	The graph below illustrates the improved performance within BCU of two key national OOH indicators i.e. response times

for triaged urgent and triaged routine calls.

Triage Times NWGPOOH
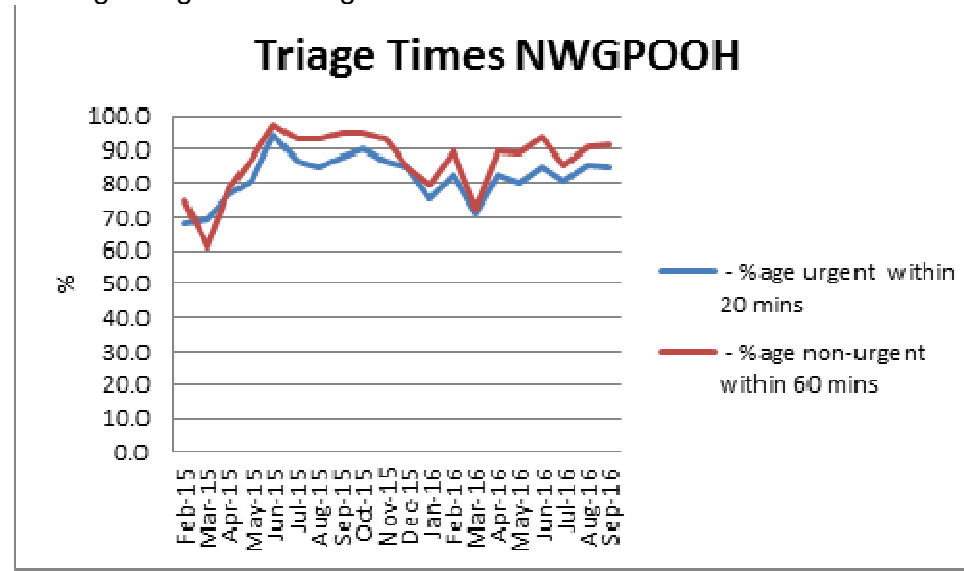
This improved performance can be set in context of increased volume of calls to OOH as per graph below:

Total Call Received
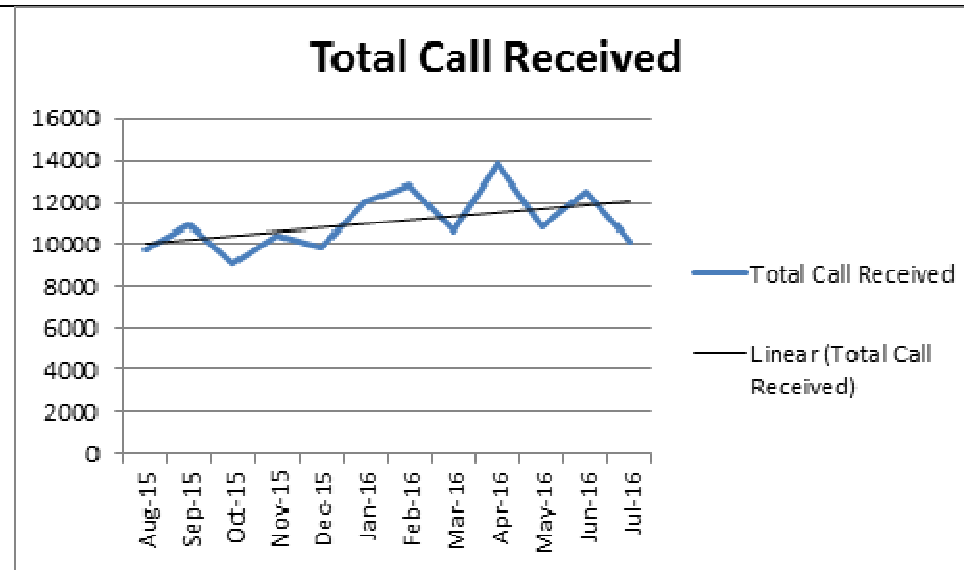
We have robust governance arrangements in place to actively monitor staffing rotas which enables us to actively manage any identified shortfalls and consider skill mix options to support service continuity, quality and safety.

One of the three divisions has worked with Area colleagues to support primary care in the daytime during the summer holidays (the Dwyfor Project)-improving access to services during these times. The Dwyfor Project is a partnership approach between the Dwyfor cluster and OoH whereby additional GPOoH coverage was provided in hours into the Minor Injuries Units at Bryn Beryl and Alltwen, to meet the increased demand of tourism and holidaymakers and those presenting as temporary residents. As an added benefit, what we saw over summer months was enhanced clinical capacity to maximise use of the minor injuries unit (MIU) function within those community hospitals. The impact of increased use of these MIUs has delivered a 2% increase in the West's combined delivery of the 4 hr emergency target, provided care to the indigenous population as well as holidaymakers closer to their residence and allowed local GP practices to focus on core activity – safely managed. Due to its success, GPOoH will be repeating the initiative for the October half term period. Positive feedback has been received from WAO to date regarding good practice in GP OoH which may be adopted and rolled out across Wales. We await the formal WAO Audit Report.

APPENDIX 2 – Letter from Geoff Ryall-Harvey, North Wales Community Health Council

Uned1BaDParcBusn
esWilkinson|
Unit1BandDWilkinsonBusin
ess Park
FforddDeClywedog|Clywed
ogRoadSouth
Wrecsam/Wrexham
LL139AE

Ffôn|Tel:01978356178

Ebost |Email:admin@waleschc.org.uk

30thSeptember2016

LizJones
HeadofCorporateAffairs
BetsiCadwaladrUniversityHealthBoard
BYEMAILONLY

DearLiz,

BCUHB– NWCHCWorkingRelationships

I
writeinresponsetoyourrequestformyreflectionsontherelationshipbetwee
n
BetsiCadwaladrUHBandNorthWalesCHC.Thishasbeenverymuchinmy
mindasinrecentweekswehavehadmeetingswithFrancesDuffyandSioned
Reesonthisverytopic.I havealsotouchedon
therelationshipinmysubmission
totheforthcomingHIWHealthcareSummit.

I havebeena CommunityHealthCouncilChiefOfficerfornearly30
yearsandit
ismyexperiencethatabalancedandconstructiveworkingrelationshipbetw
een theCHCandthelocalhealthboardisabsolutelyessential.WhenI
arrivedin NorthWalesinJune2013oneofmyprioritieswastoresetthe
existing
relationshipanddemonstratethatwewereacriticalfriendandnotanadjunctt
o theBetsiCadwaladrBoard.
OnhisappointmentasBCUHBChair,PeterHigson
understoodandsupportedthisapproachandmaderealeffortstoestablishth
e goodlinesofcommunicationthatwestillenjoy.

Intermsofdaytodayworkingrelationshipsbetweenofficersandmembersin
bothorganisations,Ibelievethattheyareconstructive,cordialandappropriate. Atthemostseniorlevel,wehavea reciprocalagreementof
"nosurprises"andI
amalwaysforewarnedofbreakingissuesinadvanceofthemediaandI
willdo thesameonbehalfoftheCHC.

MyChairandI haveeasyaccesstoPeterHigsonandGaryDoherty.I
amable to speaktoeitherof
themonissuesofurgency(*oftenrelatedtothecareof
individualpatients*)atanytime,onanydayoftheweek.
WhilstthismayappearI tobetrivial,I regardit asa
markerofgoodrelationshipsandalsoofthe
dedicationandcommitmentofanNHSChairorCEO.I
havecontactedbothof
themonmanyoccasionsintheeveningandweekendsandhaveneverfailed
to haveaconstructive,pro-activeresponse.I
enjoyedthesamearrangementswith
thepreviousDirectorofNursingandMedicalDirector.

Morewidely,NorthWalesCHChasnodifficultyinobtainingtheinformationand
accessweneedtocarryoutourrole.Staffatalllevelsareinvariablyhelpfuland
open.Inlongertermprojects,wemakeproductiveallianceswithkeystaff– I am
thinkingofourlongtermjointworkwiththeInfectionPreventionTeamon
BugWatchandtheTransformingNursingCareTeamonCareWatch.Other
alliancesaredevelopingaroundourworkonhospitalfood,theUrologyService
andourrecentreportonDignityinDeath.

InrelationtothewiderissuesidentifiedbySpecialMeasures,NW CHCbelieves
thatgoodstartshavebeenmadeonallof thosemattershighlightedbythe Minister;

- WearepleasedtoseethatBCUHBaremakingstrongeffortstoaddressthe
  Minister'sconcernsabouttheirperformanceinrelationtoComplaintsand
  Concerns.Thisisgoingbeyondtheusualconcentrationonnumbersand
  targets,theCHCwasrecentlyinvitedtopresenttokeystaffonthe
  human/personaleffectsofdelaysinresponsestoconcerns.Wewelcome
  alsothePALSinitiative.
- RecentStakeholdereventshavebeenwellorganisedandinclusive.A
  widelymadeobservationattherecent"*LivingHealthier– StayingWell*"
  eventwasthatBCUHBwereexcellentatpreparingwell-presentedand
  excitingstrategydocuments– thatthendisappearedfromview.*Whilstthis
  isaharshcriticism,thereismorethan grainoftruthinit andweneedto
  seethatchange.*

- BCUHBaretakingafreshapproachtopublicengagementandhave appointeda dedicatedPPETeam.Thenewandextensiveuseofsocial mediabyBCUHBdeservesa specialmention– *itisanexampleto all public bodiesinWales.*

- TheChiefExecutivehasmadea strongstartandtherelationshipbetween theChairandtheCEO(*previouslyhighlightedbytheHIW/WAOreportas anareaofconcern*)continuestobeexcellent.

IndiscussionswithseniorWelshGovernmentrepresentatives,I haveheard suggestionsthatNorthWalesCHCandBetsiCadwaladrUHBdo notenjoya goodrelationship.ThisseemstobebasedontheCHC'sreferraloftheYsbytyGlanClwydmaternityservicesproposalsinearly2015.I welcomethe opportunitytoendthisperception.Therewasnoanimosityorbreakdownin relationshipatall.Therewasmutualunderstandingandrespectonbothsidesfor thepositionstakenonthisdifficultissue.TheCHCandBCUHBsubsequently workedverycloselyontheconsultationwiththejointgoalofmakingit an exemplarofgoodpracticeandyouwillrecallthatI madea publicstatement commendingtheBoardforitsefforts.

Yourssincerely

GeoffRyall-Harvey

APPENDIX 3 – Special Measures Improvement Framework - Expectations in Phase 3 can be accessed via*http://gov.wales/docs/dhss/publications/160129framework1en.pdf*