

Bundle Health Board - public 28 March 2019

10.30am Catrin Finch Centre, Glyndwr University, Wrexham. LL11 2HJ

- 1 OPENING BUSINESS AND EFFECTIVE GOVERNANCE
 - 1.1 10:30 - 19.41 Chairman's Introductory Remarks - Mr Mark Polin
 - 1.2 10:32 - 19.42 Special Measures Task & Finish Group Chair's Assurance Report 25.2.19 - Mr M Polin
 - 19.42a SMIF Chair's Assurance Report 25.2.19.docx
 - 19.42b SMIF_Joint Escalation and Intervention Arrangements letter.pdf
 - 1.3 10:37 - 19.43 Apologies for Absence
 - 1.4 10:38 - 19.44 Declarations of Interest
 - 1.5 10:39 - 19.45 Draft Minutes of Trustees Board Meeting Held on 24.1.19
 - 19.45 Minutes Trustees Board Meeting 24.1.19 Public V0.01.docx
 - 1.6 10:44 - 19.46 Draft Minutes of the Health Board Meeting held on 24.1.19 for accuracy and review of Summary Action Log
 - 19.46a Minutes Board 24.1.19 Public V0.05.docx
 - 19.46b Summary Action Log Public.doc
- 2 ITEMS FOR CONSENT
 - 2.1 10:54 - 19.47 Committee and Advisory Group Chair's Assurance Reports
 - 19.47.1 Mental Health Act Committee 3.1.19 (Mrs M W Jones)*
 - 19.47.2 Quality, Safety & Experience Committee 22.1.19 (Mrs L Reid)*
 - 19.47.3 Remuneration & Terms of Service Committee 14.1.19 (Mr M Polin)*
 - 19.47.4 Strategy, Partnerships & Population Health Committee 5.2.19 (Mrs M W Jones)*
 - 19.47.5 Information Governance & Informatics Committee 13.11.18 (Mr J Cunliffe)*
 - 19.47.6 Stakeholder Reference Group 5.3.19 (Mr Ff Williams)*
 - 19.47.7 Local Partnership Forum 8.1.19 (Mr G Doherty)*
 - 19.47.8 Finance & Performance Committee 17.1.19 (Mr M Polin)*
 - 19.47.9 Finance & Performance Committee 26.2.19 (Mr M Polin)*
 - 19.47.1 Chair's Assurance Report MHAC 3.1.19 v1.0.docx
 - 19.47.2 Chair's Assurance Report QSE 22.1.19 V1.0.docx
 - 19.47.3 Chair's Assurance Report RTS 14.1.19 v1.0.docx
 - 19.47.4 Chair's Assurance Report SPPHC 5.2.19 v.01.docx
 - 19.47.5 Chair's Assurance Report IGIC 13.11.18 v1.0.docx
 - 19.47.6 Chair's Report to Board SRG 05.03.2019 v1.0.doc
 - 19.47.7 Chair's Report LPF 8.1.19 V1.0.doc
 - 19.47.8 Chair's Assurance Report FPC 17.01.19 v1.0.docx
 - 19.47.9 Chair's Assurance Report FPC 26.2.19 v1.0.docx
 - 2.2 11:14 - 19.48 Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2008. Update of Register of Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales) - Mr Gary Doherty

Recommendation:
The Board is asked to ratify the attached list of additions and removals to the All Wales Register of Section 12(2) Approved Doctors for Wales and the All Wales Register of Approved Clinicians.

 - 19.48 AC & S12 Report.docx
 - 2.3 11:16 - 19.49 Annual Review of Standing Orders, Scheme of Reservation and Delegation and Board Cycle of Business - Mrs Grace Lewis-Parry

Recommendations:
That the Board:-
(1) note the deferral of the Annual Review of Standing Orders pending the national review of the Model being undertaken by Welsh Government;
(2) approve the revisions to the SORD (Appendix 1) as endorsed by the Audit Committee;
(3) approve the Board cycle of business for the year ahead (Appendix 2), noting that this is an iterative document.

 - 19.49a Board COB and SO update_coversheet.docx
 - 19.49bi Appendix 1 SORD table of changes.docx
 - 19.49bii Appendix 1 SoRD 2018 19 v0.06 draft.docx

- 2.4 11:21 - 19.50 Update on North Wales Vascular Service - Dr Evan Moore
Recommendation:
The Board is asked to note the report
19.50a NW Vascular services update coversheet.DOCX
19.50b NW Vascular services update report.docx
- 3 FOR DISCUSSION
- 3.1 11:31 - 19.51 Integrated Quality & Performance Report - Mr Mark Wilkinson
Recommendation:
The Board is asked to note the report and to assist in addressing the governance issues raised.

19.51a IQPR Board Coversheet- February 2019.docx
19.51b IQPR Board - February 2019 FINAL.pdf
- 3.2 12:01 - 19.53 Finance Reports Month 10 and Month 11 - Mr Russ Favager
Recommendations:
Month 10
It is asked that the report is noted, including the forecast outturn of £42.0m and recognising the significant risks to the financial position
Month 11
It is asked that the report is noted, including the forecast outturn of £42.0m and recognising the significant risks to the financial position.
19.53a M10 Finance Report for Board.docx
19.53b M11 Finance Report for Board.docx
- 3.3 12:31 - 19.54 Wales Audit Office Annual Audit Report - Mrs Grace Lewis-Parry
Recommendation:
That the Annual Audit Report be received.
19.54a WAO annual audit report_coversheet.docx
19.54b WAO annual audit report.pdf
- 3.5 12:41 - 19.55 Concerns Management – an update to include actions requested within the Public Service Ombudsman Wales (PSOW) Annual Letter 2017/18
Recommendation:
It is recommended that the Board note the report
19.55a Concerns and PSOW_coversheet.docx
19.55b Concerns and PSOW.doc
19.55c Concerns and PSOW Appendix 1.DOC
- 3.6 12:56 - 19.56 Staff Engagement - NHS Wales Staff Survey 2018 : Delivering Improvement - Mrs Sue Green
Recommendations:
The Board is asked to:
1. Approve the Organisational Improvement Plan.
2. Note the Divisional improvement plans.
3. Note and endorse the link between the national NHS Wales Staff Survey and the BCUHB ByddwchynFalch/BeProud survey work.
4. Note the national changes to the approach of collecting colleague experiences.

19.56a Staff Survey coversheet.docx
19.56b Staff Survey 2018 Report HB v0.3.docx
19.56c Staff Survey 2018 Improvement Plan -Appendix 1.xlsx
19.56d Staff Survey Master Division Improvement Plans Appendix 2A_v2.0 pdf.pdf
19.56e Staff Survey Master Corporate Division Improvement Plans Appendix 2B V2.pdf
- 3.7 13:11 - Lunch Break
- 4 13:41 - FOR DECISION
- 4.1 19.57 Enabling Strategies - Mr Mark Wilkinson
- 4.1.1 19.57.1 Workforce Strategy
Recommendation:
The Board is asked to approve the Health Board's first Workforce Strategy.

19.57.1a Workforce Strategy coversheet.docx
19.57.1b Workforce Strategy v3 120219.docx

- 4.1.2 19.57.2 Estates Strategy
Recommendation:
The Board is asked to approve the estate strategy subject to formal annual review by the Health Board.
19.57.2a Estate Strategy LHSW coversheet.docx
19.57.2b Estate Strategy LHSW v6 Feb 2019.docx
19.57.2c Estate Strategy LHSW Appendix 1 - Current Estate Locality Map Dec 18.pdf
19.57.2d Estate Strategy LHSW Appendix 2 - Analysis of estate revenue costs Feb 19.docx
- 4.1.3 19.57.3 Digital Strategy - verbal update
- 4.2 19.58 3 year outlook and 2019/20 annual plan - Mr Mark Wilkinson and Mr Russ Favager

19.58a 3 year outlook coversheet.docx
19.58b Final Outlook Paper 220319.docx
19.58c 3 year outlook Comms and Engagement Plan v2.docx
- 5 14:41 - FOR INFORMATION
- 5.1 19.59 Summary of In Committee Board business to be reported in public
Recommendation:
The Board is asked to note this paper.
19.59 In Committee Items to be reported in public.docx
- 5.2 All Wales and Other Forums
- 5.2.1 19.60 Welsh Health Specialised Services Joint Committee Briefing 22.1.19
19.60 WHSCC Joint Committee briefing 22.1.19 Public.pdf
- 5.2.2 19.61 Mid Wales Joint Committee for Health and Care Update January 2019
19.61 MWJC report Jan 19 Final.pdf
- 6 14:46 - CLOSING BUSINESS
- 6.1 19.62 Date of Next Meeting
Thursday 2.5.19 @ 10.00am at Venue Cymru, Llandudno.
- 6.2 19.63 Committee Meetings to be held in public before the next Board Meeting
Mental Health Act Committee 29.3.19
Strategy, Partnerships & Population Health Committee 2.4.19
Finance & Performance Committee 24.4.19

Health Board 28.3.19	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
Committee Chair's Report	

Name of Committee:	Special Measures Improvement Framework Task & Finish Group (SMIF T&F)
Meeting date:	25.2.19
Name of Chair:	Mr Mark Polin, Chair
Responsible Director:	Mrs Grace Lewis-Parry, Board Secretary
Summary of business discussed:	<ul style="list-style-type: none"> • The latest iteration of the SMIF progress monitoring log was considered. The log had been updated following an Executive Team special measures session held in January 2019, dedicated to scrutinising progress made in detail. During the session, several expectations were deemed to have been satisfactorily addressed and were closed. The SMIF T&F Group reviewed and confirmed the decisions made. • The T&F Group approved the milestones and timescales leading up to the conclusion of the Framework in September 2019. • The T&F Group received and noted the statement made by the Minister for Health & Social Services on 19.2.19 on escalation and intervention arrangements. In his statement, the Minister had noted that the Health Board was still experiencing ongoing challenges in several areas, however good progress was being made in other areas. In particular, GP out of hours services had improved such that this theme was no longer considered a special measures concern. Following a recommendation from the tripartite group, GP out of hours was therefore removed from special measures with immediate effect. Overall, the Health Board's escalation status remained at the highest level - special measures. • The T&F Group received and noted a letter from the Minister to the Chair, also dated 19.2.19, reiterating the content of the statement regarding the Health Board's special measures progress. (On 27.2.19, outside the meeting, T&F Group members were also sent a copy for information of correspondence dated 22.2.19 from the Director General Health & Social Services / NHS Wales Chief Executive to the Health Board Chief Executive, confirming the joint escalation and intervention arrangements. A copy of this letter is attached to this report)

Key assurances provided at this meeting:	<ul style="list-style-type: none"> The SMIF T&F Group was more assured on progress than at its previous December 2018 meeting. The outcome of the Executive Team session in January had demonstrated that several open expectations / actions were now fully addressed and could be closed.
Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> The risk that the Health Board is not deemed to be in a position that merits the lifting of special measures is mitigated by the strengthened governance arrangements and additional rigour introduced by the Chair.
Special Measures Improvement Framework Theme/Expectation addressed	All.
Issues to be referred to another Committee	-
Matters requiring escalation to the Board:	None.
Well-being of Future Generations Act Sustainable Development Principle	Achieving the special measures expectations is approached from the perspective of sustaining service improvements in the longer term, for the well-being of patients and the wider population in the future. Much of the work underway is being carried out in partnership with colleagues from other organisations, with service users and members of the public.
Planned business for the next meeting:	<p>Review of the updated progress monitoring log.</p> <p>Review of the draft Special Measures October 2018-March 2019 report, prior to submission to the Board for approval to submit to Welsh Government.</p>
Date of next meeting:	TBC

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

Mr Gary Doherty
Chief Executive
Betsi Cadwaladr University Health Board
Block 5 Carlton Court
St Asaph Business Park
St Asaph
LL17 0JG

Our Ref: AG/MR/SB

22 February 2019

Dear Gary

Joint Escalation and Intervention Arrangements

As you are aware, under the Joint Escalation and Intervention Arrangements, the Welsh Government meets with the Wales Audit Office and Healthcare Inspectorate Wales twice a year to discuss the overall assessment of each health board and trust in relation to the arrangements.

A tripartite meeting has recently taken place following your 2018/19 mid-year JET meeting and I write now to let you know your health board's status. As you are aware, there have also been a number of accountability meetings with your Chair and the Minister.

On the basis of the tripartite group discussion, Welsh Government officials recommended to the Minister that the escalation status of Betsi Cadwaladr University Health Board would remain unchanged at 'special measures'.

The group were disappointed to note there has been limited progress on key issues under the Special Measures Framework and that there had been deterioration in some, particularly around finance and performance, with you reporting you are not going to achieve your finance control total. However, the group was pleased to note the positive impact your new chair is having, the way the organisation responded to the Ockenden and HASCAS reports and noted there has been progress on out of hours, mental health and quality. The group felt the progress made on out of hours was sufficient to advise formally removing this from the special measures concerns areas.

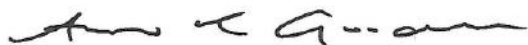
However, there remain a number of concerns raised by the group for you to now reflect, consider and improve upon, namely:

- There is continuing concern around the lack of the necessary pace for change. The organisation has been in special measures for three and a half years and the progress made is not what we would have expected in the finance, planning and performance areas.
- The health board does not have a clinical strategy and is unclear on what the priorities going forward should be. There appear to be challenges in ensuring effective operational management within the organisation;
- Performance remains a particular concern: on planned care, despite currently being in a better position than last year and having received substantial additional funding, you are forecasting an end of March position that may not meet our expectations. On unscheduled care, we need to start seeing the improvements in performance resulting from the range of actions you are taking;
- Your financial position remains a challenge and you have now reported you are unlikely to achieve your control total, which has resulted in an Accountable Officer letter being sent;
- There remain concerns around the absence of a medium term plan which links strategic intent, performance and deliverability to provide a clear roadmap to sustainability;
- Your progress on finance, unscheduled care, RTT and planning will remain the key criteria for assurance under the leadership and governance category of special measures.

The coming months will be critical for you and the organisation to show that you are able to improve and achieve sustainability.

Welsh Government colleagues will continue to provide the necessary specialised support and advice to address issues raised. We will continue to have regular JET, special measures and Q&D meetings with subject specific discussions as and when considered necessary.

Yours sincerely



Dr Andrew Goodall



Betsi Cadwaladr University Health Board (BCUHB)

**Draft Minutes of the Health Board Trustees Meeting Held in Public on 24.1.19
in Porth Eirias, Colwyn Bay**

Present:

Mr M Polin	Chair
Mr G Doherty	Chief Executive
Cllr C Carlisle	Independent Member
Mr R Favager	Executive Director of Finance
Mrs S Green	Executive Director of Workforce & Organisational Development (OD)
Mrs J Hughes	Independent Member
Cllr M Hughes	Independent Member
Mrs M W Jones	Vice Chair
Mrs G Lewis-Parry	Board Secretary
Mrs L Meadows	Independent Member
Dr E Moore	Executive Medical Director
Miss T Owen	Executive Director of Public Health
Prof M Rees	Associate Board Member, Chair of Healthcare Professionals Forum
Mrs L Reid	Independent Member
Mrs B Russell-Williams	Independent Member
Mr C Stockport	Executive Director of Primary Care & Community Services
Ms H Wilkinson	Independent Member
Mr M Wilkinson	Executive Director of Planning & Performance

In Attendance:

Ms S Hill	Finance Director, Operational Finance
Ms E Jones	Fundraising Support Manager
Mrs L Jones	Assistant Director, Corporate Governance
Ms K Thomson	Head of Fundraising – Awyr Las
Mrs N Williams	Partnership Support Manager
Translator, Observers.	

Agenda Item	Action By
19.33 Chair's Introductory Remarks The Chair opened the meeting.	
19.34 Apologies for Absence Apologies were noted for Mrs M Edwards, Prof J Rycroft-Malone, Mrs G Harris, Mr A Thomas, Mr F Williams and Mr A Roach.	
19.35 Regulatory update – The Essential Trustee 6 Main Duties	

<p>19.35.1 The Executive Director of Finance introduced this agenda item, reminding the Board that it was a legal trustee of the Awyr Las charity registered in November 2010. He presented the Charity Commission's Essential Trustee guidance, outlining key duties and legal responsibilities. He added that the charity employed Rothschild to manage its investments.</p> <p>19.35.2 It was resolved to note the guidance document and legal duties presented.</p>	
<p>19.36 Charitable Funds Annual Report and Accounts 2017-18</p> <p>19.36.1 The Finance Director (Operational Finance) presented this agenda item. She explained the key highlights, including the £0.5m reduction in charitable funds as detailed in the statement of financial activity, the 3% decrease in income which was largely due to a reduction in legacies, and an 82% increase in expenditure on grants such as capital projects, leaving restricted and unrestricted funds totalling £7.6m.</p> <p>19.36.2 It was noted that increased expenditure was positive in that it showed that investment in good causes had increased. The Executive Director of Finance stated that the Wales Audit Office had been complimentary regarding the Annual Report. He added that, in his view, too much funding was being held in charitable funds, given that those making donations did so in order for the money to be spent for the benefit of others. The Chair stated that, as the Health Board's overarching plan evolved, it would be necessary to align charitable funds to the strategic direction.</p> <p>19.36.3 It was resolved to receive the Annual Report and financial statements.</p>	
<p>19.37 Overview of Awyr Las</p> <p>The Head of Fundraising and the Partnership Support Manager gave a wide-ranging presentation. The Head of Fundraising explained the background to Awyr Las and its aim to support local priorities above and beyond what the NHS could fund, thus making a real difference to patients and the community. She described outcomes from grants awarded, explained processes and the structure of Awyr Las and its 400 funds, and drew attention to its 4 current priorities. These were older people, early years, mental health and cancer care. The Partnership Support Manager explained how other charities, such as the League of Friends, worked closely with Awyr Las to share fundraising best practice. The Head of Fundraising added that this partnership working had resulted in many improvements for patients since 2010, and the Health Board was fortunate to receive such significant support.</p>	
<p>19.38 Hearts and Minds Grant Scheme</p> <p>19.38.1 The Fundraising Support Manager explained that the Hearts and Minds grant scheme had been established to give frontline staff the opportunity to apply for grants of up to £1000, focused on the four local priorities and strategic goals, with a view to supporting innovation in tackling service problems. The first grants round of the scheme had proved popular, with 52 applications of a high standard. Significant creativity and innovation had been demonstrated by the applicants and 16 applications were successful. Examples of the topics covered by the successful applications included well-being, promoting independence and alleviating boredom</p>	

for patients. Local businesses were being approached to seek support for the remaining unsuccessful applications and a second Hearts and Minds grant funding round would be launched in April.

19.38.2 The Executive Director of Finance thanked all those involved for their work. He stated that the Charitable Funds Committee was focused on monitoring, evaluation and benefits realisation in respect of grants awarded. He added that it was now an appropriate time for Trustees to take a forward look at future priorities.

19.38.3 The Chair commented that £1000 was not a large sum in terms of local project work and he asked if it was sufficient to unlock innovation. The Head of Fundraising responded that staff were still able to apply for standard grants up to £5k; the Hearts and Minds funding was in addition to this. She also advised that Awyr Las would be linking with national initiatives such as the NHS Big Tea annual event to continue to promote the charity and raise awareness.

19.39 Improving the Visibility of Awyr Las

19.39.1 The Executive Director of Finance reiterated that the focus now needed to become more forward-looking and a large-scale campaign that the whole organisation could rally behind needed to be established. The Independent Member Chair of the Charitable Funds Committee acknowledged the generosity of the people of north Wales and highlighted the need to measure the wider social value added as a result of donations. She emphasised the need to demonstrate and communicate the difference that charitable donations had made. In respect of a campaign topic, she suggested that the ICAN initiative would be suitable, as a timely means of supporting mental health awareness.

19.39.2 The Chair stated that he would be happy to support this proposal. An Independent Member suggested dovetailing ICAN with the 'Let's Get Moving North Wales' public health strategy. This idea had the support of the Board. The Head of Fundraising also supported this idea, pointing out that one of the projects recently funded by Awyr Las had involved 'couch to 5k' training, which had contributed to the mental health and well-being of participants. The Vice-Chair pointed out that links could also be made with the ICAN practitioners now located in Emergency Departments. She emphasised the need to ensure that more of the charitable funds were invested in good causes, as that was what donors expected. The Executive Director of Finance gave an assurance that every effort was being made to do this, although restrictions on the use of legacies were a constraint.

19.39.3 An Independent Member suggested commissioning a piece of work to review the potential for reducing the number of separate charitable funds from the existing 400. She also suggested using the Community Voluntary Council infrastructure to spread the message about public facing campaigns. The Executive Director of Finance responded that the issue of the number of funds had been reviewed previously, however it caused some disquiet as donors rightly expect their gifts to be used for the purpose intended, and any change posed a risk of being reported to the Charities Commission.

<p>19.39.4 The Head of Fundraising expressed her support for the concept of a major campaign focused on public facing priorities, with other good causes still being supported in the background. The Executive Director of Workforce & OD supported the ICAN and 'Let's Get Moving North Wales' idea, pointing out that it would be important to relate to a range of different groups within communities. She suggested holding team events and competitions, with a fundraising element.</p> <p>19.39.5 The Chair queried the resources to be marshalled to run a campaign. The Chief Executive suggested that the Corporate Communications Department and ICAN experts would be best placed to advise initially, following which more assistance could be mobilised and the general approach, plus the nature of Board member involvement, could then be determined. An Independent Member advised that, in order to secure full staff involvement, every ward and department would need to understand the campaign cause and how it related to their work.</p> <p>19.39.6 The Chief Executive drew attention to the 'five ways to well-being' to illustrate that there was significant scope to look at other areas not related to ICAN. He suggested starting small and working up to maximum mobilisation with a focus on the campaign priorities.</p> <p>19.39.7 The Head of Fundraising summarised that she would ensure that Awyr Las had more of an internet presence in future and ideas around Mental Health Day in October, Board members visiting ICAN centres in Emergency Departments, and a relay walk would be considered. The Executive Director of Finance asked all Board members to notify him of how they wished to become involved in the campaign, prior to a final decision being made on the nature of Board participation.</p>	All
<p>19.40 Closing comments and questions</p> <p>On behalf of the trustees, the Chair thanked the Head of Fundraising and her team for their work. The Chair closed the meeting.</p>	



Betsi Cadwaladr University Health Board (BCUHB)
Draft Minutes of the Health Board Meeting Held in Public on 24.1.19
in Porth Eirias, Colwyn Bay

Present:

Mr M Polin	Chair
Mr G Doherty	Chief Executive
Cllr C Carlisle	Independent Member
Mr R Favager	Executive Director of Finance
Mrs S Green	Executive Director of Workforce & Organisational Development (OD)
Mrs G Harris	Executive Director of Nursing & Midwifery (part meeting)
Mrs J Hughes	Independent Member
Cllr M Hughes	Independent Member
Mrs M W Jones	Vice Chair
Mrs G Lewis-Parry	Board Secretary
Mrs L Meadows	Independent Member
Dr E Moore	Executive Medical Director
Miss T Owen	Executive Director of Public Health
Prof M Rees	Associate Board Member, Chair of Healthcare Professionals Forum
Mrs L Reid	Independent Member
Mr A Roach	Associate Board Member, Director of Mental Health & Learning Disabilities
Mrs B Russell-Williams	Independent Member
Mr C Stockport	Executive Director of Primary Care & Community Services
Mr A Thomas	Executive Director of Therapies & Health Sciences (<i>part meeting</i>)
Ms H Wilkinson	Independent Member
Mr M Wilkinson	Executive Director of Planning & Performance
Mr Ff Williams	Associate Board Member, Chair of Stakeholder Reference Group

In Attendance:

Mrs J Bates	Programme Director, NHS Wales Health Collaborative (<i>part meeting</i>)
Mrs K Dunn	Head of Corporate Affairs (<i>part meeting</i>)
Mr I Howard	Assistant Director of Strategic and Business Analysis (<i>part meeting</i>)
Mrs L Jones	Assistant Director Corporate Governance (<i>part meeting</i>)

Agenda Item	Action By
<p>19.10 Chair's Introductory Remarks and Apologies for Absence</p> <p>19.10.1 The Chair welcomed everyone to the meeting. He wished to record in public that a typographical error has been noted in the public minutes from the meeting held on 2.8.18. The word "litigation" had incorrectly been used instead of "ligature". The corrected sentence within minute 18.193.4 would be amended to read "<i>A concern was raised regarding risks associated with <u>ligature</u> points and the Director of Mental Health & Learning Disabilities confirmed that the Health Board had completed around 85% of its anti-ligature work but he would provide specific assurances to the family member concerned outside of the meeting</i>" The Director of Mental Health & Learning Disabilities added that the information requested at the August Board meeting had</p>	

<p>been provided to the Community Health Council advocate for the family member concerned, and confirmed that all anti-ligature work had now been completed.</p> <p>19.10.2 The Chair reported that Chair's Action had been taken since the last Board meeting in two areas – firstly to approve the recommendations from the procurement process for the provision of renal dialysis services in North Wales, and secondly to proceed with an OJEU (Official Journal of European Union) tender for a blood gas managed service contract.</p> <p>19.10.3 Apologies were noted for Mr J Cunliffe, Mrs M Edwards and Prof J Rycroft-Malone</p>	
<p>19.11 Declarations of Interest</p> <p>None declared.</p>	
<p>19.12 Special Measures Improvement Framework (SMIF) Task & Finish Group Chair's Assurance Report 18.12.18</p> <p>19.12.1 The Chair highlighted that the SMIF had agreed that the Executive Team would review progress against the framework and that this would be shared at the next SMIF meeting with progress reported to the Health Board . The Chief Executive added that Healthcare Inspectorate Wales had undertaken a three day visit to the Ablett unit over the past week and no immediate concerns had been raised,although the formal written feedback was awaited. It was hoped this would provide good level of assurance to the Board.</p>	GLP
<p>19.13 HASCAS Investigation and Ockenden Governance Review Progress Report</p> <p>19.13.1 The Executive Director of Nursing & Midwifery presented the paper which provided an update against the recommendations of both the HASCAS and Ockenden investigations and she reported there had been a helpful discussion at the Quality, Safety & Experience (QSE) Committee on 22.1.19 regarding the format and focus of future reports. She confirmed that officers would work to develop the report to better represent progress against the recommendations.</p> <p>19.13.2 The Executive Director of Nursing & Midwifery highlighted the work on end of life pathways which had been approved in principle at the Quality Safety Group subject to further consideration by the Stakeholder Group. She also drew attention to the success in recruiting a second dementia consultant nurse, and acknowledged the commitment of Board members through the completion of their dementia friends training on the 10.1.19. Achievements were noted for Wrexham Emergency Department (ED) in working towards becoming the first dementia friendly ED and for Ysbyty Gwynedd in becoming the first acute hospital in Wales to achieve dementia-friendly status.</p> <p>19.13.3 The Executive Medical Director updated the Board on aspects of mental health record keeping which had been identified within the HASCAS report. There were two significant areas of work namely the digitalisation all admissions and the</p>	

<p>impact of working to respond to a national inquiry into infected blood. He confirmed that an implication of this inquiry meant that the organisation was prevented from destroying medical records and this was creating a storage pressure for records now building up. There was a known cost pressure relating to this work which would need to be defined and built into financial plans.</p> <p>19.13.4 A discussion took place regarding the Stakeholder Group and the Board wished to record that the contribution of individuals and partners was very much appreciated and valued. It was also pleasing to note that some stakeholders had volunteered to provide additional input and support in areas of special interest and this would be mapped to a relevant sub-groups and that some individuals were also participating on relevant interview panels. The Executive Director of Nursing & Midwifery undertook to discuss with the Stakeholder Group how it would wish to feed back to the Board on its achievements and how effective they had found the arrangements to be.</p> <p>19.13.5 The Chair noted that the Board would be attending the Public Accounts Committee in March and he welcomed the opportunity to reflect and report on how the organisation was moving forward.</p> <p>19.13.6 It was resolved that the Board note the progress against the recommendations.</p>	GH
<p>19.14 Draft Minutes of the Health Board Meeting held in public on 1.11.18 for accuracy and review of Summary Action Log</p> <p>The minutes were agreed as an accurate record, and updates against the summary action log were noted.</p>	
<p>19.15 Three Year Plan</p> <p>19.15.1 The Chief Executive outlined the importance of the organisation having a cohesive plan that sets out an agenda to strive towards and deliver improvements. He indicated that the draft plan included historical issues and previous commitments made by the Board in terms of services relating to neonatal care, vascular care, cancer and cardiac provision. It was acknowledged there were a range of challenges remaining to be addressed including workforce gaps, health outcomes and financial sustainability but that these would be clearly identified and addressed. The Board were reminded that an additional Board meeting had been arranged for the 28th February to allow the Board to further consider the next iteration of the plan.</p> <p>19.15.2 The Executive Director of Planning & Performance indicated that detailed financial plans were currently being worked through and that the communications team were reviewing and advising upon the format, tone and language of the plan. In presenting the draft plan to the Board he made four key points – firstly that there was an ongoing commitment to engage fully with partners including the Third Sector to ensure input to and ownership of the plan via a range of mechanisms including the Regional Partnership Board and Public Service Boards. Secondly it was highlighted that the alignment of the plan and the financial budget was essential. Thirdly that whilst there had been additional investment to support the Health Board in achieving</p>	

its referral to treatment (RTT) and elective access targets, this had not resulted in the desired performance. Finally it was highlighted that there needed to be a focus on key performance indicators to identify those outcomes that can be achieved through delivery of the plan. The Executive Director of Planning & Performance drew attention to the recommendations within the paper and acknowledged that as the plan was still in draft, support from the Board to the direction of travel would be welcomed.

19.15.3 A discussion ensued. The Chair of the QSE Committee enquired whether any areas of the plan would need to be revisited given the financial challenges facing the organisation. The Executive Director of Planning & Performance agreed that consideration would need to be given as to whether the plan was sufficiently robust to address the financial challenge but that setting out deliverables within the plan would go some way to addressing the financial challenges. A comment was made that the plan may benefit from expanding the section relating to the Board's vision for children and young people's services and the Executive Director of Planning & Performance would continue the discussion with the relevant Independent Member outside of the meeting. The Vice Chair sought assurance that the necessary capacity and capability was in place to deliver the elements of planned care as required by the plan within the timeframe. The Executive Medical Director outlined a twofold approach – through the provision of additional resources in terms of managing services more efficiently by clinical leaders, and secondly through making the services more attractive to recruit and retain clinical capacity within key specialties. A request was made by the Chair of the Healthcare Professionals Forum that diagnostics be detailed as a separate service on page 14 of the report relating to core services to be provided at each District General Hospital, and that the plan could be strengthened by adding more context around the vascular, stroke and cardiology discussions. The Executive Director of Public Health reflected that there needed to be a strong focus on population health via prevention, health inequalities, health improvement and cluster work. In terms of outcomes she confirmed that the plan was based around the Public Health Wales outcomes framework. The Executive Director of Workforce & OD reflected that conversations relating to outcomes were very often secondary care focused, and that there was a need for more integrated discussions and to bring processes together.

19.15.4 A member raised the issue of the EU Exit and suggested that this should be referenced in some way within the plan in terms of challenges faced. It was also noted that section 1.3 should also reference the enabling digital strategy. In addition it was suggested that a further enabling strategy around partnerships and engagement would be helpful – the Chair of the Strategy, Partnerships & Population Health Committee indicated that a paper was coming to the committee which would partly address this but agreed that references within the plan to partnerships and engagement could be strengthened. Financial sustainability can only be delivered through transforming services and this should be made clear within the plan. The Executive Director of Planning & Performance would ensure that the points discussed would be considered and reflected as appropriate within the next iteration of the plan.

19.15.5 The Chair summed up that the Three Year Plan had been developed as the Board was not in a position to develop a balanced Integrated Medium Term Plan (IMTP). Members confirmed that they felt the plan set out the strategic direction and provided a robust base on which to build assurances. The Chair indicated that the

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Board would need to be clear as to what its service models for primary, secondary and tertiary care would look like, and he welcomed the coherent link to A Healthier Wales. He reminded the Board that under performing and over spending was not acceptable and the Board must not find itself in the position that savings had not been delivered in the following year. It was noted that the next version of the plan would incorporate clear enabling strategies which were aligned to the organisational priorities, and that at the meeting on the 28th February the Board would need to be clear on its financial plan and the ability to deliver. Finally he confirmed that the current configuration of services did not help the Board in delivering what it needed to do and that there would be some difficult decisions ahead including disinvestment in some areas. He also asked whether an annual delivery plan would be distilled from the three year plan and the Executive Director of Planning and Performance confirmed this would be done but retained within one core document.

19.15.6 It was resolved that the Board:

1. Note the detailed work that has been undertaken to develop the Plan and its connection to 'A Healthier Wales' and the Living Healthier, Staying Well strategy;
2. Endorse the priorities set out within the Plan for delivery over the three year period;

19.16 Outline Business Case for the Re-procurement of a Pathology Laboratory Information Management System (LIMS) for Wales

19.16.1 Mrs Judith Bates (Programme Manager) joined the meeting. The Executive Director of Therapies & Health Sciences introduced the agenda item and firstly acknowledged that the matter had not been through a Committee of the Board but that there had been discussion at an Executive Team meeting.

19.16.2 Mrs Bates confirmed that the Laboratory Information Network Cymru (LINC) Programme Board was hosted by the NHS Wales Collaborative Leadership Forum and the main driver for upgrading the current LIMS was the expiration of the current contract in June 2020 and the requirement to undergo procurement. The business case was supportive of the standardisation of pathology services across Wales and aimed to bring technical solutions to the modernisation of services with the new supplier being wholly responsible for the hardware and software elements. Mrs Bates confirmed that the timeframe for the programme was five years and there would be a requirement to maintain services in the meantime. It was noted that Deputy Directors of Finance across Wales were considering the business case at a meeting later that day and procurement could not commence until Welsh Health Boards had signed up. Robust methodology would then be developed as part of the full business case. The Chief Executive indicated that Boards would be looking at this programme as an opportunity drive transformation and there was a good level of clinical ownership to the programme. In terms of cost pressure to BCUHB, the Executive Director of Finance indicated it represented approximately £400,000 per year over five years which related to the programme costs of implementation. He considered these costs to be high and advised that the Outline Business Case had not been considered by the all Wales Directors of Finance group. A proposal had been presented In April 2018 which the group had supported in principle but noted that due governance should be followed in respect of the OBC process to establish the case for approval, the evidence of resource requirement, the procurement route and the benefits of the

<p>case and would thus allow Boards to make their decision as to whether to support the proposal.</p> <p>19.16.3 A discussion ensued. In response to a question from the Chair of the Stakeholder Reference Group, Mrs Bates confirmed that both the technical platform and software would need to be upgraded, and that there were meetings planned for mid February with Welsh Government regarding capital funding. Whilst this could not be guaranteed she was positively optimistic. The Executive Director of Finance reminded members that the significant financial risks related to implementation costs which needed to be challenged on an all wales basis.</p> <p>19.16.4 The Chair recognised the good work that had taken place on the programme but expressed his concern that although this was a national programme the due diligence processes had not been fully completed locally in that the business case had come late to the Health Board and had not been through the Committee structure. He noted that the revenue considerations should have been taken into account in the national considerations bearing in mind the Board's financial position. He proposed that the Board support that the programme proceed to full business case but records its concerns around the funding model and benefits realisation, with an expectation that due diligence and financial modelling will be carried out by the Executive Director of Finance with colleagues as the programme moves forward. The Board were supportive of the Chair's summary.</p> <p>19.16.5 It was resolved that the Board:</p> <ol style="list-style-type: none"> 1. approve the LINC OBC, which will allow the procurement to proceed; 2. include the estimated costs of the OBC and the LINC Programme in IMTP/3 Year Plan. 	RF
<p>19.17 Redevelopment of the Mental Health Inpatient Unit at Glan Clwyd Hospital – Strategic Outline Case <i>[Mr Ian Howard was in attendance for this item]</i></p> <p>19.17.1 The Director of Mental Health & Learning Disabilities presented the paper. He reminded members that there was a recognition that the Ablett Unit was not fit for purpose and that whilst a range of investments and improvements had been made, there remained basic flaws in design and environment. He confirmed that the strategic outline case being considered was aligned to the wider direction of travel for delivery of healthcare within BCUHB, and had been developed with the support of clinicians and stakeholders. He highlighted various sections within the paper which set out the objectives for the coming year, the strategic context, the case for change, the developing models of care and benefits and outcomes. Members were informed that the Finance & Performance Committee had endorsed the strategic outline case at its meeting on the 22.11.18.</p> <p>19.17.2 A discussion ensued. There was consensus that the development was a significant step forward for the organisation and was in line with organisational priorities, although there would be challenges associated with meeting the recurring revenue costs. The Chair of the Stakeholder Reference Group noted that the coversheet referred to an increase in the index used nationally to estimate capital costs and enquired as to what the wider implications of this would be for other projects within BCUHB. The Chair asked that this be confirmed outside of the</p>	AR IH

<p>meeting. The Chair of the QSE Committee noted that reference was made to space being adapted for future changing needs and enquired how that would be managed as the needs of people within mental health units could vary significantly. The Director of Mental Health & Learning Disabilities confirmed that the newly built unit would be planned to be flexible as part of a move away from bed- based acute care. The known population demands would be built into the design. The Executive Director of Workforce & OD suggested that it would be important for the outline business case to include clear detail of benefits realisation.</p> <p>19.17.3 It was resolved that the Board approve the Strategic Outline Case for submission to Welsh Government.</p>	
<p>19.18 Integrated Quality Performance Report (IQPR)</p> <p>19.18.1 The Executive Director of Planning & Performance indicated that whilst the paper provided the position as at the end of November, Welsh Government would be publishing December performance data later that day and he also indicated that he would circulate a presentation made to the Finance & Performance Committee on the 17.1.19 which provided more recent performance data.</p> <p>19.18.2 It was noted that the IQPR now included the number of measures that had improved since the last report and that the Finance & Performance and QSE Committees had scrutinized their respective sections in detail. The Chair referred to a discussion at the Finance & Performance Committee on the format of the report, where it was acknowledged that this was still evolving but that the narrative needed to be more robust and clearer on what needed to be done. A discussion then ensued around key highlights in each of the chapters.</p> <p>19.18.3 Chapter 1 : Quality</p> <ul style="list-style-type: none"> • The Vice Chair was disappointed to see the flu vaccination figures, particularly as the flu season was far from over. The Executive Director of Workforce & OD reported that the figures had improved for December and January and that overall more staff had received the vaccine than last year although there was still an attitudinal challenge with people not having faith in the vaccine. The Executive Director of Public Health informed members that BCUHB uptake in the over 65s category was the best in Wales and that it was positive to note that the vaccine was a good match for the strain of flu that was currently circulating. She added that an earlier debrief was being planned at the conclusion of the campaign but that messages should continue to be given to encourage colleagues, patients and family members to have the vaccine. • In terms of pressure ulcers a member noted that levels remained worryingly high despite the actions being taken. The Executive Director of Nursing & Midwifery reported that a detailed discussion had been held at the recent QSE Committee. Actions being taken forward included a cleansing exercise of the Datix system, training for staff to ensure individual incidents were only reported once and more effective use of the dashboard. It was also noted that there were positive discussions as part of the Pressure Ulcer Collaborative and through working with the Wales Ambulance Services NHS Trust. The Executive Director of Nursing & Midwifery added that reporting requirements to Welsh Government were changing 	MW

again and that a consistent approach was needed in order for effective comparisons to be made.

- The Executive Director of Workforce & OD wished to acknowledge the achievement against the advancing equality indicator in that BCU had been identified as 37th in the top 100 employers list published by Stonewall for providing an inclusive and supportive workplace for lesbian, bisexual, gay and transgender employees.

19.18.4 Chapter 3a : Planned Care

- The Executive Medical Director confirmed that work with the Delivery Unit continued in terms of improving performance through in-house services and external procurement. A meeting of the Planned Care Board would be held on the 25.1.19 and further dialogue held with Welsh Government around expectations for the remainder of the year as part of a Special Measures meeting within the next week.
- The Chair made reference to Referral to Treatment (RTT) and noted that there was a significant improvement in diagnostic waits notwithstanding the challenges in endoscopy and ultrasound. He sought assurance that work was actively being progressed to address recruitment issues around planned care and that some of the specifically challenges areas (such as endoscopy) were receiving discrete attention. This assurance was given. The Chair welcomed this assurance but indicated that as the organisation moved into 2019-20 it would need to further improve and be clear on its trajectories.

19.18.5 Chapter 3b : Unscheduled Care

- With regards to stroke care it was noted that the report referred to each site running a process mapping session within the Emergency Departments. The Executive Director of Nursing & Midwifery confirmed that the aim was to understand and improve how patients were managed 'at the front door' and would require the workforce to work differently.
- The Executive Medical Director highlighted that significant additional recruitment would be required in order to meet the national standards regarding access to an acute stroke bed within 4 hours but that this work was actively progressing.
- The Executive Director of Nursing & Midwifery confirmed the first 90 day plan for unscheduled care had just come to an end and there had been detailed discussions at the Finance & Performance Committee with the 4 hour trajectories now being refined. In addition there had been a significant reduction in terms of ambulance turnaround times but she indicated there was a need for further consistency in primary care pathways.
- In response to a question from the Chair regarding ED waits and delayed transfers of care, the Executive Director of Nursing & Midwifery confirmed that the focus was on the 4 hour waits and to understand the acuity of patients. She added that a whole systems solution depended on primary and community care working together too.
- The Chief Executive referred to recently published Welsh Government statistics and the associated media interest, and confirmed that he had offered to participate in media interviews in order to acknowledge those challenged areas but also to highlight areas where progress had been made.

19.18.6 Chapter 5 : Mental Health

- The Chair of the QSE Committee indicated that concerns had again been raised by the Committee regarding child and adolescent mental health services in terms of

<p>the delays in first assessment. The Executive Director of Public Health acknowledged the importance of the first assessment and indicated that two 'deep dives' had been held which had highlighted a reliance on agency staff with a spike in referrals in October 2018 having caused additional pressure. There was a need to work with families and partners to understand the referral patterns. Finally it was reported there had been a visit by the Delivery Unit late in December 2018 and the report was imminent.</p> <ul style="list-style-type: none"> The Vice Chair expressed concern at the persistent failure to meet the 28 day targets for adult mental health measure, noting that the IQPR stated the organisation expected to be on track by the end of January 2019. The Director of Mental Health & Learning Disabilities indicated that a piece of work was being undertaken to understand the drop off in performance which would report back to the Mental Health Act Committee. He alluded to three main issues being capacity within teams; a 30% increase in referrals; and systems and processes being seen as performance measures not quality measures. It was acknowledged that the January timeline would not be met but the Director of Mental Health & Learning Disabilities would ensure that an amended trajectory would be provided as to how performance would be recovered and sustained. <p>19.18.7 The Chair summarised that for unscheduled care in particular the focus needed to be on delivery of a step change through the 90 days plans. He commended the motivation of staff but noted that the workforce would need to respond to the challenges via new and different ways of working.</p> <p>19.18.8 It was resolved that the Board note the report.</p>	AR
<p><i>The Board then broke for lunch</i> <i>[Mr A Thomas and Mrs K Dunn left the meeting. Mrs L Jones joined the meeting]</i></p>	
<p>19.19 Finance Report Month 8</p> <p>19.19.1 The Chair directed that the Month 8 finance report was to be taken as read, and the focus of discussion would be on the Month 9 report.</p>	
<p>19.20 Finance Report Month 9</p> <p>19.20.1 The Executive Director of Finance presented this agenda item. He reminded the Board that it had set a deficit budget of £35m, which became the control total set by Welsh Government. Noting that the report presented had already been scrutinised in detail by the Finance & Performance Committee, he proceeded to outline the key headlines at Month 9. A deficit of £3.6m was incurred in-month, which was £1m more than planned. The £1m was predominantly as a result of not delivering planned savings, both around the original scheme (£300K) and turnaround schemes (£700K), together with overspends on care packages (£800K) offset by underspends in primary care and other budgets. In essence this meant that after 9 months of the financial year, the deficit stood at £30.2m - £1.9m away from the plan to deliver the £35m deficit budget set.</p> <p>19.20.2 Referring to the chart in 2.1 on page 7 of the report, the Executive Director of Finance highlighted that the Board had been expecting the monthly run rate deficit to reduce to £2m if all planned savings were delivered. He asked Board colleagues to</p>	

bear this in mind when considering the forecast position later in the report. He stated that although some divisions had seen improvement on the previous month, this wasn't at the level required and others, most notably the Area Teams position, had deteriorated in-month due to non-delivery of savings and expenditure on packages of care. Whilst external contracts balanced in-month, the position had actually deteriorated as previous months had shown an under-spend. This had been due to Countess of Chester non-elective activity and major trauma at Aintree. The Mental Health & Learning Disabilities Division was showing a £3.4m overspend and Secondary Care was showing a £5.2m overspend.

19.20.3 The Executive Director of Finance stated that the Board had received waiting times ('RTT') funding of £11.3m to date, therefore £2.6m was currently spent at risk. Non-achievement of RTT targets would mean that some of the additional resource provided would be clawed back as was the case last year. This created a further financial risk to the year-end position as illustrated in table 2.3 in the report.

19.20.4 In respect of total pay, December was broadly flat in-month, however this was problematic in that many of the savings schemes, including turnaround schemes, were based upon reducing the total pay bill. Agency costs in-month were £2.3m, representing 3.6% of the pay bill. Cost increases in continuing healthcare (CHC) and funded nursing care (FNC) were cause for concern.

19.20.5 The Executive Director of Finance gave further detail about savings, explaining that £28.7m should have been delivered by Month 9, but the position was £3m adrift. Should delivery of savings continue at the current rate, there would be a £7m shortfall at year end against the £45m target. He went on to explain in further detail about the Divisions' forecasts, and the current forecast outturn of £44m. He added that he believed that further actions were possible, above and beyond those already in train through enhanced central controls (for example procurement, travel and pharmacy) and these would bring the outturn figure down to £42m. The breakdown of this £7m overspend was £6.2m on non-delivery of savings, £2m operational overspend in Mental Health, plus other over- and underspends resulting in a £500K forecast deterioration in contracts.

19.20.6 On a more positive note, although nursing agency spend had increased by £1m, it was noted that Medical Agency spend had reduced by 36%, from £16.5m to £10.6m. There had also been a reduction in real terms of £4m on GP prescribing between November 2017 and October 2018, reducing from £114m to £110m.

19.20.7 The Month 9 position and impact on the forecast had been raised with the Board at its development session on 10.1.19 and on 18.1.19 the Chief Executive, as Accountable Officer, wrote to the Chief Executive of NHS Wales to formally notify him of the revised financial forecast from £35m to £42m. In response to questions from Independent Members, explanations were given regarding tracking external agency spend and the Executive Director of Finance re-stated his professional opinion that achievement of the £42m was possible, whilst noting the risks. In respect of comparisons with other Health Boards' positions, the Chief Executive undertook to share relevant data with Board colleagues after he had been appraised of the current situation at a forthcoming Cardiff meeting.

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<p>19.20.8 The Chair emphasised that the Board needed to know exactly what measures and controls were being put in place and what had been discounted, and why. He indicated his intention to commission a financial review, and Michael Hearty, Independent Adviser, and the Wales Audit Office would be involved in formulating the terms of reference for this. He stressed that the commissioning of the review was not in any sense reflective of any criticism, however the Board required assurance that the right approach was being adopted for tackling finances. The Executive Director of Finance alluded to proposals for further central controls that had been considered by the Executive Team. He undertook to share the information as soon as the Executives had approved the controls. The Chair stated that the Executive Team must manage both finance and performance, together with any resulting tensions, as part of team dynamics. Where this was not possible, escalation to the full Board would be necessary. The Chief Executive stated that there was a range of objectives to be delivered in Quarter 4, however some elements could impact on this delivery, for example performance in Emergency Departments and RTT clawback.</p> <p>19.20.9 It was resolved that the Board note the report presented, including the increased forecast outturn of £42.0m. The Board also noted that the management of cash remained a key priority and a request for a further £7.0m repayable strategic cash support would be submitted to Welsh Government to support the increase in the forecast deficit and ensure that payments could continue to be made during March 2019.</p>	RF
<p>19.21 Corporate Risk Assurance Framework (CRAF)</p> <p>19.21.1 The Board Secretary presented this agenda item, explaining that the CRAF provided a summary of the key risks to delivery of corporate objectives, mitigation of the risks and the external assurance arrangements that were in place. She reminded Board colleagues that the CRAF represented a compromise approach until the Three Year Plan was approved. Each risk had been scrutinised via the committee structure, then submitted to the Audit Committee for comment, followed by submission to the Executive Team prior to being brought before the Board.</p> <p>19.21.2 An externally facilitated Board workshop on risk management had taken place on 20.12.18, and actions emanating from this included changes to the Risk Management Strategy and risk appetite statement, plus revisions to risk reporting formats. Related to these were other ongoing developments including the advertisement for a new Head of Risk and the establishment of a Risk Forum chaired by the Chief Executive. Arrangements were being made for a session to follow up on the Board risk management workshop.</p> <p>19.21.3 The Board Secretary drew attention to a new risk which related to an EU Exit no deal scenario. Discussion ensued on specific risks relating to recruitment and the supply of radioisotopes. The Chief Executive asked that colleagues liaise with the Executive Director of Planning & Performance, the Health Board's representative on the EU Exit national group, on escalation of known issues and other risks. The Executive Director of Planning & Performance also agreed to confirm timescales associated with the list of further actions, some of which were specific to local arrangements. He confirmed that, assuming the Three Year Plan was approved at</p>	MR MW MW

<p>the March Board meeting, a more robust risk register would be available in time for the next Board meeting after that.</p> <p>19.21.4 It was resolved that the Board noted the latest iteration of the Corporate Risk and Assurance Framework.</p>	
<p>19.22 Public Health Wales ‘Let’s Get Moving North Wales’</p> <p>19.22.1 The Executive Director of Public Health presented this agenda item. She described the large scale change approach being taken to this initiative, in partnership, and the many benefits of encouraging people to move more. It was noted that 28% of the North Wales population fail to take enough exercise and agencies and individuals were being asked to spread the important message.</p> <p>19.22.2 Following discussion, it was resolved that the Board note the evidence on the potential for prevention through investment in physical activity within the workforce and the wider population of North Wales, endorsed continued participation with Let’s Get Moving partners on the priorities identified to increase physical activity as set out in the Three Year Plan, approved formal ‘sign up’ to the Let’s Get Moving Partnership Agreement, and agreed to continue to play an active role in developing, evaluating and celebrating the collaborative.</p> <p><i>[Mrs G Harris left the meeting]</i></p>	
<p>19.23 Wales Audit Office (WAO) Structured Assessment 2018</p> <p>19.23.1 Mr Andrew Doughton of the WAO attended for this agenda item. The Board Secretary introduced the item, explaining that a Board workshop session had been held to consider the annual Structured Assessment report and the development of the Health Board’s management response. The report contained a single recommendation which was for the Board to fully complete previous outstanding recommendations made by the WAO in 2016/ 2017 . Mr Doughton presented the key messages from the report, and the overall conclusions, noting that much of the discussion at the Board meeting had reflected the issues identified. He explained that some of the WAO’s previous recommendations had been closed for the purposes of the audit tracker tool, as they were now being measured and monitored as part of embedded standard business processes. Discussion ensued covering mental health, concerns management, estates, the need for appropriate infrastructure to be in place for the transformational journey and the importance of getting governance right in terms of ensuring changes are made in response to WAO recommendations.</p> <p>19.23.2 It was resolved that the Board receive the report, accept the recommendations in the Structured Assessment, and also receive and approve the management response to the Structured Assessment - noting that actions recorded as closed will, where appropriate, be included in the relevant plans such as the Three Year Plan, Annual Operational Plan, and workforce or quality strategy and plans.</p>	
<p>19.24 Funded Nursing Care (FNC) Update</p>	

19.24.1 The Executive Director of Finance presented this agenda item for consent and explained the background to FNC issues. In response to the Chair, the Chief Executive confirmed that the Health Board was working with Care Forum Wales to address their wish to consider other related matters.

19.24.2 It was resolved that the Board note the identification of a calculation error by Laing & Buisson that led to a need to revise the 2017/18 FNC rate as approved by the Board in March 2018; note that confirmation of the NHS pay award has meant the 2018/19 FNC rate has now been calculated and approve the NHS component of the 18/19 rate as £167.87, with a further additional component payable by LAs; note the Inflationary Uplift Mechanism was agreed for a five year period and this ends with the 2018/19 uplift - Health Board teams will consider options for 2019/20 onwards; note the work undertaken with provider representatives to resolve the evidence of paid breaks matter and that this should be resolved to the satisfaction of all parties shortly; note the requirement to issue reimbursement resources in year and the processes in place to manage the three cohorts that require reimbursement; note that Care Forum Wales had indicated their wish to consider other matters, including continuing healthcare rates, now that FNC matters were reaching resolution.

19.25 Committee and Advisory Group Chair's Assurance Reports

19.25.1 Audit Committee 11.12.18

In response to the Health Board Chair, the Chief Executive confirmed that work to improve the Team Central tracker tool was underway.

19.25.2 Quality, Safety & Experience (QSE) Committee 29.11.18

The Committee Chair confirmed that issues raised in her report had been covered during the current Board meeting. She added that links with the Quality & Safety Group had been strengthened, with one-to-one meetings regarding concerns and incident management now taking place between the QSE Committee Chair and the Executive Director of Nursing & Midwifery.

19.25.3 Finance & Performance Committee 22.11.18

The Chair noted that revised terms of reference had been considered, and these were ratified.

19.25.4 Charitable Funds Committee 13.12.18

The Committee Chair was pleased to report that the WAO had joined the Charitable Funds meeting, and the ISA 260 report had been presented to the Health Board with an unqualified opinion, with complimentary comments made regarding the improved annual report. Joint working arrangements were being progressed.

19.25.5 Remuneration & Terms of Service Committee 26.11.18

The Chair stated that the matter of agreeing revised Executive portfolios was soon to be concluded.

<p>19.25.6 Strategy, Partnerships & Population Health Committee 4.12.18</p> <p>The Committee Chair drew attention to legacy estate issues and the request for progress reports on the Wrexham Maelor Hospital site project.</p> <p>19.25.7 Joint Audit and Quality, Safety & Experience Committee 6.11.18</p> <p>The Audit Committee Chair highlighted concerns raised in the assurance report, which were being followed up. The Executive Medical Director explained the quality improvement hub, which encouraged staff training and projects.</p> <p>19.25.8 Stakeholder Reference Group (SRG) 11.12.18</p> <p>The SRG Chair highlighted that the Three Year Plan, Third Sector Strategy and Wylfa developments had been discussed.</p> <p>19.25.9 Healthcare Professionals Forum (HPF) 27.11.18</p> <p>The HPF Chair highlighted that a GMC report, job planning, EU Exit and resilience issues had been discussed. The Executive Medical Director added that he had received recent intelligence suggesting that some consultants could be planning to leave. The Executive Director of Workforce & OD explained how such risks could be escalated quicker in future. The Health Board Chair requested a briefing on recruitment plans and also on the nuances of the medical contract.</p> <p>19.25.10 Local Partnership Forum (LPF) 27.11.18</p> <p>The Chief Executive reported that the LPF had good staff attendance and useful presentations were given at the meeting.</p> <p>19.25.11 It was resolved to note the Chair's Assurance Reports presented.</p>	SG EM
<p>19.26 Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2008. Update of Register of Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales)</p> <p>19.26.1 The Chief Executive presented this agenda item and explained that the lists were presented as part of the standard all Wales process.</p> <p>19.26.2 It was resolved to ratify the list of additions and removals to the All Wales Register of Section 12(2) Approved Doctors for Wales and the All Wales Register of Approved Clinicians.</p>	
<p>19.27 Documents Signed Under Seal</p> <p>19.27.1 The Board Secretary presented this update of documents signed under seal between 15.6.18-18.12.18.</p>	

19.27.2 It was resolved to note the update.	
19.28 Information circulated since the last Board meeting. 19.28.1 It was resolved that the Board note the information circulated as follows: 5.2.19 Strategy, Partnerships & Population Health Committee 14.2.19 Information Governance & Informatics Committee 26.2.19 Finance & Performance Committee 7.3.19 Charitable Funds Committee 14.3.19 Audit Committee 19.3.19 Quality, Safety & Experience Committee 26.3.19 Finance & Performance Committee	
19.29 Summary of in committee Board business to be reported in public 19.29.1 It was resolved to note this report.	
19.30 All Wales and Other Fora 19.30.1 It was resolved to note the following: <ul style="list-style-type: none"> • Emergency Ambulance Services Committee Minutes 10.7.18 • Emergency Ambulance Services Committee Minutes 17.10.18 • Collaborative Leadership Forum Minutes 14.6.18 • Welsh Health Specialised Services Committee Joint Committee Briefing 13.11.18 <input type="checkbox"/>	
19.31 Date of Next Meeting 19.31.1 It was noted the Board would next meet in public on the 28.2.19. 19.31.2 Board members joined the Chair in thanking Prof M Rees, at what would be his last meeting as Chair of HPF, for his valuable contribution, significant effort and commitment.	
19.32 Committee Meetings to be held in public before the next Board Meeting 19.32.1 It was resolved that the Board note the following meetings would be held:- <ul style="list-style-type: none"> • 5.2.19 Strategy, Partnerships & Population Health Committee • 14.2.19 Information Governance & Informatics Committee • 26.2.19 Finance & Performance Committee • 7.3.19 Charitable Funds Committee • 14.3.19 Audit Committee • 19.3.19 Quality, Safety & Experience Committee • 26.3.19 Finance & Performance Committee 	

HEALTH BOARD SUMMARY ACTION LOG – ARISING FROM MEETINGS HELD IN PUBLIC

Lead Executive / Member	Minute Reference and Action Agreed	Original Timescale Set	Update	Action to be closed
Actions from Health Board 1.11.18				
R Favager (S Baxter G Lang) M Wilkinson	18/234.2 Work with officers in Strategy & Planning and Turnaround to develop a paper for the January Board meeting on change capacity.	Jan 2019	12.12.18 Executive Team agreed that this will be covered as part of the Three Year Plan paper going to Board on 24.1.19 24.1.19 The Executive Director of Planning & Performance confirmed that a stocktake paper had been to Executive Team exploring capacity and capability to implement change. A further paper was scheduled for Executive Team within the next two to three weeks, therefore the Board requested the action be reopened. 13.2.19 Three Year Plan on Board agenda 28.2.19	Closed
S Baxter/ T Owen	18/235.2 & 18/238.2 Arrange to meet with Third Sector IMs regarding learning from previous engagement work and partnership working.	Jan 2019	Further discussions have taken place with Third Sector colleagues, including through discussion at the Stakeholder Reference Group, and work on managing relationships is continuing alongside other partnership working forums, to run alongside development of the three year plan.	Closed
M Wilkinson	18/235.2 & 18/238.2	February 2019	The Chair accepted that the original action (above) was closed but asked for an update / timetable on the development of a Third Sector Strategy to be circulated. 13.2.19 The Assistant Director Health Strategy & Planning due to meet with Chief Executives of CVSCs on the 18.2.19 where this matter would be discussed. A verbal update will be available to the Board following that meeting. 14.3.19 Further work is being undertaken with third sector	Closed

			organisations and a series of workshops is being organised to engage and confirm principles for the strategy, with dates confirmed for the next three months. An outline of the approach is set out in the three year plan.	
S Green	18/237.9 Take forward concerns regarding the optimising of medical input into the Local Partnership Forum	Jan 2019	LPF terms of reference have been reviewed. Discussions held and a way forward agreed. 24.1.19 The Executive Director of Workforce & OD added that she was clear that individuals were required to attend and contribute as defined within the terms of reference. She, together with the Staff Side Chair, would liaise directly with members whose attendance was of concern.	Closed Closed
S Baxter/ Mark Wilkinson	18/243.2 Work with performance team to refine the format of the IQPR in line with discussions held This includes RTT performance and improvement trajectories. .	Jan 2019 March 2019	The IQPR will be continually refined in response to feedback received. The next major iteration is planned for May when the first report of performance against the new Three Year Plan will be made. This will include relevant primary care indicators. 24.1.19 The Executive Director of Planning & Performance asked that the action be re-opened as the RTT element was not finalised. 13.2.19 The Patient Administration Systems do not incorporate 'plan, actual, and variance' functionality of the kind that would be expected in for example a financial ledger. The Board uses a set of coordinated access and spreadsheet systems which do contain plan figures, actual performance, and therefore allow variances to be identified and investigated. These systems will be further developed for the start of 2019/20.	Closed
S Baxter/ M Wilkinson	18/245.2 Provide explanatory note	Nov 2018	Executive Director of Planning & Performance to provide verbal update at meeting 24.1.19.	Closed

	regarding the stated higher than expected cancellation rate within orthopaedics.	February 2019	<p>24.1.19 The Executive Director of Planning & Performance reported that cancellation rates had reduced but not by as much as anticipated. There had also been an increase in theatre productivity. It was noted that the Executive Team had now approved funding for an Orthopaedics Manager and work was ongoing to confirm the timeframe for completion of an orthopaedic business case to go through the F&P Committee and onto Board by hopefully May 2019. The Chair would wish the Board to be appraised at the earliest opportunity.</p> <p>13.2.19 – the update on Orthopaedics will feature as part of the Work Programme paper being prepared for Health Board.</p> <p>23.3.19 – Meeting with Andrew Goodall, Gary Doherty and Mark Wilkinson scheduled for 26.3.19. Update to be provided to SPPH on 2.4.19 and will be shared with all Board Members.</p>	
Actions from Health Board 24.1.19				
G Lewis-Parry	19/12.1 Ensure that progress against SMIF is reported to the Task & Finish Group and Health Board	March 2019	A meeting in February proposed 32 recommendations for closure. 29 remain active – of these 24 will be achieved by end March. An end of phase report will be brought to the Board on 2.5.19.	Closed
G Harris	19/13.4 Discuss with the Ockenden & HASCAS Stakeholder Group how it would wish to feed back to the Board on its achievements.	March 2019	14.3.19 Members of the Stakeholder Group have been invited to engage directly with officers leading work in response to individual recommendations. Nominations have been received and Stakeholder Group members are now involved in a range of opportunities that support engagement and scrutiny in relation to each recommendation.	Closed
M Wilkinson	19/15.3 and 15.4 Respond to comments from	February 2019	13.2.19 On-going work being undertaken to update the Plan ahead of additional Board meeting on 28th February.	Closed

	board members regarding strengthening of next iteration of the Three Year Plan			
R Favager	19/16.4 Ensure due diligence and financial modelling is carried out in relation to the LIMS full business case.	March 2019	5.2.19 Following further discussions with the Programme Director and the wider NHS it has been agreed that the Deputy Directors of Finance for Cardiff & Value and Powys Health Board will provide the scrutiny and challenge on the business case on behalf of all Health Boards before the end of March 2019.	Closed
A Roach I Howard	19/17.2 Provide information outside of the meeting on the wider implications of the increase in the index used nationally to estimate capital costs (as reported within the Ablett business case paper)	February 2019	14.3.19 The estimate of cost for major capital projects within Wales incorporates nationally agreed indexation to make allowance for tender cost inflation. The indices are prepared by the Building Cost Information Service in conjunction with the National Health Service and the Royal Institution of Chartered Surveyors. Health Boards are notified by NWSSP Specialist Estate Services of the current index and the estimated cost of a project, up to approval of the full business case, is adjusted to reflect the notified index. (note: the cost within the full business case reflects the target cost agreed with the supply chain partner and is expected to make provision for building cost inflation to the completion of the project). On approval of a business case Welsh Government will agree the capital budget for the project based upon the current index. The index had been 195 since March 2015. During the period from March 2015 to October 2018 there had been a significant increase in the cost of construction works reflected in a national increase in tender costs. The increase in the index in October 2018 to 248 reflected this increase and ensured that approved budgets more accurately reflect expected costs. This provides a greater level of assurance for the Health Board that the agreed target cost will be affordable within the context of the agreed budget.	Closed
M Wilkinson	19/18.1	February 2019	13.2.19 Completed.	Closed

	Circulate copy of F&P Committee performance presentation from meeting held 17.1.19			
A Roach	19/18.6 Provide outside of the meeting a revised trajectory for the recovery of performance against the 28 day adult mental health measure target.	February 2019	27.2.19 Briefing Note Circulated	Closed
G Doherty	19/20.7 Share relevant data on comparisons of BCU's financial position against other Health Boards following his appraisal of the latest situation at a forthcoming Cardiff meeting.	February 2019	5.3.19 Briefing Note Circulated.	Closed
R Favager	19/20.8 Share details of further central financial controls once approved by the Executive Team.	February 2019	Email sent to Directors and senior managers on 1.2.19. Copy shared with IMs on 18.2.19.	Closed
M Rees	19/21.3 Liaise regarding known issues and risks pertaining to recruitment and the supply of radioisotopes in relation to EU Exit.	March 2019	Assistant Director Health Strategy & Planning confirmed that this is being dealt with as part of local and national planning for EU Exit. The Royal College of Radiologists (RCR) has worked with the British Nuclear Medicine Society and the UK Radiopharmacy Group to produce practical guidance to help nuclear medicine teams plan radioisotope work in case of a no-deal Brexit. The Radiology team is working on business continuity plans to address potential risks and has raised this on the risk register.	Closed
M Wilkinson	19/21.3 Confirm timescales associated	February 2019	13.2.19 Risk now updated. Some of the planned actions have now taken place and have been moved accordingly.	Closed

	with the list of further actions within CRR18, some of which were specific to local arrangements		New action added around tactical response. All Risks now have timescales against them.	
S Green E Moore	19/25.9 Provide a briefing note on recruitment plans and the nuances of the medical contract (as per HPF discussions).	March 2019	14.3.19 The Executive Medical Director will meet with the Chairman to respond to his queries around recruitment and the medical contract, with the possibility of a wider briefing to a board workshop at a later date.	
Actions from Trustees Health Board 24.1.19				
All Members	19/39.7 Board Members to notify the Executive Director of Finance of how they would wish to become involved in the suggested campaign to raise the profile of Awyr Las, prior to a final decision being made on the nature of Board participation.	March 2019	The Head of Fundraising now sends regular updates to Board Members about how the Board Members can become involved in promoting and supporting key campaigns for Awyr Las.	Closed

21.3.19

Health Board 28.3.19	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
Committee Chair's Report	

Name of Committee:	Mental Health Act Committee
Meeting date:	3rd January 2019
Name of Chair:	Marian Wyn Jones, Vice Chair BCUHB
Responsible Director:	Andy Roach, Director Mental Health and Learning Disabilities
Summary of business discussed:	<ul style="list-style-type: none"> • The Committee received an update on Mental Health Services and CAMHS Services and their performance against the Mental Health Act and the Mental Health Measure targets. The Executive Directors for both areas presented a deep dive into the wider challenges facing the two divisions. • The Committee considered an update on the arrangements and service developments for the approval and re-approval of Approved Clinicians and Section 12(2) Doctors in Wales. Issues of concern to the Committee were the need for better training and recruitment, in particular, the shortage of approved clinicians in the West. The Committee was assured that an improvement plan was being developed to respond to the challenges. • The Committee noted that Health Inspectorate Wales had visited a Mental Health Division unit since its last meeting. Initial feedback, following an unannounced visit to the Hergest Unit, was positive in relation to the application of the Mental Health Act and the quality of patient care. An action plan will be developed in response to the final report. • The Committee noted with concern that the trend for adults detained under 136 continues to rise, and requested an outline of what is being done to reverse the trend.
Key assurances provided at this meeting:	<ul style="list-style-type: none"> • Assurance received that a clinically led demand and capacity review (deep dive) for CAMHS Services is underway, with full analysis and stakeholder engagement arranged for January, which should help drive improvement in performance.

	<ul style="list-style-type: none"> The Committee gained assurance that service improvements should continue to be made within the MHLD Services, around compliance with the Mental Health Measure. The Delivery Unit was undergoing a demand and capacity review which appears to resonate with legacy issues already identified. Problems of Data collection/inappropriate referrals need to be addressed along with the introduction of new service models providing safer alternatives to admissions.
Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> The Committee remained concerned at the pressure placed on practitioners because of the increased in the number of Deprivation of Liberty Assessments being requested when patient has capacity. Although training is provided, there was an increase in the number of people not turning up. The issue needs to remain on the Health Board's Corporate Risk register. <p>CAMHS performance against the Mental Health Act and Mental Health Measure targets were a cause of concern. Reasons for missing the targets centred around increased demand in CAMHS referrals and reduction in capacity due to sickness, maternity leave and vacancies impacting on the sustainable delivery of targets & driving down performance. Whilst feedback from a two-day visit from Welsh Government to consider Together 4 Children and Young People was awaited, there was concern about internal and external communications. The crisis pathway for young people in distress and Out of Hours access to the emergency bed was an ongoing issue.</p> <ul style="list-style-type: none"> The Committee was disappointed at the level of performance of MHLD against the Mental Health Measure from the data presented and requested that an action plan be presented to the next Committee to illustrate how compliance could be recovered and targets achieved.
Special Measures Improvement Framework Theme/Expectation addressed	Mental Health
Issues to be referred to another Committee	none
Matters requiring escalation to the Board:	none

Well-being of Future Generations Act Sustainable Development Principle	<p><i>The Committee considered the following sustainable principles:</i></p> <p><i>1. Balancing short term need with long term planning for the future;</i> CAMHS/MHLD Deep Dives ahead of completion of work on demand and capacity planning. The need to address the rise in Adults detained under Section 136's</p> <p><i>2. Working together with other partners to deliver objectives;</i> The Committee continues to support close working with the Third Sector and other partners</p> <p><i>3. Involving those with an interest and seeking their views;</i> <i>4. Putting resources into preventing problems occurring or getting worse;</i> Additional Funding to address CAMHS backlog The need to consider appropriate resource for prevention and early intervention</p> <p><i>5. Considering impact on all well-being goals together and on other bodies)</i></p>
Planned business for the next meeting:	Range of regular reports plus <ul style="list-style-type: none"> • Policy Position in relation to Code of Practice and MHA • Independent Review of MH Act
Date of next meeting:	29 th March 2019

Health Board 28.3.19	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
Committee Chair's Report	

Name of Committee:	Quality, Safety & Experience Committee
Meeting date:	22.1.19
Name of Chair:	Mrs Lucy Reid
Responsible Director:	Mrs Gill Harris, Executive Director of Nursing & Midwifery
Summary of business discussed:	<ul style="list-style-type: none"> • The Committee received an update on Health & Safety management and were pleased to receive confirmation that the two new Heads of Health & Safety had taken up their posts and that the Associate Director post was being interviewed for shortly. • The Committee was provided with an annual report from the Health Protection Wales Team which highlighted a range of activity and key challenges. • The Committee endorsed the feedback from the Finance & Performance Committee regarding the content, quality, format and scope of the Integrated Quality Performance Report. Members were clear that getting this right was fundamental to the provision of an appropriate level of assurance but that the connectivity between ward and board still needed to improve to enable this. • The Committee noted that Ms Jan Stevens had been invited to undertake a follow up review of infection prevention and control within BCUHB in March 2019. • The Committee approved a Restricted Microbial Policy for implementation. • The Committee approved (pending minor amendments) a Policy for Section 5(2) for Use in General and Community Hospitals. • The Committee rejected a Covert Administration of Medication Policy, requiring a range of amendments to be made and for the equality impact assessment to be shared with members. • The Chair of the Quality Safety Group presented assurance reports from December and January meetings. • The Committee received an update from the Improvement Group (HASCAS and Ockenden) which highlighted that an appointment had been made for a dementia consultant nurse and that members of the Stakeholder Group had indicated their willingness to become involved in specific task and finish groups.

Key assurances provided at this meeting:	<ul style="list-style-type: none"> The Committee received a presentation of the final report from <i>Deloitte</i> on the commissioned organisational development programme into maternity services. The report gave a good level of assurance that the culture and leadership within the service had improved, although sustainability would hinge on continued improvements in workforce establishment, behaviours, developmental work plans, coaching/mentoring and handover. The Committee were pleased to learn that for the first time the organisation was compliant with all patient safety alerts. The Committee would wish to highlight to the Board that BCUHB had become the best ranked Welsh health employer by Stonewall in its Top 100 Employers List for 2019, having achieved 37th place.
Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> The Committee expressed continued concern at the level of pressure ulcers. Work was ongoing to ensure staff were aware of correct reporting processes to ensure the same incident was only reported once into the Datix system, and the Health Board was continuing to work closely with the Ambulance Trust to reduce the risk of pressure ulcers resulting from long waits in ambulances. The Committee Chair requested that the format of the assurance report for HASCAS & Ockenden continue to be refined as it was not possible to clearly map the progress made against each of the recommendations. The Committee also suggested that the use of deep dives with lead officers being invited to attend the Committee be investigated.
Special Measures Improvement Framework Theme/Expectation addressed	<ul style="list-style-type: none"> Leadership and Governance Mental Health Engagement
Issues to be referred to another Committee	None
Matters requiring escalation to the Board:	<ul style="list-style-type: none"> The Health Board is asked to receive, through this Committee Chair's report, a copy of the NHS Blood & Transplant and Organ Donation Annual Report which can be viewed through the web publication of QSE Committee papers.
Well-being of Future Generations Act Sustainable Development Principle	<p>The Committee gave due consideration to the sustainable development principles eg:-</p> <p>1.Balancing short term need with long term planning for the future; Recognition of the need to ensure the learning from the Deloitte OD work in maternity is sustained and shared more widely.</p> <p>2.Working together with other partners to deliver objectives; The role of the Health Protection Team.</p>

	<p>Work with WAST in reducing pressure ulcers.</p> <p>3. Involving those with an interest and seeking their views; Community Health Council in attendance routinely at Committee meetings;</p> <p>4. Putting resources into preventing problems occurring or getting worse; Senior management appointments in place to address health and safety management.</p> <p>5. Considering impact on all well-being goals together and on other bodies The Committee continues to support close working with WAST, Local Authorities, the Third Sector and other partners.</p>
Planned business for the next meeting:	<p>Range of regular reports plus:</p> <ul style="list-style-type: none"> • Patient story • Listening and Learning report • Discussion with WAST • Prison Health • Draft Annual Quality Statement • Committee Annual Report 2018-19 • Medicines Management Annual Report • MHLDS Division report • Primary Care Assurance report • Clinical Audit report • Falls and Pressure Ulcer management collaboratives report • Ward accreditation dashboard • Stroke services • Outcome from HIW inspection – Wrexham • Nurse staffing • Continuing Health Care • Never Events
Date of next meeting:	19.3.19

Health Board	 <div>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</div>
28.3.19	<i>To improve health and provide excellent care</i>
Committee Chair’s Report	

Name of Committee:	Remuneration & Terms of Service Committee	
Meeting date:	14.1.19	
Name of Chair:	Mr Mark Polin, Chair	
Responsible Director:	Mrs Sue Green, Executive Director of Workforce & OD	
Summary of business discussed:	<ul style="list-style-type: none"> • NHS Wales Menopause Policy WP66 – ratified • NHS Wales Organisational Change Policy WP65 and Report – ratified and noted; the pay protection process has been built into the updated policy. • Nursing & Midwifery Council (NMC) Registration and Revalidation Annual Report – the number of registration lapses and also referrals to the NMC has reduced. • The following issues were discussed in committee: Executive and Directors' Remuneration, pay issues in GP managed practices, and Upholding Professional Standards in Wales (UPSW) Independent Member Report – Restrictions or Suspensions More than Six Months in Duration (consolidated report to be produced in future). 	
Key assurances provided at this meeting:	<ul style="list-style-type: none"> • Workforce policies are currently being worked through and will be circulated to the R&TS Committee between meetings once processed via the committee governance sub-structure. Certain policies will still need formal sign off by the R&TS Committee, as advised by the Executive Director of Workforce & OD. • A more robust process is now in place for managing individuals in receipt of pay protection, including monitoring of job offers. • Root cause analyses and formal investigations are being carried out on NMC registration lapses – this is having a positive impact on the reduction in cases. • An extraordinary R&TS Committee meeting is to be called to consider in committee Executive and Director role/remuneration issues. 	
Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> • Failure to have in place appropriate remuneration arrangements for very senior managers could result in risks to retention of key individuals. An extraordinary R&TS Committee meeting is being called to address this matter. 	

Special Measures Improvement Framework Theme/Expectation addressed	<ul style="list-style-type: none"> • Leadership and Governance.
Issues to be referred to another Committee	-
Matters requiring escalation to the Board:	-
Well-being of Future Generations Act Sustainable Development Principle	<p><i>1. Balancing short term need with long term planning for the future – considered as part of Executive portfolio issues</i></p> <p><i>2. Working together with other partners to deliver objectives – consultation on policies carried out</i></p> <p><i>3. Involving those with an interest and seeking their views – consultation on policies</i></p> <p><i>4. Putting resources into preventing problems occurring or getting worse – consideration of Executive portfolios; consideration of equal pay issues.</i></p> <p><i>5. Considering impact on all well-being goals together and on other bodies – transition plan for managed practices; equal pay.</i></p>
Planned business for the next meeting:	<ul style="list-style-type: none"> • Remuneration Report for Health Board Annual Report • R&TS Committee Annual Report • In committee matters relating to directors and Executive roles.
Date of next meeting:	Date of next scheduled meeting: 13.5.19. Additional extraordinary meeting to be arranged prior to that date.

Health Board 28.3.19	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
Committee Chair's Report	

Name Committee:	of	Strategy, Partnerships and Population Health Committee
Meeting date:		5.2.19
Name of Chair:		Marian Wyn Jones, BCUHB Vice Chair
Responsible Director:		Mark Wilkinson, Executive Director Planning and Performance
Summary business discussed:	of	<p>The Committee</p> <p>Approved a revised Cycle of Business and agreed COB to be a standing item at each meeting in future.</p> <p>Considered quarter 3 monitoring report of the Annual Operating Plan 2018/19, noting positive progress, remedial actions identified for Q4 and concern regarding level of progress in some areas. The development of the Ambulatory Care Unit at Llandudno Hospital was praised, with good progress being made in Women's Services and Mental Health. It was reported that a rebasing was required within Children's and Young People, due to an over ambitious setting of targets and lack of capacity.</p> <p>Discussed and provided comments on the draft Three Year Plan for 2019/22. An Assurance Checklist was presented, listing areas of focus including Unscheduled and Planned Care/ RTT as well as finance. It was noted that there were gaps and challenges which would require resolution before presentation to Board.</p> <p>Approved the submission of the draft Estate Strategy subject to clarity around prioritisation, risk and alignment with the 3 year plan. The Committee queried the process of prioritisation with explicit reference to the Well being Centres. It suggested that the narrative required strengthening to better explain the challenges of an unsustainable estate and to reference financial benchmarking.</p> <p>Approved submission of the draft enabling workforce strategy subject to a number of amendments, including the need to map out financial sustainability, collaboration with HEIW/Universities and reference to Welsh Language Standards.</p> <p>The Committee considered key results and areas of concern in the</p>

	<p>Staff Engagement Survey 2018 including Bullying & Harassment, Executive visibility, noting the draft Organisational and Divisional Improvement Plans. The Committee supported the need for further engagement with staff & requested additional work to secure increased Executive and senior management visibility. Progress to be overseen by the Executive Management Group/Workforce Improvement Executive Group</p> <p>The Committee received an update on public engagement, highlighting work with regard to Special Measures, Living Healthier Staying Well and the wider Public and Stakeholder Engagement planned for 2019. It was agreed that GP Clusters be included within future engagement activities.</p> <p>The Committee welcomed the progress achieved in meeting the Welsh Language Standards and noted four areas of compliance risk outlined within the report. Standard 19 appeared to be the biggest area of concern, and the Head of Welsh Language Services referenced mitigating actions, including the introduction of the Bilingual Skills Strategy and examples of improvements being made.</p> <p>Eu Exit Transition Planning: the committee received a report on the all Wales work undertaken, drawing attention to issues regarding medication and recent discussions at the Regional Partnership Board.</p> <p>Regional Partnership Board: An update was provided on meetings held in December & January, noting work being progressed within the Community Services Transformation Bid funding and the need for a conversation regarding values, planned to be addressed in the near future.</p> <p>Public Service Boards: it was agreed that this would be a standard item at future Committee meetings. Area Directors would, in turn, update on developments taking place at the PSB's in North Wales.</p>
<p>Key assurances provided at this meeting:</p>	<p>The following key assurances were gained in the meeting:</p> <p>Progress noted on the draft divisional improvement plans arising from issues highlighted within the Staff Survey 2018. Assurances given that Exec visibility would be appropriately addressed.</p> <p>Significant work noted within the draft Estates and Workforce Strategy as part of the Three Year Plan. Assurances that Communications Plan would be in place, emphasising importance of clear messaging.</p> <p>Assurances that mitigating actions were being developed around areas of compliance risk within the Welsh Language Standards.</p>

Key risks including mitigating actions and milestones	The committee noted the significant work remaining to develop the Board's 3 year Plan 2019/22, requiring engagement across the organisation to ensure timely delivery.
Special Measures Improvement Framework Theme/Expectation addressed	<ul style="list-style-type: none"> • Strategic & Service Planning • Engagement
Issues to be referred to another Committee	Feedback on the Draft Digital Strategy to be referred to the Chief Information Officer/ Medical Director in advance of the next IGC meeting.
Matters requiring escalation to the Board:	The committee noted the significant work remaining to develop the Board's 3 year Plan 2019/22, requiring engagement across the organisation to ensure timely delivery.
Well-being of Future Generations Act Sustainable Development Principle	<p><i>Describe how the items of business and the development of any proposals considered by the Committee gave adequate consideration to the sustainable development principles or if not indicate the reasons for this.</i></p> <ol style="list-style-type: none"> <i>1.Balancing short term need with long term planning for the future;</i> <i>2.Working together with other partners to deliver objectives;</i> <i>3. Involving those with an interest and seeking their views;</i> <i>4.Putting resources into preventing problems occurring or getting worse; and</i> <i>5.Considering impact on all well-being goals together and on other bodies)</i>
Planned business for the next meeting:	<p>Range of regular reports plus</p> <p>Learning Disabilities Strategy Third sector Strategy Clinical Services Strategy update Together 4 Mental Health Partnership progress report Committee Annual Report</p>
Date of next meeting:	2.4.19

Health Board 24.1.19	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
Committee Chair's Report	

Name of Committee:	Information Governance and Informatics Committee
Meeting date:	13.11.18
Name of Chair:	John Cunliffe, Independent Member
Responsible Director:	Dr Evan Moore, Executive Medical Director
Summary of business discussed:	<p>On 13.11.18, the inaugural meeting took place and discussed the following:</p> <p>Committee Terms of Reference On 6.9.18 the Board approved a range of proposals for Board and Committee arrangements including the establishment of the IGIC Committee to provide improved Board oversight and engagement with the Information Governance and Information Technology agenda to meet quarterly. A suggestion was put forward to consider renaming 'Informatics' within the Committee title to 'Digital'. Further consideration of officers in attendance was agreed to be addressed at the next Executive Team meeting.</p> <p>Committee Cycle of Business was agreed</p> <p>Corporate risks assigned to the Committee The Committee discussed whether the existing risk be split which was agreed to be discussed at the next meeting</p> <p>Informatics Operational Plan quarter 2 performance and update Operational Plan changes, exception and significant event reports were provided. An underspend on the financial revenue position and Capital progress was also noted.</p> <p>Digital Transformation Group Chair's Assurance report Lost opportunities, benefits and risks resulting from significant delays in national systems as well as good progress on business intelligence work were highlighted.</p> <p>Update on national response to Wales Audit Office Informatics report The Performance Audit Manager ~ WAO presented this item. The</p>

	<p>report identified a number of risk and issues including: a need to strengthen informatics leadership across NHS Wales, and a significant need to strengthen governance arrangements for NWIS; many national systems were significantly delayed which caused widespread frustration; and a need to better track, record and monitor national systems because currently it was unclear whether they were delivering the intended benefit.</p> <p>The Public Accounts Committee report on NWIS was also discussed and noted</p> <p>Information Governance (IG) annual report 2017/18 The report focussed heavily on GDPR and also contained the Information Governance Group workplan in addition to the Caldicott report.</p> <p>Information Governance Group Chair's Assurance report incorporating quarterly KPI and compliance report was received</p> <p>Information Governance Policies The Committee endorsed the following policies for use by the Health Board:</p> <ul style="list-style-type: none"> • Information Governance Policy. • Email Use Policy • Internet Use Policy • Information Security Policy
Key assurances provided at this meeting:	<ul style="list-style-type: none"> • Information Governance mandatory training compliance had increased significantly • A cycle of business was established
Key risks including mitigating actions and milestones	<p>In respect of risk and the potential actions and mitigation costs outlined in supporting the Telepath system and the Committee's concern regarding escalation, the Board Secretary clarified the governance system in place.</p> <p>BCU's position on the Electronic Patient Record was discussed and concern raised regarding progress and whether the risks were adequately monitored</p> <p>Concerns with the performance of national systems were highlighted in the WAO Informatics report and the PAC report</p>
Special Measures Improvement Framework Theme/Expectation addressed	<ul style="list-style-type: none"> • Governance
Issues to be referred to another Committee	None

Matters requiring escalation to the Board:	None
Well-being of Future Generations Act Sustainable Development Principle	<p><i>Describe how the items of business and the development of any proposals considered by the Committee gave adequate consideration to the sustainable development principles or if not indicate the reasons for this.</i></p> <p><i>1. Balancing short term need with long term planning for the future;</i></p> <p><i>2. Working together with other partners to deliver objectives;</i></p> <p><i>3. Involving those with an interest and seeking their views;</i></p> <p><i>4. Putting resources into preventing problems occurring or getting worse; and</i></p> <p><i>5. Considering impact on all well-being goals together and on other bodies)</i></p>
Planned business for the next meeting:	<p>Range of regular reports plus</p> <ul style="list-style-type: none"> • Approval of Informatics – Operational Plan
Date of next meeting:	14.2.19

Health Board 28.3.19	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
Advisory Group Chair's Report	

Name of Advisory Group:	Stakeholder Reference Group (SRG)
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Meeting date:	05 March 2019
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Name of Chair:	Mr Ffrancon Williams
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Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning & Performance
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Summary of key items discussed:	<ul style="list-style-type: none"> • A presentation was delivered by Rob Nolan, Finance Director – Commissioning & Strategy. The purpose of the presentation was to update the Group on the 2018/19 Month 10 financial position. A general discussion took place regarding the various issues within each element including the care home system; scrutiny of the types of drugs and variance in prices and the requirement for more support/training for staff to return to work, thus reducing the requirement for agency staff. <p>The Chair summarised the discussion as follows:</p> <ul style="list-style-type: none"> • The Group expressed concern regarding the continued high agency costs. It was agreed that the Health Board should encourage agency nurses to return to work in BCU by providing support/training etc and to make it as attractive as possible to encourage previously registered nurses, in particular, to come back into the system. This links into the importance of the Workforce Strategy. • Sally Baxter provided an update on the progress of the Third Sector Strategy. Sally outlined the several priorities that have been identified, and informed the Group that a series of dates have been arranged for meetings with third sector networks to develop a strategic plan to address those areas. Sally agreed to provide an update to the Group at the next meeting in June 2019. The Chair also conveyed that the Health Board meeting on 24/01/19 had discussed perceived tardiness around production of a Third Sector strategy and had requested firm commitments around timescales for producing the Strategy and presenting it to Board. • An update was provided by Sally Baxter on the progress made towards developing the Three Year Plan for the period 2019/22, and presented the updated current working Draft Plan document in a “plan on a page” format for discussion. The importance of the key enabling strategies of Estates, Digital Health and Workforce and Organisational Development was emphasised and how outcomes blended in to timescales for the Three Year
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	<p>Plan</p> <ul style="list-style-type: none"> • Sally Baxter delivered a presentation on “A Healthier Wales – Transformation Proposals” providing a further update on the proposals developed through the Regional Partnership Board under the national transformation fund. Sally also provided a summary paper setting out the details of the proposals submitted to Welsh Government. The Group were informed that approval has now been received for all the proposals and the setting up of the implementation project infrastructure and governance has commenced, together with recruitment to key posts. The Chair summarised key points from the discussions as follows: <ul style="list-style-type: none"> ○ There was a broad welcoming of the transformation funds which had been secured and a recognition of the work put in to achieve them. However, it was noted that this was achieved in a backdrop of huge shortfalls in community services in light of austerity, and in particular for those services funded by Local Authorities. These existing local services continue to be stretched ○ There is a need to involve the Town & Community Councils in the Health Board’s engagement activities going forward as well as Local Authorities.
Key advice / feedback for the Board:	<p>The Group were concerned about the high agency costs - nursing agency costs in particular - and were keen for BCU to consider, as part of their workforce strategy, the encouragement of agency nurses to return to work in BCU by providing support/training etc and also, to make it as attractive as possible to encourage previously registered nurses, in particular, to come back into the system. The Group are keen to see the SRG’s cycle of business align with that of the Health Board’s.</p>
Special Measures Improvement Framework Theme/Expectation addressed	<p>Strategic planning Engagement</p>
Planned business for the next meeting:	<p>The Chair confirmed the following items will be considered for the June meeting, but priority given to those items that align best with the Health Board’s cycle of business:</p> <ul style="list-style-type: none"> • Enabling Strategies Update – Estates, Digital and Workforce and Organisational Development • Medicines Management • Well North Wales • Social Prescribing • Mental Health Strategy – update on spending • Standard item – Blended briefing updates on Corporate Planning, Healthier Wales and the Seasonal Plan
Date of next meeting:	<p>04 June 2019</p>

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Health Board 28.3.19	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
Advisory Group Chair's Report	

Name of Advisory Group:	Local Partnership Forum
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Meeting date:	8 th January 2019
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Name of Chair:	Ms Jan Tomlinson
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Responsible Director:	Mrs Sue Green, Executive Director of Workforce & Organisational Development (OD)
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Summary of key items discussed:	<ul style="list-style-type: none"> • A workshop took place on the development of the Workforce Strategy for BCUHB. Members of the Workforce & OD Team facilitated group work to address key questions around whether the assessment of the current and future states were fair, to identify omissions and opportunities. • The Chief Executive provided a verbal update on Special Measures and confirmed that a tripartite meeting between Wales Audit Office, Healthcare Inspectorate Wales and Welsh Government would review progress later in January. • The Chief Executive presented the Month 8 financial report which confirmed that the organisation was £900k off plan, and that performance would need to significantly improve in the second half of the year. He reminded members of the areas of overspend and noted that there were risks associated with the planned year-end deficit. • The Assistant Director of Corporate Planning informed the Group that the organisation was now developing a Three Year Plan rather than an Integrated Medium Term Plan (in line with Welsh Government discussions). The latest iteration of the draft plan would be shared with LPF members for comment and feedback. • The LPF agreed a recommendation to apply a reserve mileage rate for the reimbursement of travel costs. • A cycle of business for the LPF for 2019 was accepted. • The Group received a presentation from the Welsh Language Standards Compliance Officer on the implications of the new standards and the offer was made for the Welsh Language Team to work with teams and departments to improve their understanding and support them in terms of compliance. • The Executive Director of Workforce & OD updated the LPF in
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	<p>terms of Health & Safety and that the Board had received a paper setting out a range of immediate actions in terms of structure and governance.</p> <ul style="list-style-type: none"> • The LPF accepted a revised All Wales Organisational Change Policy and a new NHS Wales Menopause Policy, noting they were to be submitted to the Remuneration & Terms of Service Committee. Employee Death in Service guidelines were noted with a caveat from the LPF that the template letters be strengthened. • The LPF agreed terms of reference for a Working Longer and Sickness Absence Review group. • Updates from the Workforce Policies & Procedures Working Group and Workforce Partnership Group were noted. • The Director of Turnaround gave a presentation to the Group to update them on the turnaround and transformation agenda and to emphasise the need for a collective and partnership approach.
Key advice / feedback for the Board:	<ul style="list-style-type: none"> • The LPF were clear that it would need to have a clear role in terms of monitoring the deliverables of the Workforce Strategy. • The LPF would wish to see clear communication and the availability of “FAQ” style information for staff in terms of the application of the reserve mileage rate. • The LPF felt that some reassurance could be provided from area teams in terms of Health & Safety management but that consistent assurance on a pan-BCU basis was lacking. Members were supportive of the steps being taken to strengthen this agenda. • In noting the current position with Job Evaluation, the LPF suggested that a pan-BCU communication be developed to share the progress.
Special Measures Improvement Framework Theme/Expectation addressed	Leadership and Engagement
Planned business for the next meeting:	<p>Range of standard reports plus:</p> <ul style="list-style-type: none"> • LPF Annual Report • Unscheduled care update • Health & Safety management annual report • Infection prevention and control • Workforce report • Gender pay action plan • Welsh Partnership Forum minutes • WAO annual audit letter • Safe staffing levels
Date of next meeting:	9 th April 2019

Disclosure:

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Health Board 28.3.19	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
Committee Chair's Report	

Name of Committee:	Finance & Performance Committee
Meeting date:	17.01.19
Name of Chair:	Mr Mark Polin, Chair BCUHB
Responsible Director:	Mr Russell Favager, Executive Director of Finance
Summary of business discussed:	<p>The actual Month 9 position was £1.0m higher than plan, mainly due to the under delivery against savings plans across most divisions £(1.0m), of which £0.3m related to original schemes and £0.7m related to the turnaround schemes.</p> <p>The year to date position is a deficit of £30.2m. Of this, £28.3m relates to the Health Board's planned budget deficit and £1.9m represents an adverse variance against the financial plan.</p> <p>The Health Board's forecast at Month 9 has been increased from a deficit of £35.0m to £42.0m. This is to reflect the significant risks around the underperformance of savings plans, that are currently forecasting to under deliver by £6.2m, and cost pressures around Continuing Healthcare (CHC) and Mental Health. There was a robust discussion around the risks to the forecast and the Executive Director of Finance outlined the mitigating actions being taken to control expenditure to year end. The Chairman requested a report incorporating those additional financial controls, risks and a timeline to year end.</p> <p>The Executive Director of Finance reported that £11.6m resource had been received in respect of RTT from Welsh Government relating to the first half of the year and expenditure to date was £14.2m, therefore £2.6m was currently at risk and there was a further risk that should the delivery target not be achieved, some of the WG resource would be clawed back.</p> <p>The Executive Director of Finance presented slides on potential reduced expenditure opportunities around pay and non pay for the remaining months of the year and explained that central system controls and instruction would be introduced in some areas to ensure there is an increased level of scrutiny and control over the</p>

	<p>remainder of the year.</p> <p>The Committee noted the report including the increased forecast outturn of £42.0m and that cash management remains a key priority and a request for a further £7.0m repayable strategic cash support will be submitted to Welsh Government to support the increase in the forecast deficit.</p> <p>The Chairman informed the Committee that, following discussion with the Minister and NHS Wales Chief Executive, it was agreed that WG's Financial Delivery Unit would provide support to the organisation and that he had made a decision to commission an assurance review of current financial control management and turnaround activity into the new financial year.</p> <p>The Executive Director of Workforce and Organisational Development presented the Paybill Review Progress report, which described work undertaken in respect of counting and reporting of non-core/additional hours and explained the benefits resulting from the introduction of Establishment Control, such as 33% reduction in pay related changes and reductions in hour changes as well as vacancies. The Committee would be provided with a briefing note outlining the reductions advised. In respect of rota and roster management it was noted that templates had been introduced to wards.</p> <p>The Turnaround Director presented the Savings report for Month 9, which reflected savings which had been built into specific plans by Divisions with a forecast delivery of £38.8m, £6.2m short of the £45m target set by the Board. Current risk profiles and values were pointed out as well as the position on recurrent savings.</p> <p>The Committee discussed the issues highlighted around the non-delivery of savings including availability of support and a sense of staff pressures. The Committee was clear that current methodology was not effective and that service transformation was not being addressed. The Chairman clarified that the Committee needed to be made aware should resources not be in place by 1.4.19. Discussion ensued on capability and capacity as well as priorities and the need for a decision regarding PMO utilisation and its core function needed to be made to ensure adequate staffing.</p> <p>The Performance Director presented the Integrated Quality and Performance report for Month 9 and provided an update on the Key Performance Indicators (KPI).</p> <p>The report showed a deteriorating position in respect of RTT and there was a discussion around the challenges involved with managing patients presenting with increased levels of urgency across a variety of specialities. The Performance Director also</p>
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drew attention to the impact of interconnected services such as endoscopy and variation across hospital sites.

The Committee emphasised the need for clarity on trajectories moving into the new financial year for both RTT and Unscheduled Care. In discussion on the waiting lists the Executive Medical Director commented that there was an issue regarding confidence with the numbers involved. The Chairman emphasised the financial risk involved and invited the Interim Director of Secondary Care and Interim Associate Director Unscheduled Care to join the meeting for the RTT and Unscheduled Care items.

The Interim Director Secondary Care advised of that the number of long waiting patients had deteriorated over the past 2 months to 7,144 at the end of December 2018. However, in overall terms the cohort patients had reduced and were continuing to track in line with the forecast as in the previous year. He advised that this data was being explored with the Delivery Unit to understand the variation in the figures. He raised concern in respect of the cohort composition as there were aspects of the pathway that were under most pressure. The further potential effect of diagnostic testing pressures in endoscopy due to cancer referrals was highlighted.

The recalculated forecast was circa 6,300 which was a worse position than previously indicated. The Chairman requested that the Executive Team provide a briefing on their discussions to F&P members following the meeting. He also requested a further briefing on planned care.

The Associate Director Unscheduled Care presented a paper on Unscheduled Care 90 day plan and Winter Resilience and advised that the demand management 90 day plan included pathway and engagement tasks, and had achieved its improvement trajectory within the first 30 days. This demonstrated an increased WAST utilisation of BCUHB's Minor Injury Units by 25% based on the same period of the previous year.

Patient flow remained the most challenging area of the next 90 day cycle with varying degrees of success by locality against the flow trajectories which were likely to remain for the next 18 weeks. There had been a deterioration in 4 hour Emergency Department (ED) wait performance which was understood to be worsening at Wrexham Maelor (WM).

The Associate Director Unscheduled Care reported that each DGH site had been at high escalation level since the Christmas period, including the highest level 4.

The next 90 day plan cycle was being finalised with the inclusion of job planning improvements and relaunch at all sites. The Chairman

noted that various senior substantive appointments had been made recently and welcomed the improvements they would make.

The Executive Director of Planning and Performance provided a verbal update on development of the 3 year plan. He advised that feedback provided at the Board development session held on 10.1.19 had been incorporated, with particular attention to connectivity with 'A Healthier Wales'. It was noted that the next iteration would be presented to the Board on 24.1.19 including Healthier Wales deliverables, examples of which were provided in the financial planning update presentation. The presentation also included the 'plan on a page'.

The Executive Director of Finance provided a powerpoint presentation to update the Committee on financial planning for 2019/20. The presentation outlined the following Health Board wide elements which were being put in place and should result in delivery being improved on the current year. The Chairman's concern on whether the Clinical Strategy would be in place by 1.9.19 was noted. Following discussion, it was agreed that the Financial Strategy should also be listed and that the Plan should be considered by the North Wales Regional Partnership Board.

The Executive Director Of Finance also advised that it was the Executive Team view that whilst the Board had agreed a Deficit Reduction Programme in March 2018 with a deficit of £20m in 2019/2020, it was now considered that a more realistic figure would be £35m, based on current information and likely savings delivery however this was unlikely to be politically acceptable.

In addition, the Executive Team believed that in consideration of capacity and infrastructure to deliver cash releasing savings of £34.5m that £25m was more realistic for 2019/20 only, although plans should still be developed for £34.5m.

There was a discussion around how BCU could close the gap to achieve financial balance, in which the requirement for strong clinical and service leadership supported by capable business support and good quality business intelligence, including benchmarking and variation was noted.

The Committee considered the Capital programme report. It was agreed that the Executive Director of Planning and Performance would provide further detail on the Air Handling Unit following the meeting to members along with the use of contingency in respect of the Ysbyty Gwynedd ED Development.

The Executive Director of Planning and Performance presented Interim Performance Accountability Framework. The report drew attention to the interim accountability review arrangements which

	<p>would be in place in 2019/20 with the intention to refine and revise it for the 2019-2022 planning period. Accountability will be exercised through the Board and Committees; individual objective setting and quarterly accountability review meetings and there will be an escalation framework mirroring Welsh Government framework of tiered escalation.</p> <p>On 21.12.18 the Committee discussed the following items in InCommittee session:</p> <ul style="list-style-type: none"> • Agency Locum usage Report • Assignment of GP Lease
Key assurances provided at this meeting:	<ul style="list-style-type: none"> • The Paybill review is progressing and the improvements to existing procedures was noted • Additional Financial Controls will be implemented to control the expenditure run rate • The interim accountability framework was agreed, subject to adaption and adoption aligned to the 3 year operational plan 2019-2022
Key risks including mitigating actions and milestones	<p>Forecast outturn has been increased to £42m deficit and Welsh Government has been notified. Additional financial controls have been implemented to control the expenditure run rate and further scrutiny of the savings programme.</p> <p>Savings schemes are forecast to achieve £38.8m, a potential gap of £6.2m against the £45m target and the turnaround schemes have not delivered against the £7.7m schemes outlined in September.</p> <p>Both Secondary Care and MH and LD are forecasting a significant overspend against budget and mitigating actions are being scrutinised through both CE Escalation and the Accountability Review meetings.</p> <p>RTT delivery is a significant risk, against the target for 31 March 2019. This is being closely monitored through the weekly Access meetings.</p> <p>The Unscheduled Care Performance remains very challenging and below target.</p>
Special Measures Improvement Framework Theme/Expectation addressed	Governance and Leadership themes.
Issues to be referred to another Committee	None

Matters requiring escalation to the Board:	<p>The risk to the financial position. Underperformance in key areas;-</p> <ul style="list-style-type: none"> • Unsatisfactory progress with RTT and Unscheduled Care
Well-being of Future Generations Act Sustainable Development Principle	<p><i>Describe how the items of business and the development of any proposals considered by the Committee gave adequate consideration to the sustainable development principles or if not indicate the reasons for this.</i></p> <p><i>1.Balancing short term need with long term planning for the future;</i> <i>2.Working together with other partners to deliver objectives;</i> <i>3. Involving those with an interest and seeking their views;</i> <i>4.Putting resources into preventing problems occurring or getting worse; and</i> <i>5.Considering impact on all well-being goals together and on other bodies)</i></p>
Planned business for the next meeting:	<p>26.2.19</p> <ul style="list-style-type: none"> • Financial position month 10 • Financial plan 2019/20 • Workforce quarterly update • SSPC quarterly report • External Contracts update • Unscheduled care update • Annual work programme • RTT update • IQPR • Capital reports
Date of next meeting:	26.2.19

Health Board 28.3.19	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
Committee Chair's Report	

Name of Committee:	Finance & Performance Committee
Meeting date:	26.02.19
Name of Chair:	Mr Mark Polin, Chair BCUHB
Responsible Director:	Mr Russell Favager, Executive Director of Finance
Summary of business discussed:	<p>The plan for Month 10 was a £2.4m deficit. The actual position was £3.4m, £1.0m higher than plan, with the key reasons for the in-month over spend being under delivery against savings plans across most divisions (£0.5m) and care packages over spent by (£0.8m), primarily in Mental Health.</p> <p>At the end of Month 10 the Health Board is overspent by £33.6m. Of this, £30.7m relates to the Health Board's planned budget deficit and £2.9m represents an adverse variance against the financial plan.</p> <p>The Health Board's forecast at Month 10 has remained at a deficit of £42.0m, which reflects the significant risks around the underperformance of savings plans and cost pressures around Continuing Healthcare (CHC) and Mental Health.</p> <p>The Committee discussed the risks to the forecast and the mitigating actions to control expenditure to year end.</p> <p>The Executive Director of Finance reported that £15.3m had been incurred to date and so £4.0m was currently at risk and the additional risk remained that should the delivery target not be achieved, some of the WG resource would be clawed back.</p> <p>The Executive Director of Finance referred to the additional financial controls update which had been circulated to the Committee for information.</p> <p>The Turnaround Director presented the Savings report for Month 10, which reflected savings which had been built into specific plans by Divisions with a forecast delivery of £38.9m against the £45m target set by the Board. The report showed that the savings</p>

	<p>achievement was £6.1m variance from the target which was related mainly to additional savings applied to Divisions during the year, however the original schemes were generally delivering.</p> <p>The Chairman questioned the savings plans proposals for 2019/20, including the issue that EMG had identified some areas without clarity on resource. He raised his concern on commencing the financial year with poorly formed savings plans and expressed his lack of confidence in the plans to year end.</p> <p>The Committee raised its concern regarding the lack of transformational savings and the Independent Finance Adviser advised that the organisation needed to view savings as a stepping stone that would lead to significant change in order to improve internal support.</p> <p>The Associate Director of Contracting presented the External Contracts update which provided a summary of activity by the Healthcare Commissioning Team and the headline successes and challenges in Quarter 3 of the 18/19 financial year. The current forecast underspend was £3m and there were current issues in respect of various services provided by the Countess of Chester hospital and mitigation plans being worked through.</p> <p>The Executive Director of Workforce and Organisational Development presented the Workforce Quarterly Performance report Quarter 3 2018/19, which provided an overview of the performance of the Workforce against key priority areas that impact on the Health Board's ability to deliver safe, timely and cost effective care and services.</p> <p>The Committee questioned vacancy and retention work including turnover. The Executive Director of Workforce and OD advised the Chairman regarding ongoing work to potentially increase numbers of substantive staff within nurse agency and the challenges involved.</p> <p>The Committee considered the Capital programme report . Following a question raised by the Committee, the governance arrangements in respect of the Capital Programme Management Group and their assessment of risk was described, which also met recommendations following the YGC project review.</p> <p>The Executive Director of Planning and Performance presented the Integrated Quality and Performance report Month 10 and drew attention to challenges being experienced within Endoscopy services which included recruitment, estate and accreditation and advised that the Quality, Safety and Experience (QSE) Committee were addressing quality and safety issues. He drew attention to Cancer services performance and the impact this would have on RTT.</p>
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A discussion ensued in respect of the Finance Adviser's enquiry regarding ascertainment of the level of urgency to change current 'red' performance areas. This included discussion of Key Performance Indicators, key priorities, Executive Team commitment and effective sharing of briefings and their quality. The Committee requested that the narrative be improved in respect of areas of concern raised eg Ambulance handovers, RTT etc within the IQP report in order that the Committee was better sighted on these areas.

The Lease Car Policy was presented to the Committee, which had been updated to include a change to the operational principles, to support the strategy for the reduction in overall travel costs. The Executive Director of Finance advised that the Local Partnership Forum had recently reviewed the draft policy and the Committee approved the policy.

The Shared Services Partnership (SSP) Committee quarterly assurance report was presented and the Committee questioned clarity regarding responsibilities between Shared Services and BCUHB. The Executive Director of Workforce & OD explained services provided by SSP in respect of the different areas of Recruitment.

The Committee also questioned the level of SSP understanding regarding BCU's savings requirement and level of challenge provided. In the ensuing discussion it was agreed that the Executive Director of Finance would provide members with a briefing on procurement benchmarking.

The Interim Director Secondary Care presented an update on RTT performance and advised that the report showed an increase to approximately 8,000 patients, with the forecast year end position to be 5,611 and outlined various actions that were being undertaken within specialties. He also explained that current focus was on ensuring understanding of data inconsistencies and that there was an issue with data quality which was still being resolved.

The Chairman voiced his concern regarding data accuracy and requested that the Executive Team provide weekly updates to members on RTT following Executive Team meetings going forward. It was agreed that the Executive Medical Director would provide a member briefing following the meeting. The Chairman suggested that a task and finish group be established in order to understand BCU's position before 1.4.19.

The Associate Director Unscheduled Care presented the Unscheduled Care 90 day plan and Winter Resilience update and advised that there had been performance improvements at YWM,

	<p>in the West and also YGC during February which were better than the previous year. The update also advised on escalation levels, GPOOH improvements and the service's de-escalation from special measures, demand management via SICAT and challenges with patient flow.</p> <p>Following discussion on confidence in demand management it was suggested by the Executive Director of Workforce & OD that the area be explored further by the Care Closer to Home Group. It was also noted that Frailty model appeared to be less visible as a plan. Following the Chairman's question as to whether the organisation had the necessary analytical capacity to provide understanding on these issues, it was agreed that a full assessment of capability and demand management should be undertaken by the Planned Care Transformation Group.</p> <p>The Executive Director of Planning and Performance presented Interim Performance Accountability Framework. The report drew attention to the interim accountability review arrangements which would be in place in 2019/20 with the intention to refine and revise it for the 2019-2022 planning period. Accountability will be exercised through the Board and Committees; individual objective setting and quarterly accountability review meetings and there will be an escalation framework mirroring Welsh Government framework of tiered escalation.</p> <p>On 26.02.19, the Committee discussed the following items in InCommittee session:</p> <ul style="list-style-type: none"> • Draft interim financial plan • Organisational and Governance Structure for Quality and Cost Improvement • Development of Annual work programme • North Denbighshire Community Hospital project • Health Board Agency Locum Report
Key assurances provided at this meeting:	<ul style="list-style-type: none"> • The External Contracts update had delivered in year savings • The Workforce report provided an overview of the staff turnover and workforce improvements • The Lease Car policy was approved
Key risks including mitigating actions and milestones	<p>Forecast outturn has been maintained at £42m deficit and the additional financial controls have been implemented to control the expenditure run rate and further scrutiny of the savings programme.</p> <p>Savings schemes are forecast to achieve £38.9m, a slight improvement on Month 9 but there is still a gap of £6.1m against the £45m target and the identification of schemes for 2019/20 needs to be accelerated.</p> <p>Both Secondary Care and MH and LD are forecasting a significant overspend against budget and mitigating actions are being</p>

	<p>scrutinised through both CE Escalation and the Accountability Review meetings.</p> <p>RTT delivery is a significant risk, against the target for 31 March 2019 and actions to improve data quality need to be progressed. This is being closely monitored through the weekly Access meetings.</p> <p>The Unscheduled Care Performance remains very challenging and below target.</p>
Special Measures Improvement Framework Theme/Expectation addressed	Governance and Leadership themes.
Issues to be referred to another Committee	None
Matters requiring escalation to the Board:	<p>The risk to the financial outturn for the year end.</p> <p>Underperformance in key areas;-</p> <ul style="list-style-type: none"> • Unsatisfactory progress with RTT and Unscheduled Care • Savings schemes identification and delivery
Well-being of Future Generations Act Sustainable Development Principle	<p><i>Describe how the items of business and the development of any proposals considered by the Committee gave adequate consideration to the sustainable development principles or if not indicate the reasons for this.</i></p> <p><i>1. Balancing short term need with long term planning for the future;</i></p> <p><i>2. Working together with other partners to deliver objectives;</i></p> <p><i>3. Involving those with an interest and seeking their views;</i></p> <p><i>4. Putting resources into preventing problems occurring or getting worse; and</i></p> <p><i>5. Considering impact on all well-being goals together and on other bodies)</i></p>
Planned business for the next meeting:	<p>26.3.19</p> <ul style="list-style-type: none"> • Financial report month 11 • Turnaround Report month 11 • MH And LD - Benchmarking • South Denbighshire Hospital (Ruthin) • Unscheduled care update • Annual work programme • RTT update • IQPR • Special Measures Improvement Framework Update • Capital report
Date of next meeting:	26.3.19

Health Board		GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
28.3.19	To improve health and provide excellent care	

Report Title:	Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2018. Update of register of Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales)
Report Author:	Mrs Heulwen Hughes, All Wales Approval Manager for Approved Clinicians and section 12(2) Doctors
Responsible Director:	Dr Evan Moore, Executive Medical Director
Public or In Committee	Public
Purpose of Report:	Betsi Cadwaladr University Health Board is the Approving Board for Approved Clinicians and section 12(2) Doctors in Wales and as such, receives regular register updates.
Approval / Scrutiny Route Prior to Presentation:	The information is collated by the All Wales Project Support Team and register updates are submitted directly to the Board.
Governance issues / risks:	Patient safety Risk of legal challenge
Financial Implications:	Not Applicable
Recommendation:	The Board is asked to ratify the attached list of additions and removals to the All Wales Register of Section 12(2) Approved Doctors for Wales and the All Wales Register of Approved Clinicians.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	

3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Not Applicable			
Equality Impact Assessment			
No equality impact assessment is considered necessary for this update paper. Approval Process is part of Legislative process.			

Disclosure:

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Update of Register of Approved Clinicians and Section 12 (2) Approved Doctors for Wales 8th December 2018 – 1st February 2019		
	AC	S12 (2)
Approvals and Re-approvals	5	8
Removed – Expired	1	0
Approvals suspended – yearly evidence not submitted as no longer working in Wales	0	
Approvals re-instated – yearly evidence submitted late	1	N/A
Approval Ended	0	0
Removed – AC approved	N/A	0
No longer registered	1	0
Transferred from AC register	N/A	0
Approval Ended as no longer working in Wales	3	0
Registered without a licence to practice	0	0

**Mental Health Act 1983 as amended by the Mental Health Act 2007.
Mental Health Act 1983 Approved Clinician (Wales) Directions
Update of Register of Approved Clinicians for Wales**

8th December 2018 – 1st February 2019

Approvals and re-approvals – 5

Surname	First Name	Expr1004	Expiry Date
Nuzhath	Fatima	Community Rehabilitation Team, Swn y Coed, Grove Road, Wrexham LL11 1DY	13 November 2022
Rastogi	Abinhav	Mental Health Unit, Royal Glamorgan Hospital, Ynysmaerdy CF72 8XR	14 November 2022
Howe	Alison	North Caerphilly CMHT, Rhymney Intergrated Health Social Care Centre,Lawn Ind Est, Rhymney, NP22 5PW	03 January 2024
Hoskins	Mathew	Monmouth House, University Hospital of Wales, Heath Park, Cardiff, CF14 4XW	06 January 2024
Menon	Krishna	Fairfield Clinic, Cefn Coed Hospital, Cockett, Swansea SA2 0GB	21 January 2024
Adebayo	Bankole Markinde	Bryn Hesketh EMI Unit, Hesketh Road, Colwyn Bay, Conwy, LL29 8AT	18 January 2024

Approvals re-instated – 1

Surname	First Name	Workplace	Expiry Date
Obeid	Tarig	Bryn Hesketh Unit,Hesketh Road, Old Colwyn, Colwyn Bay LL29 8AT	20 October 2019

Approvals expired – 1

Surname	First Name	Workplace	Expiry Date
Nwuba	Nnamdi	Sherwood Lodge, Rufford Colliery Lane, Mansfield, Nottinghamshire, NG21 0HR	06 January 2019

Approvals Suspended – 0

Surname	First Name	Workplace	Expiry Date

No longer Registered - 1

Surname	First Name	Expr1004	Expiry Date
Annear	Richard	Glan Traeth Day Hospital, 2 Alexandra Road, Marine Drive, Rhyl, LL18 3AS	22 April 2020

No longer working in Wales – 3

Surname	First Name	Expr1004	Expiry Date
Mohyuddin	Faisal	Hergest Unit, Ysbyty Gwynedd, Penrhosgarnedd, Bangor, LL57 2PW	01 February 2022
Sherif	Sherif Hassan	Cefni Hospital, Bridge Street, Llangefni, LL77 7PN	27 October 2021
Ratajak	Wojciek	Bronllys Hospital, Brecon Road, Bronllys, LD3 0LS	21 September 2021

Approvals Ended – 0

Surname	First Name	Workplace	Expiry Date

Mental Health Act 1983
Update of Register of Section 12(2) Approved Doctors for Wales

8th December 2018 – 1st February 2019

Approvals and Re-approvals – 8

Surname	First Name	Expr1003	Date Approval Expires
Adie	Julian	Private address	13 December 2023
Ogbechie	Emeka Tombara	Llandudno General Hospital, Llandudno, LL30 1LB	15 December 2023
Woodall	Alan	Montgomery Practice, Well Street, Montgomery, Powys SY15 6PF	01 January 2024
Mohamed	Lily Azlinda	Gelligron CMHT, Gelligron Road, Pontardawe, Swansea SA8 4LU	17 January 2024
Rankin	Jennifer	GSSMS, Rholben Villa, Maindiff Court Hospital, Ross Rd, Abergavenny NP7 8NF	20 January 2024
Reddy	Mallikarjuna Bhima	Links Centre, CMHT, CRI Buildings, Long Cross Street, Cardiff CF24 0SZ	20 January 2024
Bennett	Sarah Eleanor	Mental Health Unit, Royal Glamorgan Hospital. Ynysmaerdy, Llantrisant CF72 8XR	22 January 2024
Sebastian	Jain	Ablett Unit, Glan Clwyd Hospital, Bodelwyddan	30 January 2024

Removed – Expired – 0

Surname	First Name	Date Approval Expires	Workplace

Removed – AC approved – 0

Surname	First Name	Workplace	Date Approval Expires

No longer registered – 0

Surname	First Name	Workplace	Date Approval Expires

Transferred from AC Register – 0

Surname	First Name	Date Approval Expires	Workplace

No longer working in Wales – 0

Surname	First Name	Workplace	Date Approval Expires

Registered without a licence to practice - 0

Surname	First Name	Workplace	Date Approval Expires

Health Board 28.3.19	 <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div> <p><i>To improve health and provide excellent care</i></p>
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Report Title:	Annual Review of Standing Orders, Scheme of Reservation and Delegation and Board Cycle of Business
Report Author:	Dawn Sharp, Assistant Director and Deputy Board Secretary
Responsible Director:	Grace Lewis-Parry, Board Secretary
Public or In Committee	Public
Purpose of Report:	<p>The Board is required to review its Standing Orders and Cycle of Business on an annual basis. Audit Committee at its meeting on 14th March 2019 was informed that the annual review had been deferred pending an all Wales review of the Model Standing Orders being undertaken currently by Welsh Government (WG). It is planned that the updated Standing Orders, based on the revised Welsh Government Model will be presented to Audit Committee in May. The Scheme of Reservation and Delegation (SORD) normally forms part of the Standing Orders Annual Review and whilst it would make sense to delay approval of the SORD to coincide with the WG review, given the number of management changes that have taken place within the Health Board the updated SORD was presented for approval to the March meeting of the Audit Committee. The Committee endorsed the version now presented to enable progression of the operational schemes of delegation that sit beneath it.</p> <p>As part of the Annual Review the Board would routinely review the Cycle of Business. This is now attached for review and approval, noting that this is an iterative document.</p>
Approval / Scrutiny Route Prior to Presentation:	The Executive Team together with the Audit Committee have reviewed the SORD.
Governance issues / risks:	None
Financial Implications:	None
Recommendation:	<p>That the Board:-</p> <p>(1) note the deferral of the Annual Review of Standing Orders pending the national review of the Model being undertaken by Welsh Government;</p> <p>(2) approve the revisions to the SORD (Appendix 1) as endorsed by the Audit Committee;</p>

	(3) approve the Board cycle of business for the year ahead (Appendix 2), noting that this is an iterative document.
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Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Governance and Leadership			
Equality Impact Assessment			
Not applicable			

Summary of SoRD Amendments made in March 2019

Page / Section	Nature of Amendment
Page 2 (index)	Table ref. 44 now includes reference to Date Protection Officer (DPO) and Senior Information Risk Owner (SIRO)
Page 2 (index)	Mental Health Act sections deleted (not part of Model Standing Orders)
Page 2 (index)	Added Human Tissue Act, IR(ME)R and Nurse Staffing Levels (Wales) Act at lines 51,52 and 53,
Various	All references to 'Chairman' throughout the document now read 'Chair'
Various	All references to 'Chief Operating Officer' (COO) deleted and replaced by Executive Director of Planning & Performance or Executive Director of Primary & Community Care, or other Executive as noted (see tracked changes)
Various	All references to Executive Director of Strategy deleted and replaced with Executive Director of Planning & Performance
2a	Deleted Executive Director of Finance from operational responsibility column
6b	Executive Director of Finance replaced by 'Directors' in the operational responsibility column
6i	Executive Director of Finance replaced by 'Executive Directors' in operational responsibility column
11d	Added Executive Director of Nursing & Midwifery and Executive Director of Primary & Community Care to operational responsibility column; replaced 'Hospital Directors' with 'Interim Managing Directors'. Reference to Secondary Care Director deleted.
11j	Special leave arrangements – deleted 'LHB' policy; now reads 'All Wales Policy'. 'Maternity leave' now reads 'maternity / paternity leave'.
11m	Study leave (medical staff UK) and all medical and non-medical clinical staff outside UK – Executive Director of Primary & Community Care added to 'delegated to' column
12 a and c	'Delegated to' column amended from COO to Executive Director of Finance and Executive Director of Nursing & Midwifery respectively
12d	'Nursing' – 'delegated to' column changed from COO to Executive Director of Nursing

	& Midwifery
12d	'Other' - 'delegated to' column changed from COO to Executive Director of Workforce & OD
18a	'Criminal offence of a sexual or violent nature' – operational responsibility column changed from COO to Executive Director of Workforce & OD
18a	'Arson or theft' – 'delegated to' column changed from Director of Estates & Facilities to Executive Director of Planning & Performance. 'Operational responsibility' column changed from Directors to Director of Estates and Facilities
18a	'Other' – 'delegated to' column changed from Director of Estates and Facilities to Executive Director of Planning & Performance. 'Operational responsibility' column changed from Directors to Director of Estates and Facilities
24 a b c	'Delegated to' column changed from COO to Executive Director of Nursing & Midwifery
27a	Operational responsibility column amended to read 'Board Secretary'
28a	Operational responsibility column amended to read 'Board Secretary'
29 (old)	Reference to Data Protection Act subject access fee deleted (no longer exists)
29 (new) b c	Operational responsibility column changed from Assistant Director of Informatics to Chief Information Officer
30 a b	Executive Medical Director added to Operational responsibility column
36	Operational responsibility column changed from COO to Executive Director of Workforce & OD
44	Delegated matter column title amended to 'Compliance Lead Roles' and DPO and SIRO added
44a	Operational responsibility column changed from Deputy Medical Director to Senior Associate Medical Director
44 b c	New delegated to and operational responsibility columns added and populated
46	Operational responsibility column changed from COO to Executive Director of Finance
48	Operational responsibility column now reads 'Board level Directors'
51 onwards	Mental health legislation fields deleted (not in Model Standing Orders). Human Tissue Act, IR(ME)R and Nurse Staffing Levels (Wales) Act added.
Table B	Job titles and financial limits amended as per tracked changes; Director of Estates &

	<p>Facilities added.</p> <p>References to Secondary Care Director deleted.</p> <p>'Hospital Directors' replaced by 'Interim Managing Directors'.</p> <p>'Charitable Funds Committee' in first column amended to add '(all Executives can authorise use of charitable funds up to £5k)'.</p>
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V0.03 Draft

SECTION 2: SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The LHB Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Executive Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the LHB's Scheme of Delegation to Officers.

Delegated Matter	Table Reference No.
STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS	1
MEETINGS	2
FINANCIAL PLANNING/BUDGETARY RESPONSIBILITY	3
BANK/PGO ACCOUNTS (EXCLUDING CHARITABLE FUND ACCOUNTS)	4
EXTERNAL BORROWING	5
NON PAY EXPENDITURE	6
STORES AND RECEIPT OF GOODS	7
CAPITAL INVESTMENT MANAGEMENT	8
QUOTATIONS, TENDERING & CONTRACT PROCEDURES	9
FIXED ASSETS	10
PERSONNEL & PAY	11
ENGAGEMENT OF STAFF (NOT ON THE ESTABLISHMENT)	12
CHARITABLE FUNDS HELD ON LHB	13
PRIMARY CARE PATIENT SERVICES/HEALTHCARE AGREEMENTS	14
INCOME SYSTEMS, FEES & CHARGES	15
DISPOSAL AND CONDEMNATIONS	16
LOSSES, WRITE-OFFS & COMPENSATION AND EX-GRATIA PAYMENTS	17
REPORTING INCIDENTS TO THE POLICE	18
FINANCIAL PROCEDURES	19
AUDIT ARRANGEMENTS	20
LEGAL PROCEEDINGS	21
INSURANCE POLICIES AND RISK MANAGEMENT	22
CLINICAL AUDIT	23
PATIENTS' PROPERTY	24
PATIENTS & RELATIVES COMPLAINTS	25
SEAL	26
GIFTS & HOSPITALITY	27
DECLARATION OF INTERESTS	28
INFORMATICS AND THE DATA PROTECTION ACT	29
RECORDS	30
AUTHORISATION OF NEW DRUGS	31
AUTHORISATION OF RESEARCH PROJECTS	32
AUTHORISATION OF CLINICAL TRIALS	33
INFECTIOUS DISEASES & NOTIFIABLE OUTBREAKS	34

Delegated Matter	Table Reference No.
REVIEW OF FIRE PRECAUTIONS	35
HEALTH & SAFETY	36
MEDICINES INSPECTORATE REGULATIONS	37
ENVIRONMENTAL REGULATIONS	38
LEGAL & RISK PAYMENTS	39
INVESTIGATION OF FRAUD/CORRUPTION OR FINANCIAL IRREGULARITIES	40
COMMERCIAL SPONSORSHIP	41
COSTS/NOTIONAL RENT/THIRD PARTY DEVELOPER/IMPROVEMENT GRANTS	42
FREEDOM OF INFORMATION	43
COMPLIANCE LEAD ROLES: CALDICOTT GUARDIAN, DPO, SIRO	44
EMERGENCY PLANNING	45
NHS ACT 2006 (WALES) SECTION 33 AGREEMENTS	46
STATUTORY COMPLIANCE WITH RESPECTIVE LEGISLATION	47
APPOINTMENT OF MEDICAL & DENTAL CONSULTANT POSTS	48
INDIVIDUAL PATIENT FUNDING REQUESTS	49
CARBON REDUCTION COMMITMENT ORDER	50
HUMAN TISSUE ACT 2004	51
IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS 2017 [IR(ME)R]	52
NURSE STAFFING LEVELS (WALES) ACT 2016	53

Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS

Table A – Scheme of Delegation to Officers

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
1. Standing Orders / Standing Financial Instructions		
a) Final authority in interpretation of Standing Orders	Chair	Chair
b) Notifying Directors, employees and agents of their responsibilities within the Standing Orders and Standing Financial Instructions and ensuring that they understand the responsibilities	Executive Director of Finance/Board Secretary	Directors
c) Responsibility for the security of the LHB's property, avoiding loss, exercising economy and efficiency in using resources and conforming with Standing Orders, Financial Instructions and financial procedures	Executive Director of Finance	Directors
d) Ensuring Standing Orders are compatible with Welsh Government requirements re building and engineering contracts	Chief Executive	Executive Director of Planning & Performance
2. Meetings		
a) Calling meetings of the LHB	Chair	Board Secretary
b) Chair all LHB Board meetings and associated responsibilities	Chair or Vice Chair in Chair's absence	Chair or Vice Chair in Chair's absence
3. Financial Planning/Budgetary Responsibility		
a) Setting: Submit Three Year Plan and Annual Operating Plan to the LHB Board	Chief Executive	Executive Director of Planning & Performance

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
Submit budgets to the LHB Board	Chief Executive	Executive Director of Finance
Submit to Board financial estimates and forecasts	Chief Executive	Executive Director of Finance
b) Implementing financial policies, plans and procedures, providing advice and co-ordinating any corrective action necessary	Executive Director of Finance	Finance Director (Operational)
c) Issuing Budgets	Executive Director of Finance	Finance Director (Operational)
d) Monitoring: Monitor performance against budget	Executive Director of Finance	Directors
Submit monitoring returns	Chief Executive	Executive Director of Finance
Effective budgetary control and a balanced budget	Executive Director of Finance	Directors
Preparation of annual accounts and returns	Executive Director of Finance	Executive Director of Finance
Identifying and implementing cost improvements and income generation initiatives	Executive Director of Finance	Directors
e) Authorisation of Virement It is not possible for any officer other than the Executive Director of Finance to vire from non-recurring headings to recurring budgets <u>or</u> from capital to revenue/revenue to capital. Virement <u>between</u> different budget holders (Directors) requires the agreement of <u>both</u> parties <u>and</u> the Executive Director of Finance	Please refer to Table B – Delegated Limits	
f) Maintaining an effective system of internal financial control	Chief Executive	Executive Director of Finance
g) Delivery of financial training to budget holders (Directors)	Executive Director of Finance	Finance Director (Operational)
4. Bank/PGO Accounts (Excluding Charitable Fund Accounts)		
a) Operation: Managing banking arrangements and operation of bank accounts	Executive Director of Finance	Finance Director (Operational)
Opening bank accounts	Executive Director of Finance	Finance Director (Operational)

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
Authorisation of transfers between LHB bank accounts	Executive Director of Finance	Finance Director (Operational)
Authorisation of: -PGO/GBS Schedules -BACS Schedules -Automated cheque schedules -Manual cheques	Executive Director of Finance	Finance Director (Operational)
b) Investments: Investment of surplus funds in accordance with the LHB's investment policy	Executive Director of Finance	Finance Director (Operational)
5. External Borrowing		
a) Advise LHB Board of the requirements to meet payment of interest and originating capital debt	Executive Director of Finance	Finance Director (Operational)
b) Application for loan(s) and overdrafts	Executive Director of Finance	Finance Director (Operational)
c) Preparation of procedural instructions	Executive Director of Finance	Finance Director (Operational)
6. Non Pay Expenditure		
For details of Delegated Limits please refer to Table B		
a) Completion of an Operational Scheme of Delegation and Authorisation by each Budget Holder ensuring maintenance of a list of officers authorised to place requisitions/orders (including emergency verbal orders) and record receipts within the E-Financials Business Suite.	Executive Director of Finance	Directors
b) Obtain the best value for money when requisitioning goods/services	Executive Director of Finance	Directors
c) Ensuring expenditure is within budget	Chief Executive	Directors
d) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement	Chief Executive	Executive Director of Finance
e) Orders exceeding 12 month period	Executive Director of Finance	Finance Director (Operational)
f) Prompt payment of accounts	Executive Director of Finance	Executive Director of Finance

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
g) Financial Limits	Please refer to Table B – Delegated Limits	
h) Maintenance of sufficient records to explain the LHB's transactions and report on the LHB's financial position	Executive Director of Finance	Executive Director of Finance
i) Approval of visits at a supplier's expense	Executive Director of Finance	Executive Directors
j) Provision of electronic signatures within the E-Financials Business Suite in accordance with each Budget Holder's Operational Scheme of Delegation and Authorisation	Executive Director of Finance	Finance Director (Operational)
7. Stores and Receipt of Goods		
a) Responsibility for the systems of financial control over all stores including receipt of goods and returns	Executive Director of Finance	Directors
b) Responsibility for the control of stores and receipt of goods, issues and returns: All stores (excluding pharmaceutical, fuel, oil and coal – see following)	Executive Director of Finance	Directors
Pharmaceutical Stores	Executive Medical Director	Chief Pharmacist
Fuel, oil and coal stocks	Executive Director of Planning & Performance	Director of Estates & Facilities
c) Stocktaking arrangements	Executive Director of Finance	Directors
8. Capital Investment Management		
For details of Delegated Limits for Delegated Matter 8d, please refer to Table B – Leases. In accordance with Welsh Government guidance:		
a) Programme:		
Preparation of Capital Investment Programme	Chief Executive	Executive Director of Planning & Performance
Completion and signing off of a business case for approval	Chief Executive/Executive Director of Finance	Executive Director of Planning & Performance
Appointment of Project Directors	Chief Executive	Executive Director of Planning & Performance with support from relevant Directors

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
Financial monitoring and reporting on all capital scheme expenditure including variations to contract	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance with support from relevant Directors.
Issuing of guidance on management of capital schemes	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance
b) Contracting – Selection of 3 rd party developers, architects, quantity surveyors, consultant engineers and other professional advisors within EC regulations and LHB tender procedures	Chief Executive	Executive Director of Planning & Performance
c) Private Finance – Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector	Chief Executive	Executive Director of Finance
d) Leases – Granting and termination of leases	Chief Executive	Executive Director of Planning & Performance/Executive Director of Finance
e) Financial control and audit- Arrangements are in place to review building and engineering contracts and property transactions comply with Welsh Government guidance.	Chief Executive	Executive Director of Finance with Executive Director of Planning & Performance responsible for the technical audit of the contracts.
9. Quotations, Tendering & Contract Procedures For details of Delegated Limits, please refer to Table B – Quotations/Tenders.		
a) Services:		
Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Directors
Nominate officers to oversee and manage the contract on behalf of the LHB	Chief Executive	Directors
b) Quotations – Total value of the contract over its entire period:		
Seeking quotations up to £5,000 in value	Executive Director of Finance (per SFI 11.7.1)	For details of delegated limits, please refer to Table B
Obtaining minimum of 3 written quotations for goods/services of value between £5,000 and £25,000	Chief Executive (per SFI 11.1.2)	For details of delegated limits. Please refer to Table B

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
c) Competitive Tenders – Total value of the contract over its entire period:		
Obtaining a minimum of 4 written competitive tenders for goods/services of value between £25,000 and the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B
Obtaining a minimum of 5 written competitive tenders for goods/services of a value in excess of the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B
Receipt and custody of tenders prior to opening	Chief Executive	Executive Director of Finance
Opening Tenders and Quotations	Chief Executive	Executive Director of Finance
Decide if late tenders should be considered	Chief Executive	Executive Director of Finance
d) Waiving the requirement to request quotes or tenders – subject to SFI Schedule 1 Para. 4.2 & 4.3 – Formally reported to the Audit Committee	Chief Executive	Chief Executive/nominated deputy (Board Secretary or Executive Director of Finance). Where the budget holder requesting the waiver is the Chief Executive/Board Secretary/Executive Director of Finance, they cannot approve their own waiver and must seek approval from one of the other two delegated officers.
10. Fixed Assets		
a) Maintenance of asset register	Chief Executive	Executive Director of Finance supported by relevant Director
b) Calculate and pay capital charges in accordance with Welsh Government requirements	Executive Director of Finance	Executive Director of Finance
c) Responsibility for fixed assets – Land & Buildings	Chief Executive	Executive Director of Planning & Performance
d) Responsibility for all other fixed assets (Plant, Machinery, Transport, IT assets including software, Furniture & Fittings)	Chief Executive	Directors

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
e) Responsibility for security of LHB assets including notifying discrepancies to the Director of Finance and reporting losses in accordance with LHB procedures	Chief Executive	Directors
11. Personnel & Pay		
a) Nominate officers to enter into contracts of employment regarding staff, agency staff or consultancy service contracts in accordance with the "Policy for the Safe Recruitment and Selection Practices" together with accompanying guidance, particularly the need for pre-employment checks.	Chief Executive	Executive Director of Workforce & OD
b) Approve the commencement of employment prior to all pre-employment checks being completed.	Executive Director of Workforce & OD	Executive Director of Workforce & OD
c) Authority to fill funded post on the establishment with permanent staff.	Executive Director of Workforce & OD	Directors
d) Authority to extend Locum appointments	Chief Executive	Interim Managing Directors, Mental Health Director and Area Directors for appointments over 12 months to 24 months. Executive Director of Nursing & Midwifery, Executive Director of Primary & Community Care, Executive Director of Therapies & Health Sciences and Executive Director of Workforce & OD/Director of MHL D for appointments over 24 months to 36 months only.
e) The granting of additional increments to staff within budget in accordance with Terms & Conditions of Service	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD
f) All requests for upgrading/ regrading/ major skill mix changes shall be dealt with in accordance with LHB Procedure	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD
g) Authority to agree acting up salaries for staff other than Executive Directors (Approval of acting up salaries for interim Executive Directors to be retained by Remuneration & Terms of Service Committee)	Chief Executive to agree acting up arrangements of Band 9 and above (Excluding Executive Directors)	Directors lead for acting up salaries up to Band 8d or equivalent.
h) Establishments:		

Additional staff to the agreed establishment with specifically allocated finance	Chief Executive	Directors with approval from Executive Director of Finance
DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
Additional staff to the agreed establishment without specifically allocated finance.	Chief Executive	Executive Director of Finance
Variation to the funded establishment	Chief Executive	Directors with approval from Executive Director of Finance
i) Pay		
Authority to complete standing data forms effecting pay, new starters, changes and leavers	Executive Director of Workforce & OD	Directors
Authority to complete and authorise timesheets and payroll returns	Executive Director of Workforce & OD	Directors
Authority to authorise overtime	Executive Director of Workforce & OD	Directors
Authority to authorise travel & subsistence expenses	Executive Director of Workforce & OD	Directors
Maintenance of a list of managers authorised to sign payroll and travel expense documentation.	Executive Director of Workforce & OD	Directors
j) Leave		
Approval of annual leave in accordance with LHB policy	Executive Director of Workforce & OD	Executive Director of Finance
Carry over of annual leave in exceptional circumstances up to a maximum of 5 days	Executive Director of Workforce & OD	Directors
Compassionate leave	Executive Director of Workforce & OD	Directors
Special leave arrangements (to be applied in accordance with All Wales Policy)	Executive Director of Workforce & OD	Directors
Leave without pay	Executive Director of Workforce & OD	Directors
Medical Staff Leave of Absence – paid and unpaid	Executive Director of Workforce & OD	Directors
Consultants Special Leave	Executive Medical Director	Directors

Time off in lieu	Executive Director of Workforce and OD	Directors
Maternity / Paternity Leave – paid and unpaid	Executive Director of Workforce & OD	Directors
DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
k) Annualised hours/flexible working hours system- maintenance of adequate records	Executive Director of Workforce & OD	Directors
l) Sick Leave		
Extension of sick leave on half pay up to three months	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD
Return to work part-time on full pay to assist recovery	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD
Extension of sick leave on full pay	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD
m) Study Leave		
Study leave outside the UK (non-medical staff excluding clinical staff)	Executive Director of Workforce & OD	Directors
Medical staff study leave (UK)	Executive Medical Director/Executive Director of Workforce & OD/ Executive Director of Primary & Community Care	Directors
Consultant Medical Staff Leave (UK)	Executive Medical Director	Directors
All Medical and non-Medical Clinical Staff study leave outside the UK	Executive Medical Director/Executive Director of Nursing & Midwifery/Executive Director of Therapies & Health Science/Executive Director of Primary & Community Care	Directors
All other study leave (UK)	Executive Director of Workforce & OD	Directors
n) Removal Expenses		
Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Executive Director of Workforce & OD	Directors in accordance with BCU HB policy/approval from the Executive Director of Workforce & OD

o) Grievance Procedure	Executive Director of Workforce & OD	Directors
p) Professional Misconduct/Competence-Medical and Dental Staff	Executive Medical Director/Executive Director of Workforce & OD	Assistant Medical Directors supported by Workforce & OD
DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
q) Suspension of Doctors employed directly by the LHB	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD
r) Removal of Practitioner from the Performers List	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD and Executive Director of Primary & Community Care
s) Requests for new posts to be authorised as car users	Executive Director of Finance	Directors
t) Renewal of Fixed Term Contract	Executive Director of Workforce & OD	Directors
u) Voluntary Early Release Scheme	Executive Director of Workforce & OD	Executive Director of Workforce & OD, with Executive Director of Finance for sign off of financial viability
v) Settlement on termination of employment	Executive Director of Workforce & OD	Executive Director of Workforce & OD with approval from Welsh Government where the payment is Ex-gratia and exceeds the delegated limit of £50,000
w) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from Workforce & OD Department	Executive Director of Workforce & OD	Executive Director of Workforce & OD
x) Disciplinary Procedure(excluding Executive Directors)	Executive Director of Workforce & OD	Directors
12. Engagement of Staff Not On the Establishment		
For details of Delegated Limits, please refer to Table B		

a) Non clinical Consultancy Staff	Executive Director of Finance	Director accountable for relevant service
b) Medical Locum staff	Executive Medical Director	Director accountable for relevant service.
c) Booking of Agency Nursing Staff	Executive Director of Nursing & Midwifery	Director accountable for relevant service
d) Booking of Bank Staff:		
DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
Nursing	Executive Director of Nursing & Midwifery	Director accountable for relevant service
Other	Executive Director of Workforce & OD	Director accountable for relevant service
13. Charitable Funds Held on Trust		
For details of Delegated Limits, Please refer to Table B		
a) Management: Funds held on Trust are managed appropriately	Executive Director of Finance	Directors
b) Maintenance of authorised signatory list of Authorised Fund Holders	Executive Director of Finance	Executive Director of Finance
c) Expenditure	Refer to Table B - Delegated Limits	
d) Fundraising Appeals – Preparation/Monitoring/Reporting progress and performance	Executive Director of Finance	Executive Director of Finance
e) Operation of Bank Accounts:		
Managing banking arrangements and operation of bank accounts	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance
Opening bank accounts	Board	Executive Director of Finance
f) Investments – Policy and Arrangements	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance
g) Authority to accept the discharge of a donor's estate	Executive Director of Finance	Executive Director of Finance
14. Primary Care Patient Services/ Healthcare Agreements		

For details of Delegated Limits, please refer to Table B – Healthcare Agreements		
a) Contract negotiation and provision of service agreements	Executive Director of Finance / Executive Director of Primary & Community Care	Executive Director of Planning & Performance
b) Reporting actual and forecast contract income	Executive Director of Finance	Executive Director of Finance
DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
c) Pricing of all contracts and SLAs	Executive Director of Finance	Executive Director of Finance with relevant Director
d) Signing agreements	Chief Executive	Chief Executive or Executive Director of Finance in Chief Executive's absence/Executive Director of Primary & Community Care for all primary care related agreements
15. Income Systems, Fees and Charges		
a) Private Patients, Overseas Visitors, Income Generation and other patient related services	Executive Director of Finance	Executive Director of Finance
b) Pricing of NHS agreements	Executive Director of Finance	Assistant Directors of Finance
c) Informing the Director of Finance of monies due to the LHB	Executive Director of Finance	Directors
d) Recovery of debt	Executive Director of Finance	Executive Director of Finance
e) Security of cash and other negotiable instruments	Executive Director of Finance	Executive Director of Finance and all Directors
f) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due	Executive Director of Finance	Director of Finance (Operational)
g) Non patient care income	Executive Director of Finance	Executive Director of Finance
16. Disposal and Condemnations		

Disposal of all property and land require formal approval by the Cabinet Secretary for Health, Well-Being & Sport		
a) Issuing procedure for the disposal of assets obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively	Executive Director of Finance	Executive Director of Finance/Executive Director of Planning & Performance
b) Notification to Director of Finance prior to disposal	Executive Director of Finance	Directors
DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
17. Losses, Write-offs & Compensation		
a) Prepare procedures for recording and accounting for losses and special payments including preparation of a fraud response plan and informing Counter Fraud Operational Services of frauds.	Chief Executive	Executive Director of Finance
b) Losses of cash due to theft, fraud, overpayment of salaries, fees, allowances & other causes up to £50,000	Chief Executive	Executive Director of Finance
c) Fruitless payments (including abandoned Capital Schemes) up to £250,000	Chief Executive	Executive Director of Finance
d) Bad debts and claims abandoned: Private patients; overseas visitors & other cases up to £50,000	Chief Executive	Executive Director of Finance
e) Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to: Culpable causes (e.g. fraud, theft, arson) or other up to £50,000	Chief Executive	Executive Director of Finance
f) For personal and public liability claims, under the Legal & Risk scheme, authorisation from Legal & Risk is required before admissions may be made and monetary compensation offered. (Ex-gratia settlements offered by the LHB are by definition not payments based upon legal liability and are, therefore, not reimbursable under the WRP scheme)	Chief Executive	Executive Director of Nursing & Midwifery supported by the relevant Director after seeking appropriate legal advice, up to a max £150,000
g) Compensation payments made under legal obligation:	Chief Executive	Chief Executive, Executive Director of Finance or Executive Director of Nursing & Midwifery

h) Extra contractual payments to contractors – Up to £50,000 as specified within the Losses and Special Payments Manual of Guidance	Chief Executive	Executive Director of Finance with reporting to the Audit Committee
17.1 Ex-Gratia Payments:		
a) Patients and staff for loss of personal effects up to £50,000	Chief Executive	Executive Director of Finance- Refer to Finance Policy on Losses and Special Payments
DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
b) For clinical negligence up to £250,000 (negotiated settlements)*. Report to Board > £50,000 (see also table B para.15)	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery
c) For clinical negligence over £250,000 and up to £1,000,000* (negotiated settlements). Report to Board > £50,000 (see also table B para.15)	Chair	Chief Executive/ Executive Director of Finance/Executive Director of Nursing & Midwifery
d) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £250,000 (including plaintiff's costs) Report to Board > £50,000	Chief Executive	Chief Executive/ Executive Director of Finance/Executive Director of Workforce & OD/ Executive Director of Nursing & Midwifery
e) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £1,000,000 Report to Board > £50,000*	Board	Chief Executive/Executive Director of Finance/Executive Director of Nursing & Midwifery
f) Other, except cases for maladministration where there was no financial loss by claimant, up to £50,000	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery
* For all clinical negligence and personal injury cases(including Court cases) the use of structured settlements should be considered involving costs to the NHS of £250,000 or more – All structured settlements require approval from the Welsh Government		
18. Reporting of Incidents to the Police		
a) Where a criminal offence is suspected		
Criminal offence of a sexual or violent nature	Chief Executive	Executive Director of Workforce & OD
Arson or theft	Executive Director of Planning & Performance	Director of Estates & Facilities

Other	Executive Director of Planning & Performance	Director of Estates & Facilities
19. Financial Procedures		
a) Maintenance & Update of LHB Financial Procedures	Executive Director of Finance	Executive Director of Finance
20. Audit Arrangements		
DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
a) Review, appraise and support in accordance with Internal Audit standards for NHS Wales and best practice	Chair of the Audit Committee	Board Secretary/Head of Internal Audit
b) Provide an independent and objective view on internal control and probity	Chief Executive	Head of Internal Audit/Wales Audit Office
c) Ensure Cost-effective external audit	Chair of Audit Committee	Executive Director of Finance
d) Ensure an adequate internal audit service	Chief Executive	Board Secretary
e) Implement recommendations	Chief Executive	All relevant Directors
21. Legal Proceedings		
a) Engagement of LHB's Solicitors	Chief Executive	Board Secretary for all Board related matters/Executive Director of Workforce & OD for all employment related matters/Executive Director of Planning & Performance for all estate related matters/Executive Director of Primary & Community Care for all Primary Care related matters.
b) Approve and sign all documents which will be necessary in legal proceedings	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive
c) Sign on behalf of the LHB any agreement or document not requested to be executed as a deed	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive

22. Insurance Policies and Risk Management	Chief Executive	Executive Director of Finance/Board Secretary
23. Clinical Audit	Chief Executive	Executive Director of Therapies & Health Science
24. Patients' Property (in conjunction with financial advice)		
For details of Delegated Limits, please refer to Table B – Petty Cash/Patients Monies		
DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
a) Ensuring patients and guardians are informed about patients' monies and property procedures on admission	Executive Director of Nursing & Midwifery	Directors
b) Prepare detailed written instructions for the administration of patients' property	Executive Director of Nursing & Midwifery	Executive Director of Finance
c) Informing staff of their duties in respect of patients' property	Executive Director of Nursing & Midwifery	Directors
d) Issuing property valued >£5,000 only on production of a probate letter of administration	Executive Director of Finance	Executive Director of Finance
25. Patients & Relatives Complaints		
a) Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Executive	Executive Director of Nursing & Midwifery
b) Responsibility for ensuring complaints are investigated thoroughly	Chief Executive	Executive Director of Nursing & Midwifery
c) Medical – Legal Complaints Co-ordination of their management	Chief Executive	Executive Director of Nursing & Midwifery
26. Seal		
a) The keeping of a register of seal and safekeeping of the seal	Chief Executive	Board Secretary
b) Attestation of seal in accordance with Standing Orders	Chief Executive/Chair	Board Secretary
27. Gifts and Hospitality		
a) Keeping of gifts and hospitality register	Chief Executive	Board Secretary
28. Declaration of Interests		
a) Maintaining a register	Chief Executive	Board Secretary

29. Informatics and the Data Protection Act		
a) Review of LHB's compliance with the Data Protection Act	Chief Executive	Board Secretary
DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
b) Responsibility for Informatics policy and strategy	Executive Medical Director	Chief Information Officer
c) Responsibility for ensuring that adequate management (audit) trails exist in Informatics systems	Executive Medical Director	Chief Information Officer
30. Records		
a) Review LHB's compliance with the Retention of Records Act and guidance	Chief Executive	Board Secretary / Executive Medical Director
b) Approval for the destruction of records	Chief Executive	Board Secretary / Executive Medical Director
c) Ensuring the form and adequacy of the financial records of all departments	Executive Director of Finance	Executive Director of Finance
31. Authorisation of New Drugs	Chief Executive	Executive Medical Director on the advice of the appropriate professional bodies
32. Authorisation of Research Projects	Executive Medical Director	Director of Research & Development
33. Authorisation of Clinical Trials	Chief Executive	Executive Medical Director
34. Infectious Diseases & Notifiable Outbreaks	Chief Executive	Executive Director of Public Health
35. Review of Fire Precautions	Chief Executive	Executive Director of Planning & Performance
36. Health & Safety		
Review of all statutory compliance legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Chief Executive	Executive Director of Workforce & OD
37. Medicines Inspectorate Regulations		

Review Regulations Compliance	Chief Executive	Executive Medical Director supported by Chief Pharmacist
DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
38. Environmental Regulations		
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Executive Director of Planning & Performance
39. Legal & Risk Payments	Chief Executive	Executive Director of Nursing & Midwifery/Executive Director of Finance
40. Investigation of Fraud/Corruption or Financial Irregularities	Executive Director of Finance	Lead Local Counter Fraud Specialist
41. Commercial Sponsorship		
Agreement to proposal in accordance with BCU HB procedures	Chief Executive	Executive Director of Finance
42. Cost/Notional Rent/Third Party Developer/Improvement Grants		
Approval of all schedules of payments	Chief Executive	Executive Director of Primary & Community Care
Submission to Welsh Government for all new GP premises or major extensions in accordance with BCU HB Primary Care Estates Strategy	Chief Executive	Executive Director of Primary & Community Care
43. Freedom of Information	Chief Executive	Board Secretary
44. Compliance Lead Roles:		
a) Caldicott Guardian	Executive Medical Director	Senior Associate Medical Director
b) Data Protection Officer	Chief Executive	Assistant Director of Information Governance and Assurance
c) Senior Information Risk Owner	Chief Executive	Board Secretary
45. Emergency Planning & Major Incidents – Civil Contingencies Act (Category 1 Responder)	Chief Executive	Executive Director of Planning & Performance

46. National Health Services (Wales) Act 2006 Section 33 Agreements: Arrangements between NHS Bodies and Local Authorities	Chief Executive	Executive Director of Finance
47. Statutory compliance with respective Legislation	Chief Executive	Board Secretary
DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
48. National Health Service (Appointment of Consultants) (Wales) (Amendment) Regulations 2005 (Statutory Instrument 2005: 3039) Appointment of all Medical and Dental Consultant posts. Consultant posts within Public Health that are open to both medically qualified and those qualified in other disciplines other than medicine should follow this process, even though they fall outside of the requirements of the Statutory Instrument.	Chief Executive	Board level directors
49. All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)	Chief Executive	WHSSC IPFR Panel £300,000 to £1,000,000; Chief Executive up to £299,999; Chair and Vice Chair of Health Board IPFR Panel together sign up to £125,000
* The IPFR Panel cannot make policy decisions for the health board. Any policy proposals arising from their considerations and decisions must be reported to the Health Board Quality, Safety & Experience Committee		
50. Carbon Reduction Commitment Order (Phase 2) Agency Registration	Chief Executive	Executive Director of Planning and Performance
51. Human Tissue Act 20014	Chief Executive	Executive Director of Therapies & Health Sciences
52. Ionising Radiation (Medical Exposure) Regulations 2017	Chief Executive	Executive Director of Therapies & Health Sciences
53. Nurse Staffing Levels Act (Wales) 2016	Chief Executive	Executive Director of Nursing & Midwifery

Table B – Scheme of Financial Delegation

Financial Limits are subject to funding available within relevant budget(s) and are inclusive of VAT irrespective of recovery arrangements.

All purchases must ensure compliance with Standing Financial Instruction Schedule 1 -

Procurement of Works, Goods and Services with regard to the required quotation or Tendering exercise.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
WG (In advance of contract planning)	No requirement	£1m plus	£1m plus (Private sector)	£1m plus	£1m plus	£1m plus	No requirement	£1m plus	See Manual of Guidance for losses and SFIs, as special rules apply for certain losses and ex gratia payments.	No requirement	No requirement	No requirement	No requirement	No requirement	No requirement
Board following Chief Executive approval	£1m plus	£1m plus	Over £10m approved in advance, below £10m retrospectively reported. Over £1m for Private sector.	£1m plus	£1m plus	£1m plus	£0.5m plus or any which need signing under seal (Reservation of Power, Number 33)	£0.5m plus		£1m plus	No requirement	No requirement	No requirement	No requirement	No requirement
Audit Committee													Retrospective reporting		
Charitable Funds Committee (all Executives can authorise use of charitable funds up to £5k)											Over £5k (Up to £25k scrutinised by CF Advisory Group)	Over £5k (Up to £25k scrutinised by CF Advisory group)			
CEO through Executive Team	£0.5m to £1m	£0.5m to £1m	New or contract variation to £10.0m.	£0.5m to £1m	£0.5m to £1m	£0.5m to £1m	£250k to £0.5m	£250k to £0.5m	£0.5m to £1.0m	£0.5m to £1.0m	Up to £5k	Up to £5k	As escalated by DoF	Can approve new posts across LHB	No requirement
Any 2 of CEO, Director of P&P and DoF (must include DoF)		Up to £0.5m	New or contract variation to £5.0m (to £1m for Private sector).					Up to £250k		Up to £0.5m			As escalated by DoF		
Executive Director of Finance	Up to £0.5m	Up to £250k		Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £250k	Up to £100k	Up to £0.5m		Up to £5k	Up to £5k	As escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishments)	Agency and Waiting List Initiatives (all values)
Executive Directors, Board Secretary, Director of Mental Health and Learning Disabilities (unless noted below)		Up to £250k						Up to £100k					Waivers must be approved by FD: OF and Exec.Director of Finance or Chief Executive if escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Primary City Care		Up to £250k						Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Planning & Performance		Up to £250k		Up to £0.5m	Up to £0.5m		Up to £250k	Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Medical Director		Up to £250k				Up to £0.5m		Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of W&OD		Up to £250k						Up to £100k	Terminations up to £50k (over this to WG)					Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Nursing & Midwifery		Up to £250k						Up to £100k	Up to £150k					Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Area Directors and Director of Mental Health & Learning Disabilities		Up to £250k	New or contract variation to £1.5m		Up to £250k			Up to £100k		Up to £100k, following Med Mgt Group	Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Area Medical Director															Medical staff*
Area Nurse Directors															Nurse or other staff*
Secondary Care Medical Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Medical staff*
Secondary Care Nurse Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Nurse or other staff*
Interim Managing Directors		Up to £150k			Up to £150k			Up to £50k			Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Director of Estates & Facilities		Up to £150K		Up to £150K	Up to £150K			Up to £50K							
Hospital: Assistant Medical Director															Medical staff*
Hospital: Assistant Nurse Director															Nurse or other staff*
Procurement (NWSSP)													All signed off by Procurement		

	Budget changes	General expenditure	Healthcare agreements	Capital	Specialist	Charitable Funds	Procurement waivers	Staffing							
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Deputy Director (Concerns)		Up to £75k							Up to £75k						
Deputy / Assistant Director Board Secretary		Up to £75k													
Assistant Director Primary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Community Hospital Services		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Secondary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Head of Investigations and Redress									Up to £20k						
Claims Managers									Up to £5k						
Authorised fund holder (Charitable Funds)											Up to £5k				

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist			Charitable Funds		Procurement waivers	Staffing		
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Medicines Management Group										All new drugs, unless cheaper than existing					
* Agency and Waiting List Initiatives must generally be approved in advance. However, in exceptional circumstances when staff are required out of hours, they can be approved retrospectively.															

This scheme only relates to matters delegated by the Board to the Chief Executive and Directors, together with certain other specific matters referred to in Standing Financial Instructions. Each Director is responsible for delegation within their department. They should produce an Operational Scheme of Delegation and Authorisation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.

Updated Master SoRD 2018 19 v0.06

BOARD CYCLE OF ANNUAL BUSINESS AND FORWARD PLANNER

Part 1 – Annual Recurring Business

Agenda Items	Notes	Committee	May	July	July AGM	Sep	Nov	Jan	Mar
All Wales Meetings Minutes (EASC, WHSCC and NHS Wales Health Collaborative)	<i>As required</i>	-	✓	✓		✓	✓	✓	✓
Annual Accounts		A	✓ to delegate authority to AC		✓				
Agency & Locum Deployment in Wales * see note at end	<i>WG requirement WHC2017/042</i>								
Annual Consultations Summary	<i>Procedural</i>					✓			
Annual Cycle of Business	<i>WG requirement (contained in SOs)</i>								✓
Annual General Meeting minutes						✓			
Annual Governance Statement		A	✓ to delegate authority to AC		✓				

Agenda Items	Notes	Committee	May	July	July AGM	Sep	Nov	Jan	Mar
Annual Quality Statement	<i>WG requirement (detailed within MFA)</i>	QSE/A	✓ to delegate authority to AC		Final (as part of ann report)				
Annual Report of the Health Board	<i>WG requirement – has to be presented by end Sept each year</i>	A			✓ Inc AGS and AQS				
Annual Reports of Board Committees	<i>WG requirement as detailed within Standing Orders</i>	Via AC Chair Report		✓					
Approved Clinicians and Section 12(2) Doctors	<i>WG requirement *every other meeting</i>	MHAC	✓	✓		✓	✓	✓	✓
Business Cases/Capital Developments(as appropriate)	<i>Compliance with SFIs and WG requirements</i>	F&P	✓	✓		✓	✓	✓	✓
Chair's Assurance Reports from Committees	<i>Good practice</i>	All	✓	✓		✓	✓	✓	✓
Charitable funds audited accounts and annual report	<i>Requirement under Charities Act</i>	CFC						✓ Via Ch Ass Rep	
Civil contingency and business continuity update (via SPPH Chair's report)	<i>WG requirement</i>	SPPH		✓					

Agenda Items	Notes	Committee	May	July	July AGM	Sep	Nov	Jan	Mar
Collaborative Leadership Forum Minutes (All Wales)	<i>Agreed by Board Secretaries</i>		✓	✓	✓	✓	✓	✓	✓
Corporate Risk & Assurance Framework	<i>WG requirement</i>	A		✓				✓	
Director of Public Health Annual Report	<i>WG requirement</i>	SPPH					✓		
Documents signed under seal	<i>WG requirement as set out in SOs</i>	-		✓				✓	
Engagement Strategy (via SPPH Chair's Report)	<i>WG requirement</i>	SPPH				✓			
Equality & HR Annual report inc Strategic Equality Plan progress	<i>WG requirement</i>	QSE / SPPH						✓ IoS from SPPH	
Finance report	<i>Monthly report in view of deficit</i>	F&P	✓	✓		✓	✓	✓	✓
Finance Strategy/budget and financial framework	<i>WG requirement</i>	F&P							✓
Health & Care Standards scrutiny	<i>WG requirement</i>	QSE		✓ via AGS					
Health and Safety Annual Report	<i>Statutory requirement (HSE regulations)</i>	QSE		✓					

Agenda Items	Notes	Committee	May	July	July AGM	Sep	Nov	Jan	Mar
Health Care Inspectorate Wales reports (as appropriate)	<i>WG requirement</i>	QSE	✓	✓		✓	✓	✓	✓
Infection Prevention and Control reports	<i>WG requirement</i>	QSE		✓				✓	
IQPR	<i>WG requirements</i>	QSE/ F&P	✓	✓		✓	✓	✓	✓
Medicines Management	<i>Requirement of national WAO Audit into medicines management</i>	QSE							✓
Mental Health Assurance Reports	<i>WG requirement and linked to Special Measures</i>	QSE	✓			✓			
Mental Health Strategy	<i>WG requirement</i>	SPPH	✓						
Mental Health – HASCAS Investigation and Ockenden Governance Review Progress Reports		QSE	✓			✓		✓	
Nurse Staffing	<i>Nurse Staffing Act requirement</i>	QSE	✓						
Primary Care Contracts (new awards)	<i>Compliance with Sos (as required)</i>								

Agenda Items	Notes	Committee	May	July	July AGM	Sep	Nov	Jan	Mar
Primary Care Updates	<i>Advice from All Wales Board Secretaries and WG that regular reports should be taken</i>	QSE		✓				✓	
Prison Health Annual Report (through QSE Chair's Report)		SPPH QSE					✓		
Putting Things Right Annual Report (incorporating link to Ombudsman Annual Report)	<i>WG/Ombudsman requirement</i>	QSE		✓					
Research & Development		SPPH					✓		
Risk Management Strategy	<i>WG requirement</i>	A							✓
Review of SOs/SFIs and Scheme of Delegation	<i>WG requirement</i>	A							✓
Service Change (vascular)				✓			✓		✓
Service Change (orthopaedics)	<i>Agreed at Board 5.4.18</i>		✓			✓		✓	

Agenda Items	Notes	Committee	May	July	July AGM	Sep	Nov	Jan	Mar
Strategy Development	<i>WG requirement</i> <i>To include primary / community care</i>	SPPH (monitoring of AOP)						Final IMTP (3 year plan)	
Safeguarding Updates (as and when via QSE Chair's Report plus annual report also via QSE Chair's report in March)	<i>WG requirement</i>	QSE				✓ ann rep via Ch rep			
Seasonal Plan	<i>WG requirement</i>	SPPH				✓			
Special Measures Progress Reports *themed focus reports	<i>WG requirements</i>		✓	✓*		✓	✓*	✓	✓*
Tissue and Organ Donation annual report		QSE					✓ Via Chair Rep		
University status of the Health Board	<i>WG requirement every 3 years (due in 2019)</i>						✓		
Wales Audit Office Annual Audit Report	<i>WG/WAO requirement</i>	A							✓
Wales Audit Office Structured Assessment	<i>WG/WAO requirement</i>	A						✓	
Well-being of Future Generations Act	<i>WG requirement</i>	SPPH		✓					
Welsh Language strategic/annual report(s)	<i>WL Commissioner requirements</i>	SPPH		✓					

Key:

A	Audit Committee
CFC	Charitable Funds Committee
F&P	Finance and Performance Committee
IGI	Information Governance & Informatics Committee
MHAC	Mental Health Act Committee
PoD	Power of Discharge Sub-Committee
R&TS	Remuneration and Terms of Service Committee
SPPH	Strategy, Partnerships and Population Health Committee
QSE	Quality, Safety and Experience Committee

Health Board		GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
28.3.19	To improve health and provide excellent care	

Report Title:	Update on North Wales Vascular Service
Report Author:	Joanne Garzoni, Vascular Network Manager
Responsible Director:	Dr Evan Moore, Executive Medical Director
Public or In Committee	Public
Purpose of Report:	Update to the Health Board
Approval / Scrutiny Route Prior to Presentation:	Vascular Implementation Task and Finish Group
Governance issues / risks:	<p>The current service is fragile and the formation of the new network is designed to make the service safe and sustainable, reducing the risk of the loss of local vascular services from north Wales completely and reducing travelling for some patients.</p> <p>These changes were publicly consulted on and agreed in 2012/13. The model adopted by the Health Board was informed by advice from a Royal College of Surgeons invited review and guidelines from the Vascular Society of Great Britain and Ireland. These recommendations and the improved outcomes associated with their implementation are being adopted across the UK.</p>
Financial Implications:	There is slippage in the vascular budget due to the timing of recruitment to posts.
Recommendation:	The Board is asked to note the report

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√

2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Strategic and Service Planning Engagement Leadership and Governance			
Equality Impact Assessment			
Not required for an update paper of this nature.			

*Disclosure:**Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board*

Update on North Wales Vascular Service

1.	PURPOSE
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This report provides an update to the Health Board on the progress of the implementation of a North Wales Vascular Network.

2.	BACKGROUND
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The Health Board is currently implementing changes to vascular services in North Wales. These changes were publicly consulted on and agreed in 2012/13. The model adopted by the Health Board was informed by advice from a Royal College of Surgeons invited review and guidelines from the Vascular Society of Great Britain and Ireland. These recommendations and the improved outcomes associated with their implementation are being adopted across the UK. This process is going on in Wales, for example Aneurin Bevan's Integrated Medium Term Plan for 2019/20 - 2021/22 clearly states within the regional planning section continued work with Cardiff and Vale and Cwm Taf University Health Boards detailed planning for the centralisation of arterial vascular within Cardiff.

In January 2013, following public consultation, the Health Board made a decision to move major and complex in-patient arterial surgery and emergency vascular surgery onto a single site, and the preferred location was Ysbyty Glan Clwyd. This was to be facilitated through an interim move to two arterial centres – Ysbyty Gwynedd and Wrexham Maelor Hospital. It was made clear to the Board that this was a pragmatic, first step until the single centre at Ysbyty Glan Clwyd was ready to open. Routine vascular care, including outpatient clinics, diagnostics/ investigations, day cases, renal access surgery and follow-up care would remain on all three acute hospital sites.

The decision to move to a single specialist centre for arterial surgical services, with the preferred final location as Ysbyty Glan Clwyd, was the decision made by the Health Board. In the interim, the two site model was implemented in 2013/14.

Progress has continued to be made with the reorganisation of vascular services in north Wales in line with the decision made by the Health Board. This includes investment from Welsh Government and a significant contribution from the Livsey Trust for a state of the art vascular hybrid theatre and equipment in Ysbyty Glan Clwyd, and successful recruitment of a range of senior clinical staff. The new centre will open in April 2019.

Nevertheless the agreed service model has generated ongoing concern amongst key individuals and community representatives, most notably in the west area. This has intensified as the Health Board moves towards final implementation. Over recent

weeks the disquiet has increased, which has been reported widely in local press and on social media, including an online petition. The media coverage and correspondence suggests that there is a mistaken belief that there is a 24/7 emergency arterial vascular surgery service at Ysbyty Gwynedd currently. This is not the case. At present, although elective and emergency arterial vascular surgery is performed at Ysbyty Gwynedd and Wrexham Maelor Hospital; neither site is able to offer a 24 hour a day, seven day a week service, so the out of hours “on call” is alternated. This means that 50% of the time, out of hours, emergency patients from the west have to be transferred to Wrexham, and vice versa. The current service is fragile and the formation of the new network is designed to make the service safe and sustainable, reducing the risk of the loss of local vascular services from north Wales completely and reducing travelling for some patients.

3.	IMPLEMENTATION UPDATE
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3.1 SERVICES – Implementation Timeline

3.1.1 The timeline for the implementation of a centralised service is on schedule. The new vascular ward will open the week commencing 8th April and the hybrid theatre will commence with the first patient on Wednesday 10th April.

3.2 WORKFORCE REQUIREMENTS

3.2.1 Vascular Consultant Posts

All eight substantive consultant surgeons will have commenced employment by April 2019. Six of these consultants have been appointed in the past 12 months.

3.2.2 Senior Clinical Fellows

A further two Senior Clinical Fellows have been appointed to the network and will be commencing in post in June 2019, bringing the total to four.

3.2.3 Vascular Ward Team

The Health Board has successfully appointed to the following nursing roles:

- 1.0 WTE Band 7 Ward Manager
- 1.0 WTE Band 7 Advanced Nurse Practitioner
- 1.0 WTE Band 6 Deputy Ward Manager
- 9 Band 5 Staff Nurses
- 4.0 WTE Health Care Assistants

There are ongoing efforts to recruit Band 5 nursing staff to the vascular ward. The following posts are currently being advertised and interviewed for:

- 4.0 WTE Band 2 Health Care Assistants
- 1.0 WTE Band 7 Clinical Nurse Specialist
- 1.0 WTE Band 4 MDT Coordinator

- 0.8 WTE Band 6 Physiotherapist and Occupational Therapist
- 0.4 WTE Band 6 Podiatrist
- 1.0 WTE Band 3 Housekeeper
- 1.0 WTE Band 2 Ward Clerk

3.3 FACILITIES

3.3.1 Hybrid Theatre Installation Programme

The implementation date (first patient) for the Hybrid Theatre is Wednesday 10th April 2019. This allows sufficient time for clinical applications training in the theatre.

3.3.2 Vascular Ward

The commencement of the vascular ward 3 is on schedule with the 10th April 2019 start date of the hybrid theatre.

3.3.3 Equipment

All equipment for the ward and theatre has now been ordered in time for the commencement of clinical activities in April.

3.4 PATHWAYS

3.4.1 The development of pathways is ongoing to ensure clear management of clinical conditions across the network. The Health Board are working with WAST to ensure robust pathways for the management and transfer of vascular patients as part of this. This process has enjoyed good clinical engagement and was ratified at the Vascular Implementation Task and Finish Group held on 15th March 2019.

3.5 GOVERNANCE

3.5.1 Consultant Business Meetings

The monthly meetings of North Wales Consultant Vascular Surgeons held prior to the Vascular Implementation Group meetings continue. The consultant team will have final job planning meetings throughout March 2019.

3.5.2 Clinical Governance

The clinical governance structure of the vascular service has been reviewed and revised with the support of the Senior Associate Medical Director. The next clinical governance meeting is 13th March 2019.

3.6 REVENUE

3.6.1 There is slippage in the vascular budget due to the timing of recruitment to posts. Work is ongoing to bring the budgets for non-pay together.

3.7 SERVICE DELIVERY

3.7.1 Patient listing for the hybrid theatre has commenced.

3.7.2 There has been an improvement in the end of March RTT position for Stage 1 and Stage 4 long waits for the service.

4.	COMMUNICATIONS AND ENGAGEMENT
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4.1 As previously stated it is acknowledged that the agreed service model has continued to generate some concern, most notably in the west area, as it moves towards final implementation. This has been widely reported in the press and media over recent weeks. The Health Board recognises that there is a clear need to continue to develop and improve communications around this important issue.

It is evident that there has been a misinterpretation of how the revised service will be delivered, in particular in relation to the change in service at Ysbyty Gwynedd.

A new communications plan has been created to address these concerns and ensure there is no room for misunderstanding about how the new service will operate once live on April 8th 2019.


The following actions have been undertaken to address the concerns and misinformation circulating on the development of the service:

- An open letter from the chair and chief executive of the Health Board directly addressing the concerns raised has been published in the following places:
- Daily Post letters page w/c 25 February 2019
- The North Wales Chronicle newspaper w/c
<https://www.northwaleschronicle.co.uk/news/17481184.am-hits-out-at-health-board-and-government-in-vascular-services-row/>
- The Bangor Aye website <http://www.thebangoraye.com/first-minister-questioned-about-ysbyty-gwynedd-vascular-services-threat/>
- The letter was also published on our website
 - Welsh <http://www.wales.nhs.uk/sitesplus/861/tudalen/86171>
 - English <http://www.wales.nhs.uk/sitesplus/861/page/74580>
- Developed a single web page detailing progress of vascular service since 2013: <http://www.wales.nhs.uk/sitesplus/861/page/98477>
- Continued to offer opportunities for media partners to interview the Executive Medical Director regarding vascular services
- Offered opportunities for key stakeholders, including elected members, with concerns around the service's development to meet with the Executive Medical Director and Chair
- Developed a factsheet on service change for wider circulation to staff

- The Vascular Network Manager has informed clinical teams and all staff via the weekly bulletin of the new operational arrangements for vascular services that come into effect from April.
- The Executive Medical Director has attended meetings with the British Medical Association representative committees in North Wales (Local Medical Committee for General Practitioners, and the Ysbyty Gwynedd consultants Local Negotiating Committee).

4.	RECOMMENDATIONS
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- 4.1** That the Health Board notes the progress to date.

Health Board 28.3.19	 GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care
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Report Title:	Integrated Quality & Performance Report
Report Author:	Ed Williams, Head of Performance Assurance
Responsible Director:	Mark Wilkinson, Executive Director of Planning & Performance
Public or In Committee	Public
Purpose of Report:	This report provides the Board with a summary of key quality, performance, financial and workforce indicators.
Approval / Scrutiny Route Prior to Presentation:	This paper has been scrutinised and approved by the Director of Performance and the Executive Director of Planning & Performance
Governance issues / risks:	<p>Governance</p> <p>There are concerns regarding compliance with the timetables for submission of Exception Reports.</p> <p>Our report outlines the key performance and quality issues that are delegated to the Finance & Performance Committee.</p> <p>This month sees the third presentation of the report in the new format with all measures presented in Chapter form.</p> <p>The Summary of the report is now included as an Executive Summary within the report itself.</p>
Financial Implications:	N/A
Recommendation:	The Board is asked to note the report and to assist in addressing the governance issues raised.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development</i>	√
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<i>that apply and expand within main report)</i>		<i>principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper This paper supports the revised governance arrangements at the Health Board and supports the Board Assurance Framework by presenting clear information on the quality and performance of the care the Health Board provides. It also addresses key indicators for mental health and primary care.			
Equality Impact Assessment The Health Board's Performance Team are establishing a rolling programme to evaluate the impact of targets across the Equality & Diversity agenda.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Integrated Quality and Performance Report – Health Board

1



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WALES

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University Health Board



February 2019

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This **Integrated Quality & Performance Report** is intended to provide a clear view of current performance against a selected number of **Key Performance Indicators (KPI)** that have been grouped together to triangulate information. This report should be used to inform decisions such as escalation and de-escalation of measures and areas of focus and as such the resulting Actions should be recorded and disseminated accordingly using the '**Outcomes & Actions**' sheet provided.

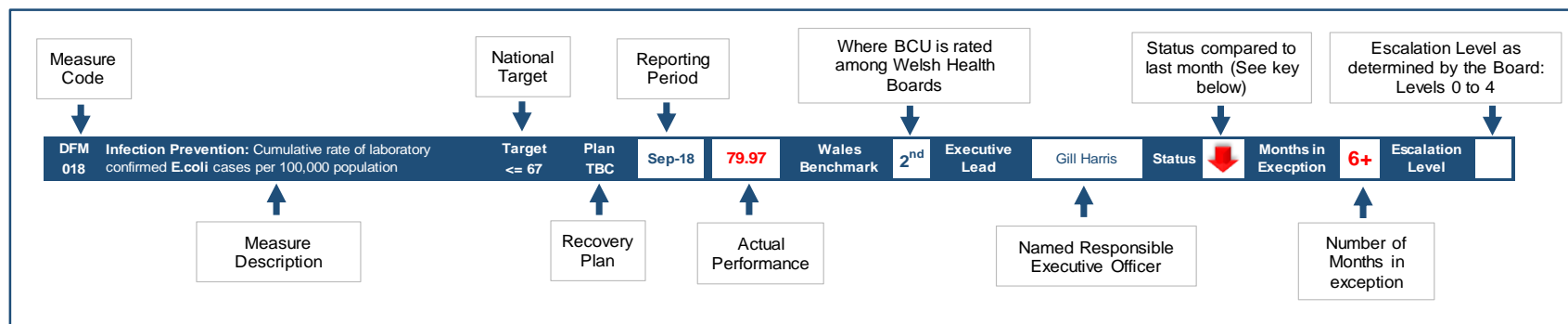
Escalated Exception Reports

When performance on a measure is worse than expected, the Lead for that measure is asked to provide an exception report to assure the relevant Committee that a) that they have a plan and set of actions in place to improve performance, b) that there are measurable outcomes aligned to those actions and c) that they have a defined timeline/ deadline for when performance will be 'back on track'. Although these are normally scrutinised by Quality & Safety or Finance & Performance Committees, there may be instances where they need to be 'escalated' to the Board. These will be included within the relevant Chapter on an 'as-required' basis.

Statistical Process Control Charts (SPC)

Where possible SPC charts are used to present performance data. This will assist with tracking performance over time, identifying unwarranted trends and outliers and fostering objective discussions rather than reacting to 'point-in-time' data.

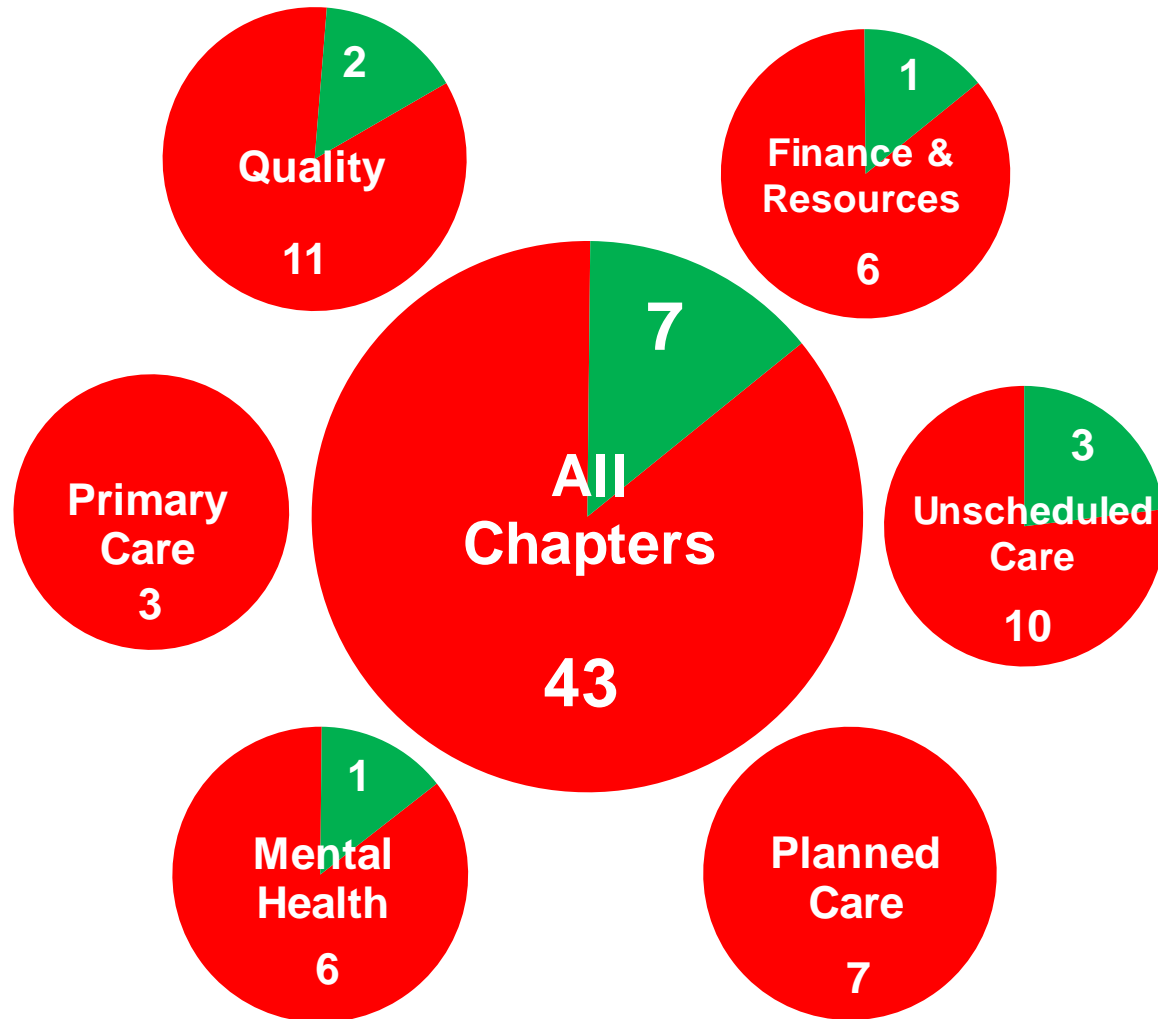
Description of the KPI bar Components:



Status Key:

Achieved & Improved		Achieved but Worse		Achieved Static	
Not Achieved Static		Not Achieved but Improved		Not Achieved Worse	

Summary Dashboard



Integrated Quality and Performance Report
Health Board Version

Headlines

4

Most Improved

Measure	Status	(Target)
Total Number of Measures Improved	34	(Previous 30)
Total Number of Measures Static	3	(Previous 2)
Finance: Agency & Locum Spend	£2.7m	↑ ≤ £2.8m
GP Practices Open between 17:00 and 18:30	95.40%	↑ ≥ 99%
Ambulance: 1 Hour Handover Breaches	358	↑ 0
Infection Prevention: Clostridium Difficile	24.64	↑ ≤ 26
Emergency Department 4 Hour Waits	72.45%	↑ ≥ 95%

Of Most Concern

Measure	Status	(Target)
Total Number of Measures Worse	13	(Previous 14)
Diagnostic Waits: 8 Week Breaches	2,123	↓ 0
Start Therapy within 28 Days (CAMHS)	24.50%	↓ ≥ 80%
Receive Assessments within 28days (CAMHS)	68.50%	↓ ≥ 80%
Finance: Financial Balance	1.97%	↑ ≤ 2.0%
Cancer: 31 Day Pathway	97.40%	↓ ≤ 98%

February 2019

Of the 50 measures within this report, the Health Board has improved performance against 34, remained static for 3 and has got worse for 13, an overall improvement compared to the last report in January 2019.

The Health Board is the best performing in Wales with regards reducing S.Aureus infections, and 2nd best for reducing E.Coli infections. However, at 4th in Wales in terms of C.Difficile, there is still room for improvement. The number of Healthcare Acquired Pressure Ulcers (HAPU) reported as Serious Incidents remains a concern. Betsi Cadwaladr is the best performing Health Board in Wales in terms of Flu Vaccinations for Over 65's, Under 65's at risk groups and for pregnant women.

The Health Board's financial position remains a serious concern and details will be provided in the Financial Report.

The best case forecast for the RTT 36 Week position at end of March 2019 is 6,118 (404 higher than planned) waiting over 36 weeks for treatment. Most significant concerns are in Dermatology in East and Endoscopy with 1,767 patients waiting over 8 weeks for diagnostic endoscopies. The delays in endoscopy have contributed to more patients waiting beyond the 62 day threshold for cancer treatment, although everything is being done to prioritise urgent suspected cancer cases through endoscopy.

Performance in our Emergency Departments has continued to improve in February 2019 compared to both January 2019 and February 2018 positions. There has been a significant reduction in delays to ambulance handovers and to patients waiting over 12 hours to be treated in our emergency departments. Performance against 3 of the 4 measures concerning Stroke Care have improved this month. There have also been improvements in performance against our Out of Hours measures which are, as of February 2019 no longer in Special Measures.

Performance against the Assessment and Treatment within 28 Days Measures in both Adult Mental Health and Child & Adolescent Mental Health Services is worse in January 2019 with particular concern regarding patients beginning treatment within 28 days at 56.80% and 24.50% respectively. However, the service has continued its sustained reduction in the number of patients experiencing Delayed Transfers of Care (DToC).

As part of the normal cycle of business going forward this template will be used to record any areas escalated from committee meetings of the Board to be considered by the Board. As this is the first month in which this format has been used the Committees have not met to populate this template.

QSE Committee

No additional indicators were escalated following scrutiny this month.

Measure Escalated

Reason Escalated

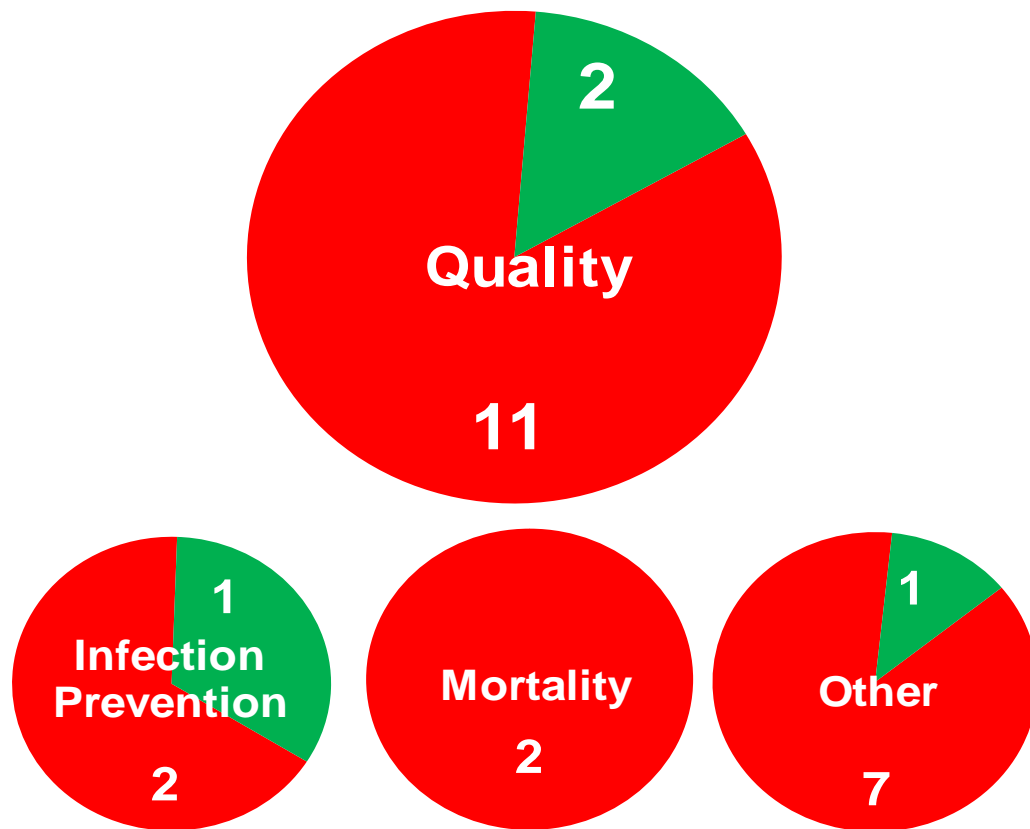
F&P Committee

USC and RTT are already in escalation status and form part of the key indicators to the Board. No additional indicators were identified for escalation this month

Measure Escalated

Reason Escalated

Chapter 1: Summary





Compared to the previous report, of the 13 Measures in this chapter, performance has improved for 10 and remained static for 2 and is worse for 1.

Quality

7

Measure	Status	(Target)
Infection Prevention: E.Coli	84.24 ↑	<= 67
Infection Prevention: C.Difficile	24.64 ↑	<= 26.00
Infection Prevention: S.Aureus	24.01 ↑	<= 20.00
Infection Prevention: MRSA	0 ↑	0
Healthcare Acquired Pressure Ulcers (HAPU)	42 ←	<= 21
New Never Events	0 ↑	0
Concerns	30.00% ↓	>= 75%
Mortality: Crude Under 75 yoa	0.74% ←	<= 0.70%
Mortality: Universal Mortality Reviews	90.70% ↑	>= 95%
Falls Prevention (Reported as Serious Incidents)	11 ↑	0
Flu Vaccination: Over 65's	70.90% ↑	>= 72%
Flu Vaccination: Under 65's at Risk	47.60% ↑	>= 53%
Flu Vaccination: Workforce	50.90% ↑	>= 65%

DFM 018	Infection Prevention: Cumulative rate of laboratory confirmed E.coli cases per 100,000 population	Target ≤ 67	Plan TBC	Feb-19	84.24	Wales Benchmark	2 nd	Executive Lead	Gill Harris	Status 	Months in Exception 6+	Escalation Level
DFM 019	Infection Prevention: Cumulative rate of laboratory confirmed S. Aureus cases per 100,000 population	Target ≤ 20	Plan 20	Feb-19	24.01	Wales Benchmark	1 st	Executive Lead	Gill Harris	Status 	Months in Exception 6+	Escalation Level
DFM 020	Infection Prevention: Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population	Target ≤ 26	Plan 26	Feb-19	24.64	Wales Benchmark	4 th	Executive Lead	Gill Harris	Status 	Months in Exception 6+	Escalation Level

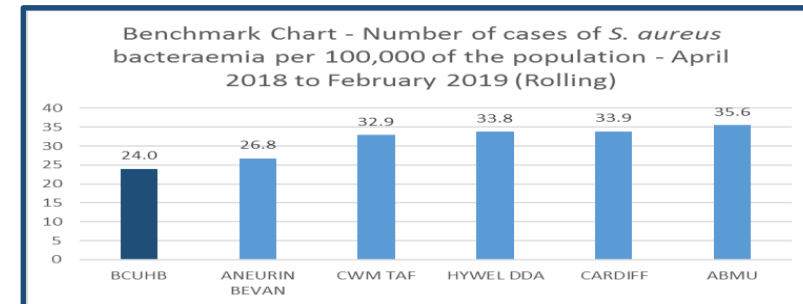
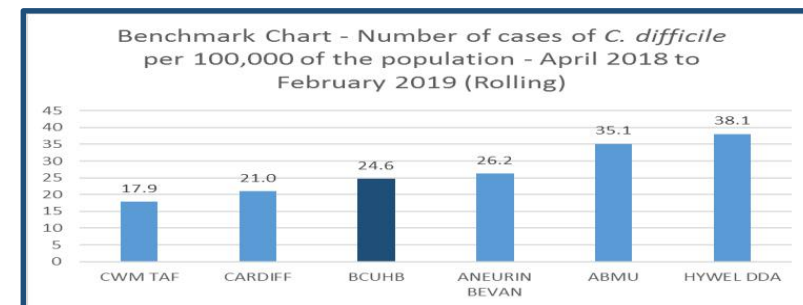
Actions:

- Infection Prevention & Control (IPC) Team monitor all Health Care Acquired Infection (HCAI) groups via ICnet on a daily (Monday to Friday) basis.
- Typing takes place for any infections considered to be cross infection or outbreaks.
- Post infection reviews are carried out for all CDI and MRSA blood stream infections (BSI).
- All C. difficile infections (CDI) are followed up for four weeks following completion of treatment or discharge.
- All antimicrobial prescribing is monitored by the pharmacy team with an emphasis on Start Smart then Focus (SSTF) related to stepping down Intravenous to oral treatment.
- Monitor population sizes and demographics in relation to infection rates and trajectories.
- Dedicated IPC resource for community and Mental health services.

Outcomes:

- Increased awareness of trends and prevalence of infection rates in Primary, Secondary & Community Care.
- Sharing of knowledge across the health economy.
- Patients remain on a seamless follow up for CDI.
- Reduction in unnecessary antibiotic prescribing and related resistance.
- A more robust outcome in relation to avoidable and unavoidable infections.
- Focus on those infections or harm which is deemed avoidable.
- Reduction in the use of invasive devices and risk of infection.
- Scrutiny and learning from focused HCAI executive review.

Timeline: Continually monitor rates and innovative practice in reducing avoidable infection/harm and remain within the trajectories set for the health board.



DFM 026	Number of Healthcare Acquired Pressure Ulcers (HAPU) Grade 3,4 or unstageable reported as Serious Incidents	Target ≤ 21	Plan Jan-19	42	Wales Benchmark 7 th	Executive Lead Gill Harris	Status ←	Months in Exception 6+	Escalation Level
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Actions

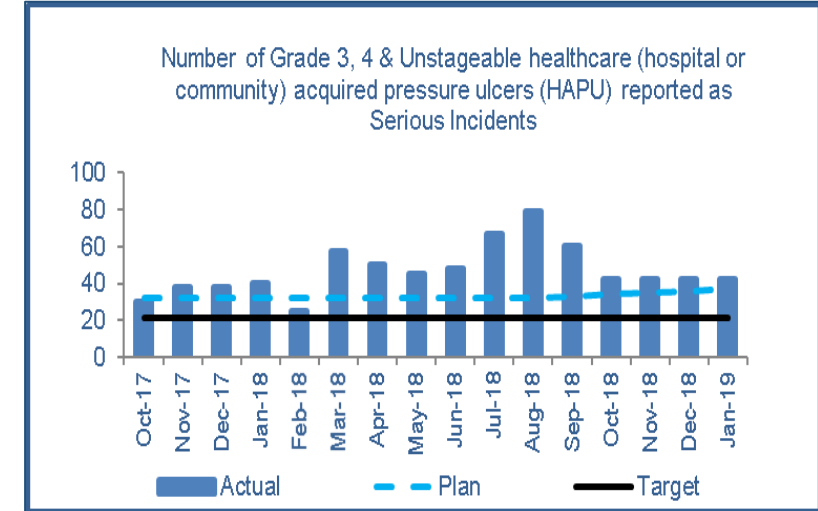
- HAPU collaborative commenced November 2018 with the aim to reduce the incidence of HAPU for inpatients only. 14 wards identified and currently testing interventions with the aim being to provide a Health Board Standard for identification of patients at risk, prevention and management of pressure ulcers and a standard for reporting and measuring for informing of further improvements across the Health Board.
- Tissue Viability team review, and advise grade 3 upwards classification pressure ulcers with inpatients

Outcomes

- Early indications are that there is requirement
- For an increase of staff knowledge and awareness by enhancing the Tissue Viability resources;
- Amendments to the Datix incident reporting system;
- Standardisation of reporting mechanism may lead to an initial increase as a Health Board;
- Introduction of simplified documentation to support evidenced care for prevention and management of pressure ulcers.

Timelines

- The HAPU collaborative is due to complete initial testing by the end of March 2019 with a Health Board launch of the standard in May 2019 following detailed analysis of the wards data.
- The review of the standard will include its transferability to the community (patients in care homes and own homes) setting.



DFM 028	Number of patient falls reported as Serious Incidents	Target 0	Plan	Jan-19	11	Wales Benchmark	7th	Executive Lead	Gill Harris	Status		Months in Exception	6+	Escalation Level	
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Actions

- Each site is required to undertake an Root Cause Analysis (RCA)/desktop review with Multidisciplinary Team (MDT) involvement for all falls with Harm that are Welsh Government (WG) reportable e.g. fall resulting in fractures, severe head injury lessons learned shared with local quality and safety meetings
- Falls collaborative planned to commence in April 2019 using the Healthcare Acquired Pressure Ulcer (HAPU) collaborative methodology with one cohort of wards. The aim is to develop the Health Board standard that will support the reduction in harm from falls for inpatients (over 65 years of age and/or patients presenting with co morbidities) by assessment and implementation of an individualised care plan.
- Refresh the strategic falls group
- Development of falls faculty to support the collaborative

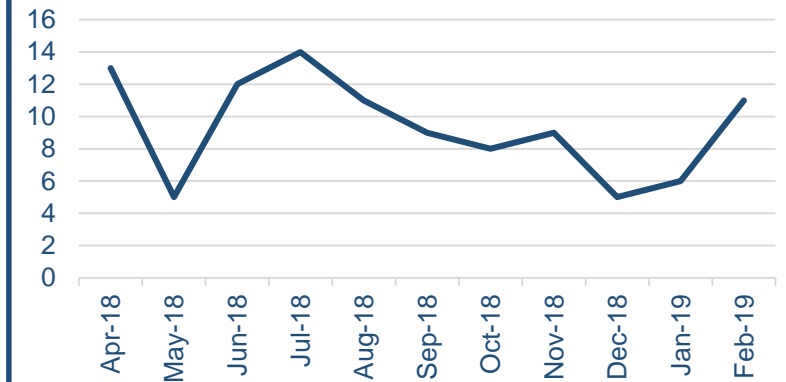
Outcomes

It is anticipated that there will be a reduction in falls with Harm during the work of the collaborative for the selected wards and then as Health Board.

Timelines

Falls collaborative planned to commence April 2019 with a Health Board standard for implementation December 2019.

Falls - Number of WG Reportable incidents



DFM0 46	The percentage of concerns that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the concern was first received by the organisation	Target ≥ 75%	Plan ≥ 75%	Dec-18	30.00%	Wales Benchmark	7th	Executive Lead	Gill Harris	Status		Months in Exception	6+	Escalation Level	
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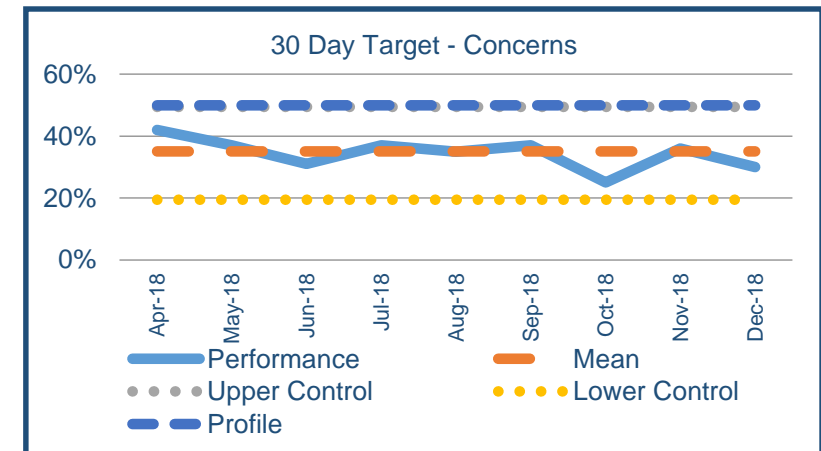
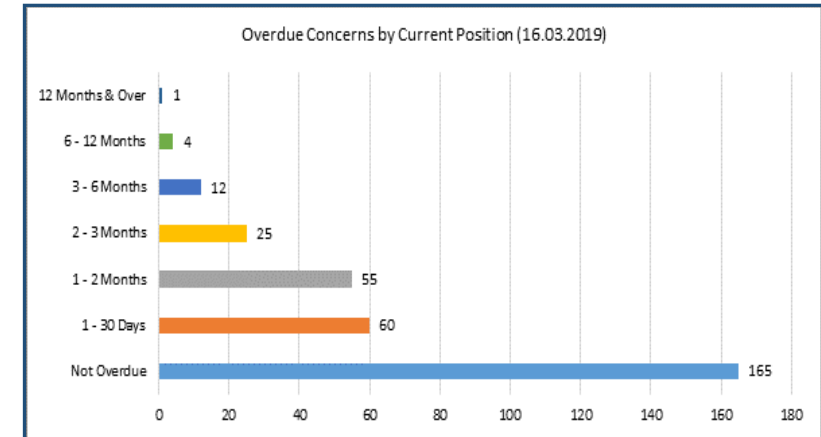
Actions: All complaint responses over overdue complaints discussed weekly with the Director of Quality Assurance



- Daily, weekly and monthly monitor of performance in place
- Review of model for corporate and governance teams to allow greater support to the wider complaints management.
- Daily meetings within the divisions – to monitor performance and identify immediate areas of patient safety, learning and sharing as required
- Revised corporate structures to provide single lead for complaints, Incidents and Claims and Patient Experience across BCUHB
- Weekly PTR meetings chaired by the Corporate lead in place.
- 2 complaints over 12 months of age, both of these are associated with police investigations. There are 4 cases over 6 months all with plans to close by end of February. All cases overdue over 3 months are discussed face to face with the Associate Director Quality Assurance weekly (part of the Incident Management Review meeting)
- Incident Management Review meeting established weekly to review all serious incidents
- Focused work to resolve historic cases within Datix and identify learning – trajectories set for each area and managed to these

Outcomes: Reduction in the number of longer overdue complaints

- No complaints over 12 months time frame
- Divisions on trajectory for management of the number of complaints over 6 months of age
- Performance for complaints overdue by 2-3 months is stable
- Single senior lead for complaints management across BCUHB

Timelines: New trajectories have been issued to each of the Divisions with expectation that they will be in line with these by June 2019



DFM 032	Mortality: % Universal Mortality Reviews (UMR) carried out within 28 days of death	Target $\geq 95\%$	Plan $\geq 95\%$	Feb-19	94.40%	Wales Benchmark	2 nd	Executive Lead	Evan Moore	Status 	Months in Exception	6+	Escalation Level	
DFM 033	Mortality: % Crude under 75 years of age	Target $\leq 0.70\%$	Plan	Feb-19	0.74%	Wales Benchmark	4 th	Executive Lead	Evan Moore	Status 	Months in Exception	6+	Escalation Level	

Actions

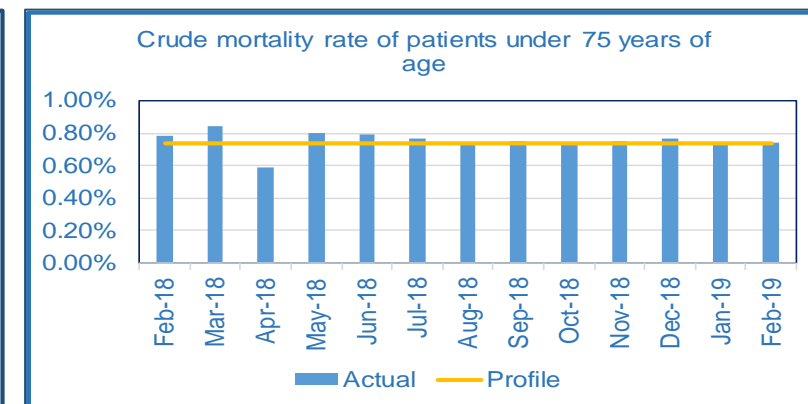
- DATIX mortality module being developed and will be rolled out in phases during 2019
- There will be training package developed for the DATIX module to enable consistent approach then pan BCU into its usage
- Developing plans to commence collaborative for Acute kidney injury to launch late 2019
- Reducing Avoidable Mortality Group (RAMG) to look at focussed work also on hospital acquired pneumonia-work is on-going looking in to this and what needs to be improved

Outcomes

- Compliance in stage 1 remains variable but it is expected to become more stable or show improvements once DATIX is rolled out
- Crude in <75 years of age has improved but continues to be monitored

Timelines

This is on-going work and due to the complexity timelines at this stage are difficult to predict. Once we have access to the DATIX module we can develop plans to train and roll out system but would expect this to take 4-6 months to complete everything.



DFMO 05a	% uptake of influenza vaccine in Under 65's at risk	Target ≥ 55%	Plan ≥ 53%	Feb-19	47.60%	Wales Benchmark	1st	Executive Lead	Teresa Owen	Status	↑	Months in Exception	6+	Escalation Level	
DFMO 05b	% Uptake of influenza vaccine in Over 65's	Target ≥ 75%	Plan ≥ 72%	Feb-19	70.90%	Wales Benchmark	1st	Executive Lead	Teresa Owen	Status	↑	Months in Exception	6+	Escalation Level	

Actions

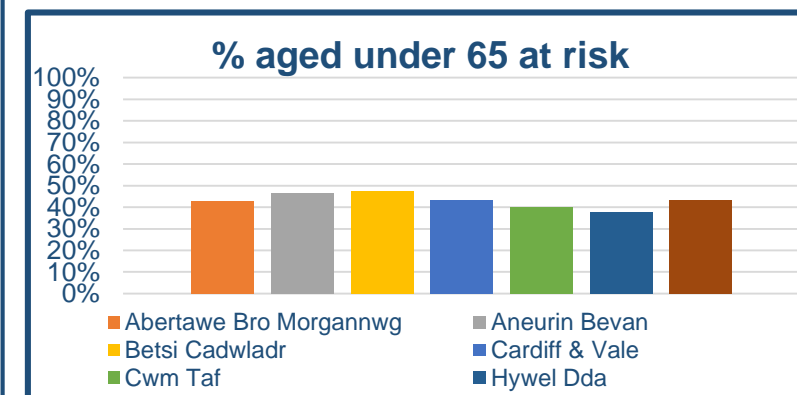
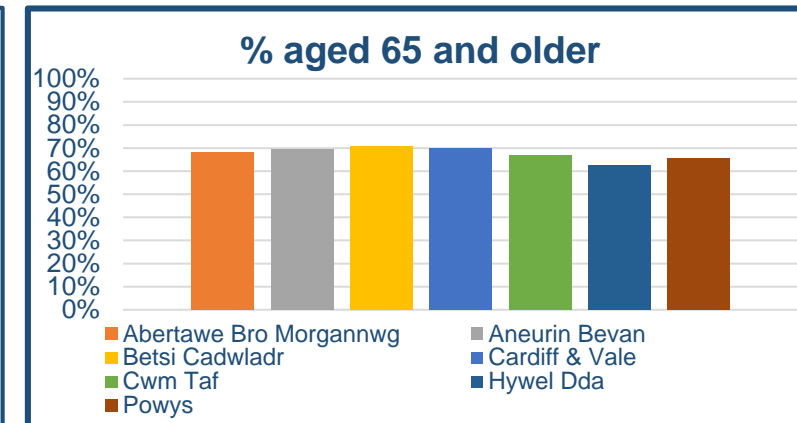
- Scrutiny of the flu vaccines recorded on GP practice systems is currently taking place
- Uptake on pregnant women will be available in April following a Point of Delivery Audit conducted in January
- A Flu Debrief has taken place to evaluate the current campaign which adopted a whole system approach this year to maximise uptake
- The new scheme of midwives vaccinating pregnant women is to be evaluated
- Vaccination uptake data is being circulated to the Areas and Clusters for discussion locally

Outcomes

- Ensure the data being submitted for national reporting is accurate and captures all vaccination activity
- The aim for the 2019-20 campaign is to maximise uptake in eligible groups and to reduce variation in uptake at Area and Cluster level
- Identify improvement opportunities for the next campaign in 4 specific areas:- 65 years+; at risk patients under 65 years; 2&3 year olds; NHS staff

Timelines

- The Seasonal Influenza Flu annual report for 2018-19 is due to be published in June 2019
- Local early planning for the 2019-20 campaign will generate more targeted activities to improve performance.



DFM 005d	Uptake of influenza vaccination among: Health care workers	Target ≥ 60%	Plan ≥ 60%	Feb-19	50.90%	Wales Benchmark	N/A	Executive Lead	Teresa Owen	Status ↑	Months in Exception	6+	Escalation Level
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Actions

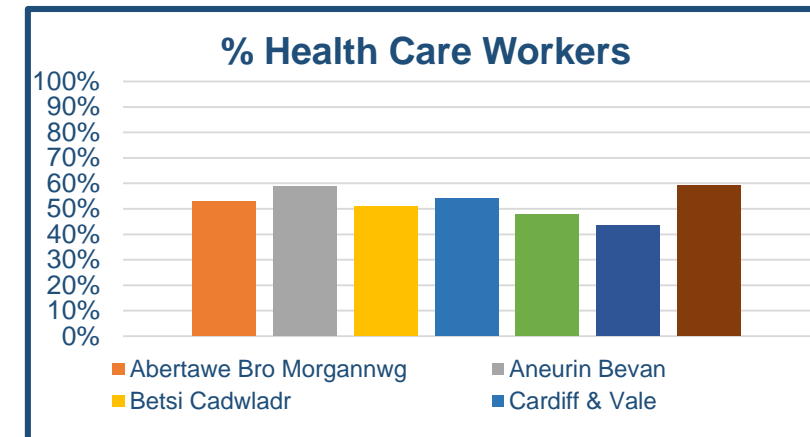
- To achieve 60% (n10,667) flu vaccination uptake for BCUHB staff.
- Increase staff flu vaccination up-take in our 67 high risk areas to 75% compliance
- Evaluate the effectiveness of local flu vaccinators to deliver flu campaign
- Target communication messages to identified low performing areas outlined in flu report
- Evaluate effectiveness of flu campaign model for 2018 / 19
- Weekly flu bulletins and up-dates provided to organisation and weekly performance data to flu co-ordinators / local teams for review and action

Outcomes

- After 157 days of the flu campaign starting we are at a 51.12% uptake (n9089). We need to provide a further 1578 flu vaccinations to reach target
- 308 doses lower (2.72%) compared to this time last year
- 20 out of 67 (29.9%) high risk areas have attained a 75% plus vaccination rate
- 229 trained local vaccinators (21 short of target). 40 (17.46%) have given more than 50 flu vaccines.

Timelines

- Will continue to provide flu vaccinations up until 31st of March 2019
- Continue to provide key targeted messages on flu to organisation to support flu peak weeks
- Review and evaluate the effectiveness of the flu campaign model for 2018 / 19
- Begin to design and draft the flu campaign model for 2019/20



Chapter 2: Summary



Compared to the previous report, of the 7 Measures in this chapter, performance has improved for 4 and deteriorated for 3.

Finance & Resources

15

Measure	Status	(Target)
Ward nurse staffing fill rate (%)	87% ↓	>= 95%
Ward nurse staffing skill mix ratio (% Reg)	55% ↑	>= 60%
Finance: Agency & Locum Spend	£2.7m ↑	<= £2.8m
Sickness absence rates (% Rolling 12 months)	4.97% ↓	<= 4.94%
Mandatory Training (Level 1) Rate (%)	83% ↓	>= 85%
PADR Rate (%)	65% ↑	>= 85%
Finance: Financial Balance (%)	1.97% ↑	<= 2%

WGM 201	Ward nurse staffing fill rate (%)	Target ≥ 95%	Plan	Feb-19	87.00%	Wales Benchmark	N/A	Executive Lead	Gill Harris	Status	↓	Months in Exception	6+	Escalation Level	
WGM 202	Ward nurse staffing skill mix ratio (% Registered)	Target 60%	Plan	Feb-19	55.00%	Wales Benchmark	N/A	Executive Lead	Gill Harris	Status	↑	Months in Exception	6+	Escalation Level	

Actions

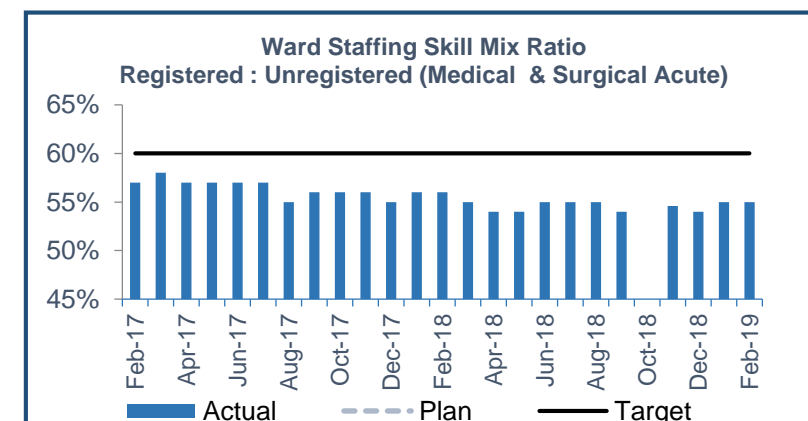
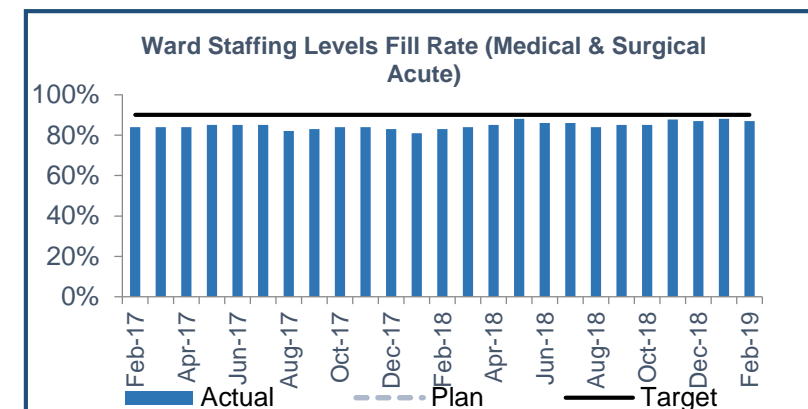
- BCUHB attendance at RCNi Manchester in February. Advert closed 10/03/2019
- Priority Wards Campaign commenced in Wrexham Maelor and Ysbyty Glan Clwyd sites
- Focussed support from recruitment team to support Ward Managers
- New Graduate weekend recruitment event scheduled for March 16th & 17th. To be held centrally at Ysbyty Glan Clwyd.
- Budget review meetings to agree staffing templates underway across the 3 acute sites (in line with Nurse Staffing Act 2016).

Outcomes

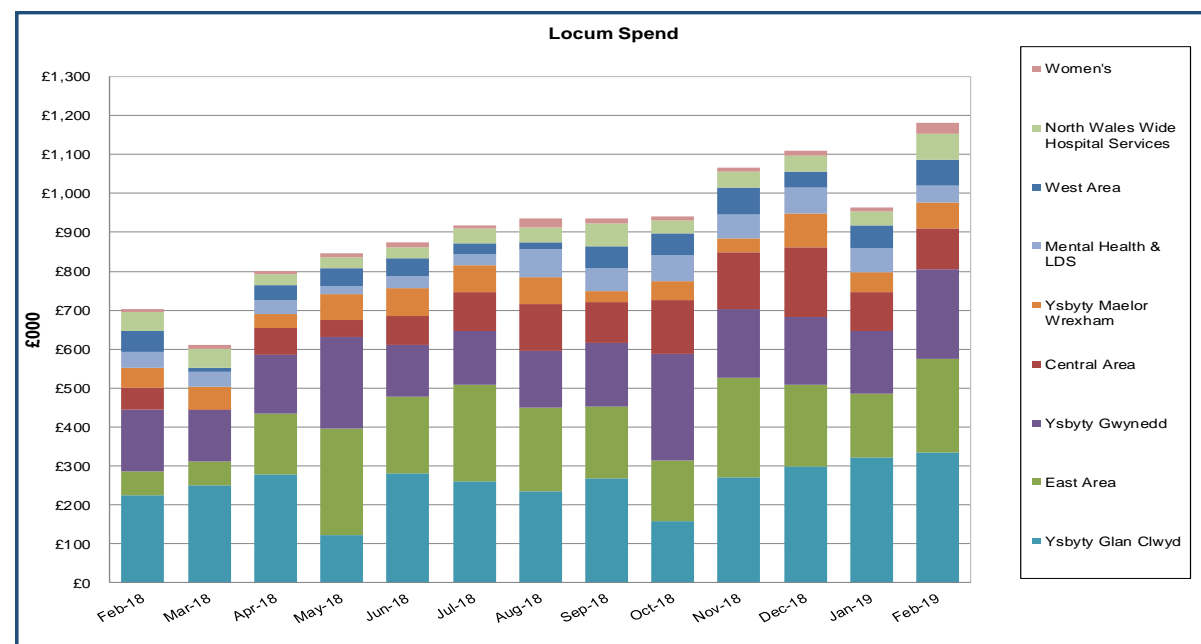
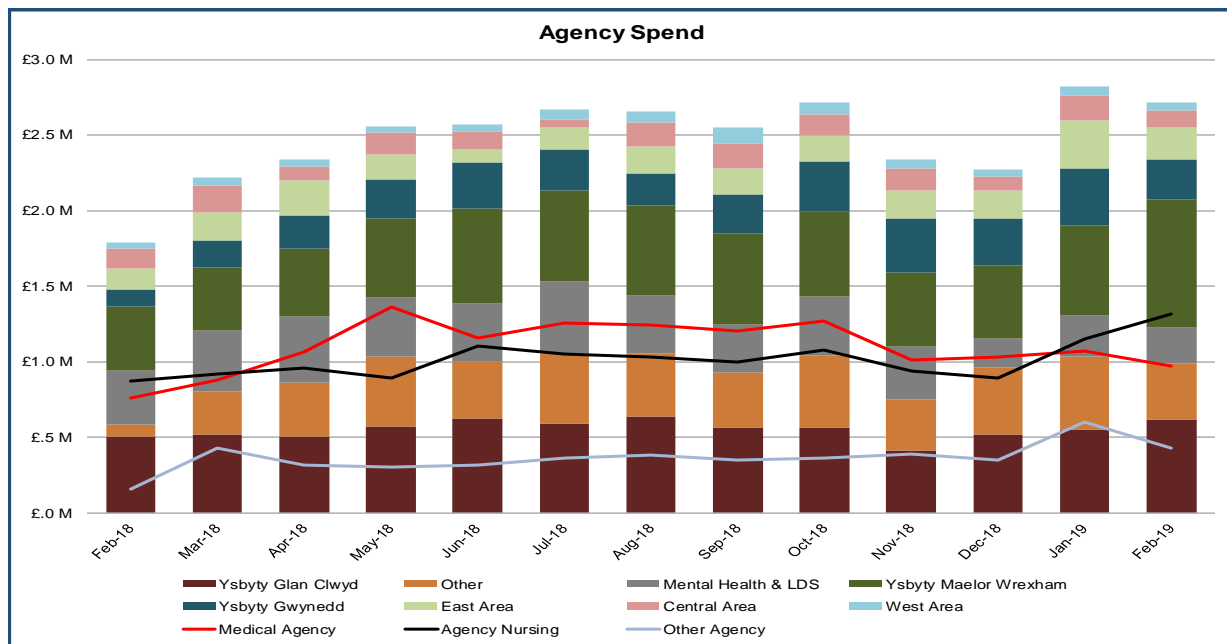
- 18 applicants to RCNi Manchester advert (9 external).
- Anecdotal evidence to support reduced time to hire as a result of focussed Priority Wards Campaign.
- Improvement in vacancies position in last quarter.
- 129 confirmed attendees for weekend recruitment event.
- 101 Adult graduates amongst these.

Timelines

Improved position expected in the Autumn with 101 new adult graduates expected September 2019. Likely NMC registration November 2019



LM 501F	Finance: Agency & Locum Spend	Target Reduce	Plan <= £2.8m	Feb-19	£2.7m	Wales Benchmark	N/A	Executive Lead	Russ Favager	Status	↑	Months in Exception	6+	Escalation Level	
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LM 502F	Finance: Financial Balance	Target	Plan	Feb-19	1.97%	Wales Benchmark	N/A	Executive Lead	Russ Favager	Status	↑	Months in Exception	6+	Escalation Level	
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Actions

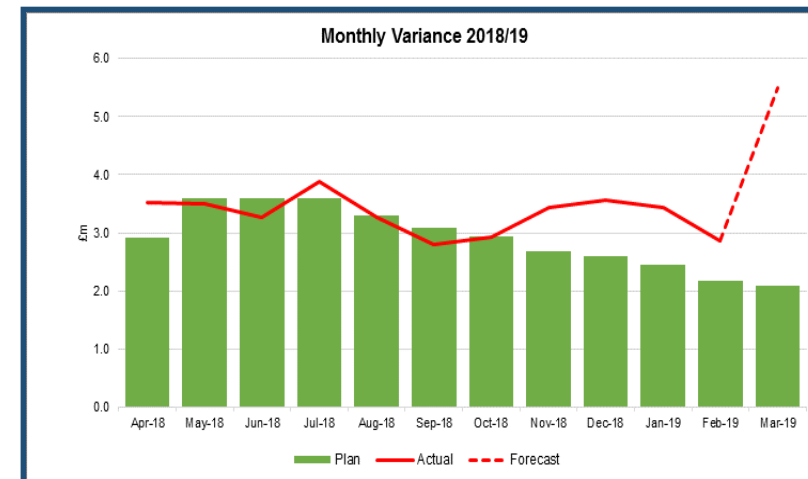
- Additional scrutiny of rosters continues together with assessment of 1:1 nursing requirements
- Tighter establishment control and review of vacancies
- Tighter control of internal locum expenditure.
- Tighter control on non-pay expenditure and Oracle ordering. Work is ongoing to review opportunities with Procurement.
- Recruitment initiatives of medical and nursing staff to reduce payments at premium rates. Initiatives include the use of social media and how to make vacant roles more attractive.
- Detailed monitoring and review of CHC places and focus on numbers.
- CHC equipment purchased through joint stores
- New AMD pathway ready, awaiting approval to switch to Avastin.
- Increased focus on savings actions, particularly prescribing, drugs, travel and CHC.

Outcomes

- Savings achieved to date in 2018/19 are £34.2m against a plan of £40.0m (85.5% achieved), £5.8m behind the year to date profile. Savings achieved represent 76% of the full year target. The savings shortfall to date of £5.8m (Month 10, £4.7m) is largely due to under-delivery on Mental Health (£3.0m), transactional (£1.9m) and workforce schemes (£2.1m), offset by over-performance on Medicines Management schemes (£2.4m).
- Identification of savings opportunities for 2019/20 and future years is progressing and is being fed into the work to develop the Board's 3 year plan. The plan will be presented to the Board in March alongside the budget for the year ahead.

Timelines

Delivery of the Health Board's Financial Plan is dependent upon the delivery of savings targets and this is essential to progress towards a sustainable financial position.



DFM
097

Sickness & absence Rates (% Rolling 12 months)

Target
≤ 4.5%

Plan

Feb-19

4.97%

Wales
Benchmark

2nd

Executive
Lead

Sue Green

Status



Months in
Exception

6+

Escalation
Level

Actions and outcomes: The rolling 12 month performance is 4.97% at February 2019, 0.47% above the target of 4.5% by 31st March 2019. Significant work has been undertaken to reduce long term cases and there has been a continued reduction in the numbers of cases from 177 cases over 26 weeks in 2017/18 to 66 in February 2019.

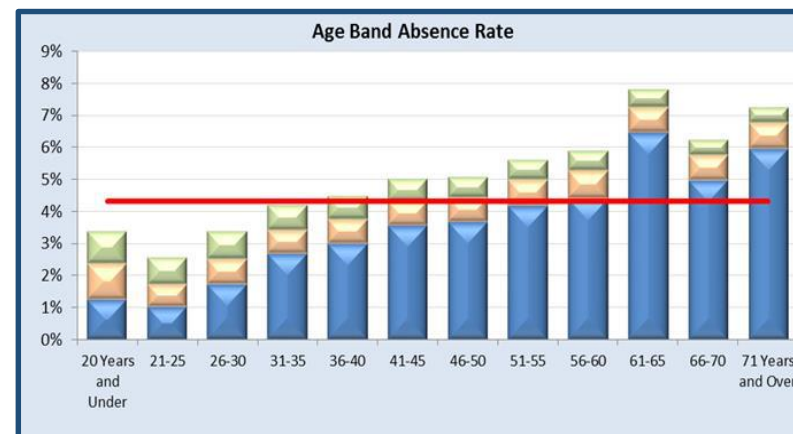
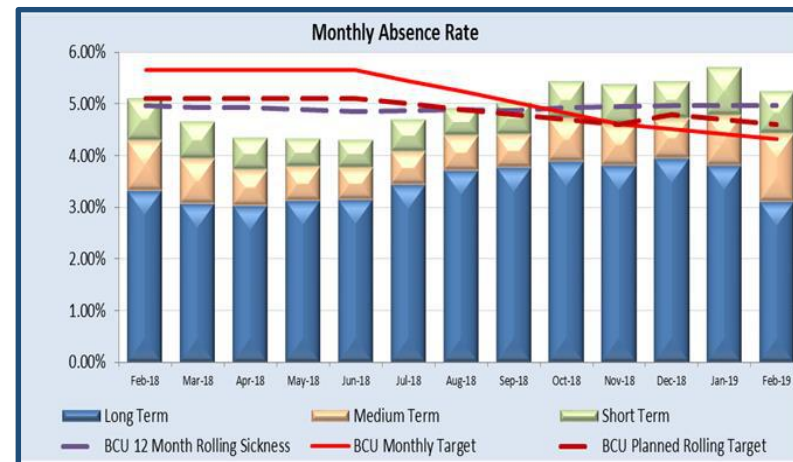
There are still a high number of absences that are recorded as unknown. Local teams are contacting managers where staff absences reasons are recorded as unknown to arrange for absences to be classified correctly. The All Wales Training Attendance Management Training is being rolled out and 11.2% of managers (200) have been trained in the new approach, concentrating on compassionate management and methods to allow staff to remain in work and to return earlier through therapeutic rehabilitation days. These sessions have enabled useful discussions on effective attendance management. A further 19 training sessions delivered by Workforce, Occupational Health and Trade Union partners are planned.

Stress and anxiety continues to be a major cause of absence. Occupational Health have launched How to Create Wellbeing in the Workplace sessions for managers. Locality teams are supporting the use of the All Wales Wellbeing Tools for managers and staff.

Timelines and Outcomes: The target for BCU is 4.5% by 31st March 2019 reducing further to 4.2% by 30th September 2019. Changes to enhancements during sickness absence with effect from April were anticipated if the targets were not met on all Wales basis. However this has not yet been confirmed.

The age of the workforce has a correlation with levels of sickness absence as demonstrated by the graph opposite. The Retire and Re-engagement Policy will be reviewed by the end of Q4 2018/19, including an analysis of sickness rates and impact on levels of attendance.

A plan has been developed to sickness rates to deliver the 4.2% Welsh Government target by the end of Quarter 2 2019/20



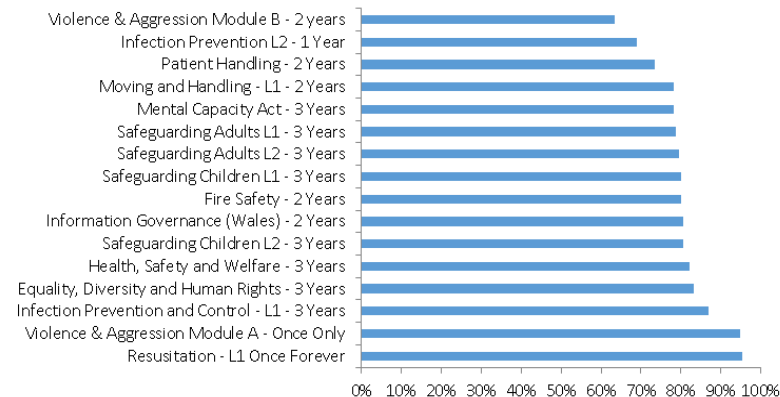
DFM 096	Mandatory Training (Level 1) Rate (%)	Target ≥ 85%	Plan ≥ 84%	Feb-19	83.00%	Wales Benchmark	1 st	Executive Lead	Sue Green	Status	↓	Months in Exception	6+	Escalation Level	
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Actions: Identify the reasons for reduction in level 1 compliance for any of the mandatory subjects by conducting a full review of the provision, attendance records and Did Not Attend rates. Identify reasons for a 1 % decrease in compliance for Safeguarding Adults and Information Governance with the Subject Leads. Identify possible reasons for the 1% decrease in compliance figures for Load handling training, Review Improvement plan, amend to include areas of deteriorating compliance. Obtain a report from ESR of activity for E-learning subjects to identify any reduction in enrolments of E-learning courses. Investigate different training methodologies to support Estates and Facilities staff to increase their overall compliance.

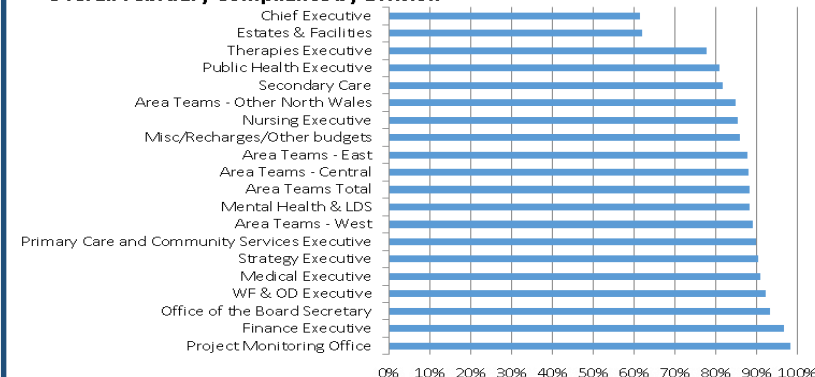
Outcomes: Scrutiny of the provision and attendance data for all mandatory subjects will help us understand if the decrease is due to clinical pressure and inability to release staff or if other factors are contributing. (A similar reduction of 1% compliance was reported in February 2018 indicating possible low attendance due to clinical pressures). This is the first decrease for Information Governance which currently has a compliance rate of 80%, discussion with Subject Leads will help us better understand the decrease and support accordingly. Roll out of Load handling competencies initially within Estates and Facilities, which is currently 48% compliant with training will support improved overall compliance for this subject area.

Timelines: With amendments to the Improvement Plan especially in terms of revision of provision, attendance records and addressing Did Not Attend Rates we are confident that we will reach the 85% target rate for level 1 training by the end of April 2019.

Core Mandatory Training Compliance February 2019



Overall February Compliance by Division



DFM 093	PADR Rate (%)	Target ≥ 85%	Plan ≥ 65%	Feb-19	65.40%	Wales Benchmark	5 th	Executive Lead	Sue Green	Status	↑	Months in Exception	6+	Escalation Level	
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PADR compliance was 65.4%, 0.9% above the planned improvement trajectory for February. The biggest increase was 14.5% in Ysbyty Glan Clwyd Following intensive support from the OD team. Across the organisation 1075 staff members were reported as 'never had a PADR' with 515 of new starters not having a 3 month PADR (totalling 1590), without the requirement of a 3 month PADR compliance would be at 68.4%.

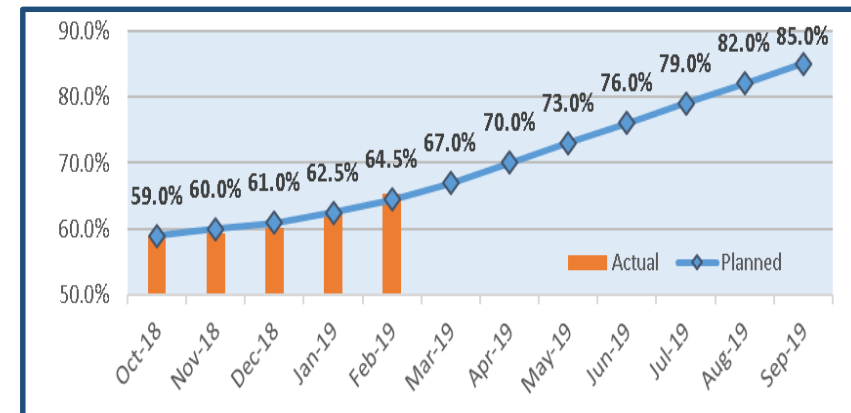
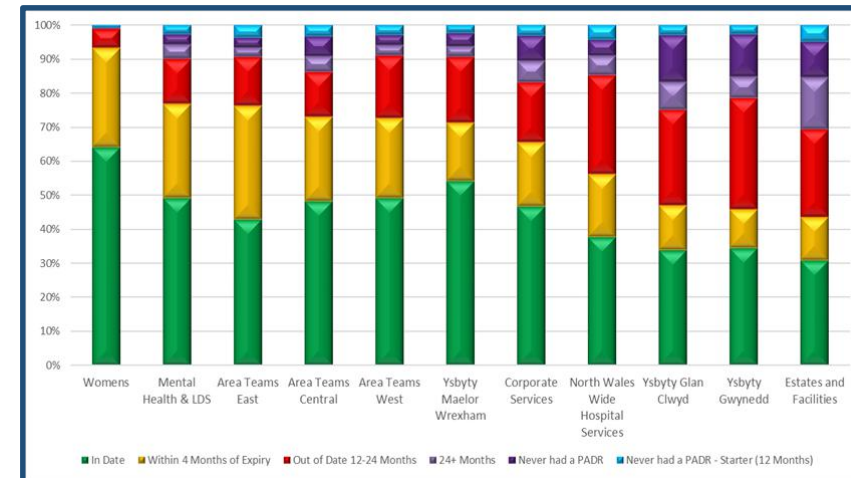
Actions: Promote the need to carry out a 3 month PADR with new employees during day 1 of Orientation. This requirement will be integrated into the Managers Checklist for local orientation in the workplace. Support the Divisions with high numbers of new starters in the 'never had a PADR' category, provide reports which gives managers the staff and supervisors details, data will also be provided which highlights the impact of conducting these PADR's can have on Divisional compliance.

Support managers with high numbers of staff in the priority areas of 'never had a PADR' and 'not had a PADR for 24+ months' to identify improvements.

Promote Group PADR's where appropriate and offer to co-facilitate first session with the managers in order to guide and coach the manager for longer term sustainability of compliance.








Outcomes: Highlighting the need for a 3 month PADR with new staff and managers at Orientation reinforces the requirement and will lead to a reduction in the 'never had a PADR' category for new starters. Supporting individual Managers allows tailored support to identify the root causes of non-compliance and how these can be overcome to ensure long term sustainability of compliance.

Timelines: The Improvement plan ensures performance trajectories have been met to date. Divisional improvement trajectories will be formulated in March to ensure Divisions have identified their local performance trajectory to reach 85% by September 2019..





Compared to the previous report of the 7 Measures in this chapter, Performance has improved for 5 and deteriorated for 2.

Measure	Status	(Target)
Referral to Treatment (RTT): < 26 Weeks	83.92% 	>= 95%
Referral to Treatment (RTT): > 36 Weeks	7,826 	0
Referral to Treatment (RTT): > 52 Weeks	2,665 	0
Diagnostic Waits: > 8 Weeks	2,123 	0
Follow-up Waiting List Backlog	80,473 	75,000
Cancer: 31 Days (non USC Route)	97.40% 	>= 98%
Cancer: 62 Days (USC Route)	84.40% 	>= 95%

DFM 058	RTT: % of patients waiting less than 26 weeks for treatment	Target $\geq 95\%$	Plan $\geq 84\%$	Feb-19	83.92%	Wales Benchmark	7 th	Executive Lead	Evan Moore	Status	Months in Exception	6+	Escalation Level	
DFM 059	RTT: Number of patients waiting over 36 weeks for treatment	Target 0	Plan	Feb-19	7,826	Wales Benchmark	7 th	Executive Lead	Evan Moore	Status	Months in Exception	6+	Escalation Level	
LM 059A	RTT: Number patients waiting over 52 weeks for treatment	Target 0	Plan	Feb-19	2,665	Wales Benchmark	N/A	Executive Lead	Evan Moore	Status	Months in Exception	6+	Escalation Level	

Actions

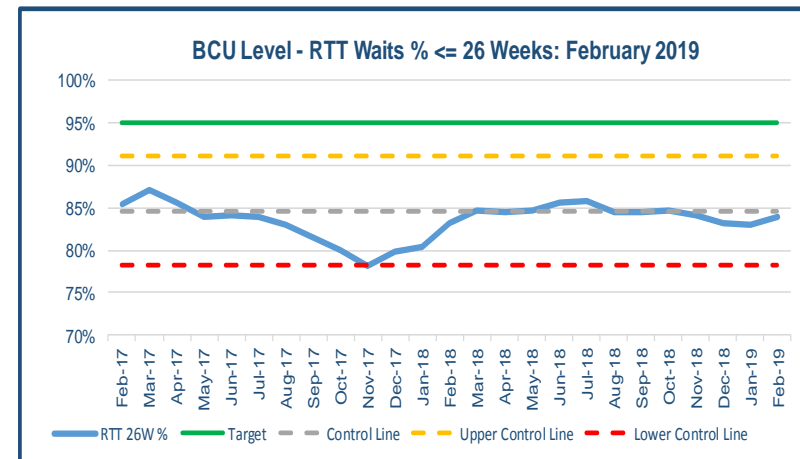
- A summary and site level Patient Treatment List (PTL) now in place at stages of treatment level to ensure targeted approach with treatment pathways. This is replacing the current cohort approach, which can lead to perverse consequences.
- Revised governance for weekly access assurance meetings to include area teams using the new PTL
- New operational PTL meetings set up every Wednesday with each site led by the Associate Director of Planned Care focusing on prioritised approach to booking in response to clinical urgency, chronological wait and prevention of over 36 week breach
- Hospital and Area Directors to oversee and co-ordinate backlog clearance with the Divisional teams
- Develop a Recovery plan for Referral to Treatment (RTT)
- RTT validation test in the East in March 2019 of 780 Trauma & Orthopaedics pathways

Outcomes

- Reduced over 36 and 52 week backlog in line with the agreed recovery plan for 2019/20
- Reduced “tip over” rate from 12 month baseline of 36 week plus waits
- Demand and Capacity tool in place operationally for predicting RTT performance

Timelines

- Revised weekly access assurance and PTL meetings in March 2019
- Draft recovery plan for RTT by 31st May 2019 for FPC approval
- Reduced backlog of 36 and 52 week waits in Q1 as per recovery plan



DFM 060	Diagnostic Waits: Number patients waiting over 8 weeks for a diagnostic test	Target 0	Plan 0	Feb-19 2,123	Wales Benchmark 7 th	Executive Lead Gill Harris/ Adrian Thomas	Status ↑	Months in Exception 6+	Escalation Level
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Actions

Radiology services continue with provision of additional capacity which has reduced the backlog to 102 now. Mitigation in place during March 19

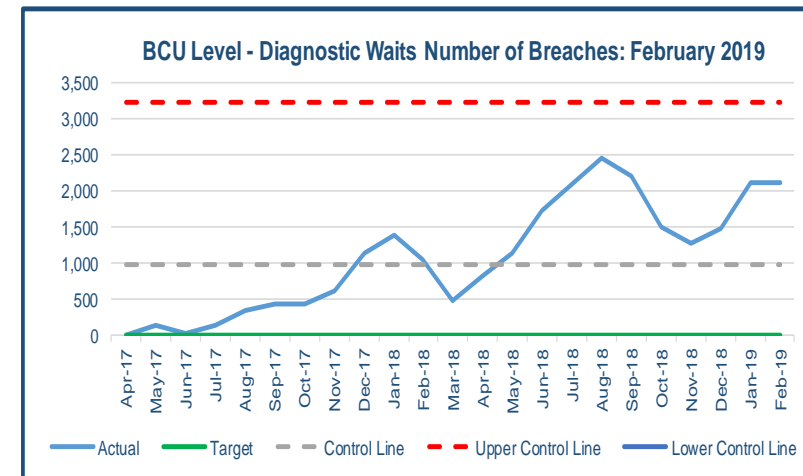
- Cardiology – Locum in place from February and gap now stabilised in Ysbyty Wrexham Maelor (YWM)
- Endoscopy – Activity is currently prioritising high clinical need and urgency. This will lead to a high number of routine waits at the end of March. Clinical prioritisation discussions and approach continue to be strengthened under the leadership of the Secondary Care Medical Director supported by clinical leads.
- The HB is procuring a modular endoscopy unit for an initial period of 8 weeks. While that unit is here we will comprehensively ascertain the extent of the capacity issue that we are seeking to resolve



Outcomes

- Imaging/Cardiology – current solutions will not fully address backlog. Further activities being planned
- Endoscopy – undertaking procedures on the higher clinical priority patients will have a significant adverse impact on Quarter 4 2018/19, expected to be circa 2,600 waits (pre-validation).

Timelines

- Imaging - focus to minimise backlogs by end of Quarter 4.
- Cardiology – refresh plan for Quarter 1 with the locum in place
- Endoscopy – backlog expected at circa 2,600 (pre-validation) at Quarter 4. A specific remedial plan for 2019/20 for all endoscopy work streams is in progress



DFM 071	Cancer:% of patients newly diagnosed with cancer not via USC pathway, treated within 31 days	Target $\geq 98\%$	Plan	Jan-19	97.40%	Wales Benchmark	5 th	Executive Lead	Adrian Thomas	Status 	Months in Exception	6+	Escalation Level	
DFM 072	Cancer:% of patients referred via the USC pathway definitively treated within 62 days of referral	Target $\geq 95\%$	Plan	Jan-19	84.40%	Wales Benchmark	5 th	Executive Lead	Adrian Thomas	Status 	Months in Exception	6+	Escalation Level	

Actions:

Endoscopy - all sites have only been booking suspected cancer and clinically urgent patients with effect from January 2019. Additional capacity has also been secured through insourced weekend activity and introduction of efficiency improvement measures. Waiting times have reduced on all 3 sites with the expectation that all urgent patients will be booked within 2 weeks by mid-March: Urology surgery - further meeting planned with English providers re options to increase capacity; in-house lists backfilled by urology surgeons to increase capacity and full urology review underway Weekly tracking meetings held to highlight and action individual patient delays Transforming Cancer Services Together Programme for early diagnostic pathway improvement in lung, colorectal and urology pathways launched in February 2019.

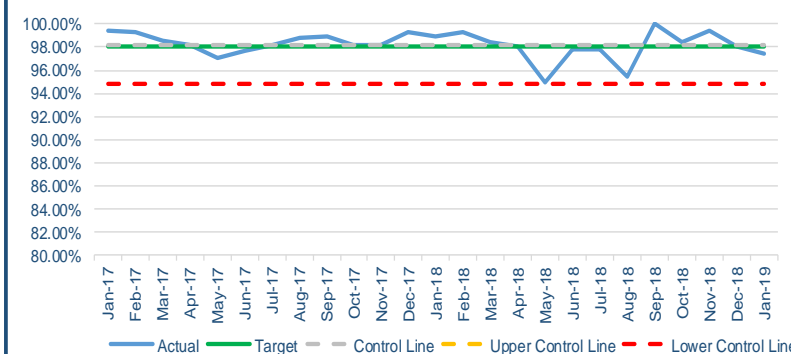
Outcomes:

Main aim is to reduce wait to endoscopy for suspected cancer patients to 2 weeks by mid-March; this will lead to reduction in number of patients still active over day 62 and improved performance against the 62 day target

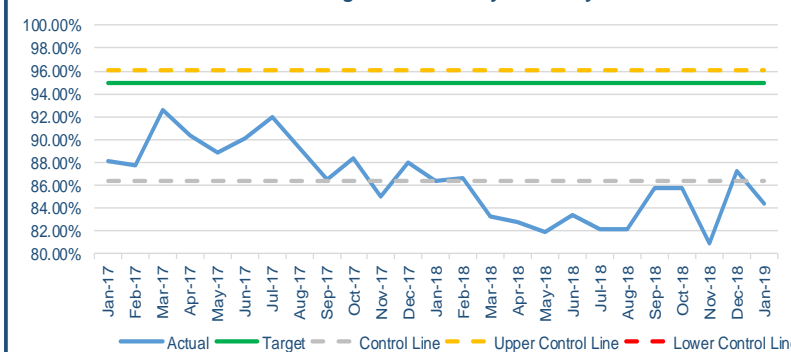
Timelines:

The current backlog of patients awaiting endoscopy means that we are unlikely to see a significant improvement in performance until Quarter 2 of 2019/20

BCU Level - Cancer Waiting Times - 31 Day - January 2019



BCU Level - Cancer Waiting Times - 62 Day - January 2019

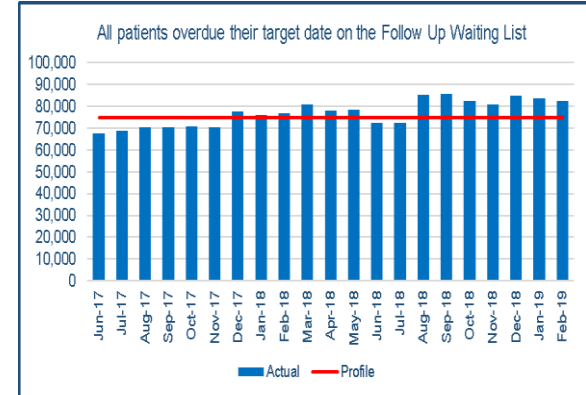


The follow up waiting list size and volume of patients overdue their clinically due date varies by site and by specialty. The recent implement of Wales Patient Administration System (WPAS) has resulted in an increase in the volume of patients on the waiting list due to the different methodology used by the system in creating the waiting list. Given the range of factors driving the waiting list for each specialty a detailed report will be presented to the Quality, Safety & Experience (QSE) Committee in May 2019. The actions below relate to 3 key specialties and aim to reduce but will not eliminate overdue appointments.

Actions: A risk stratified approach is being taken led by the secondary care medical director. Highest priority is being given to patients reported as overdue in ophthalmology and urology. Clinical validation is taking place to assess risk of harm for the highest risk patients within the Urology overdue appointments. The Eye Care measure is being introduced to manage patients in accordance with their clinical risk using R1, R2 and R3 stratification to determine priority for scheduling. The Health Board has been successful in its bid for validation and patient communication resource which will enable all patients to be validated to ensure the waiting list is accurate, patients being advised of the changed system and so facilitate scheduling by risk value. The clinical variation meeting at the end of February 2019 confirmed the adoption of Patient Reported Outcome Measures (PROMs) in line with the National Planned Care programme for management of 12 month reviews of patients post hip and knee replacement surgery to reduce the orthopaedic backlog.

Outcomes: The actions above will not resolve the entirety of the volume of patients overdue but will address those are greatest clinical risk. The outcomes expected from the above actions:

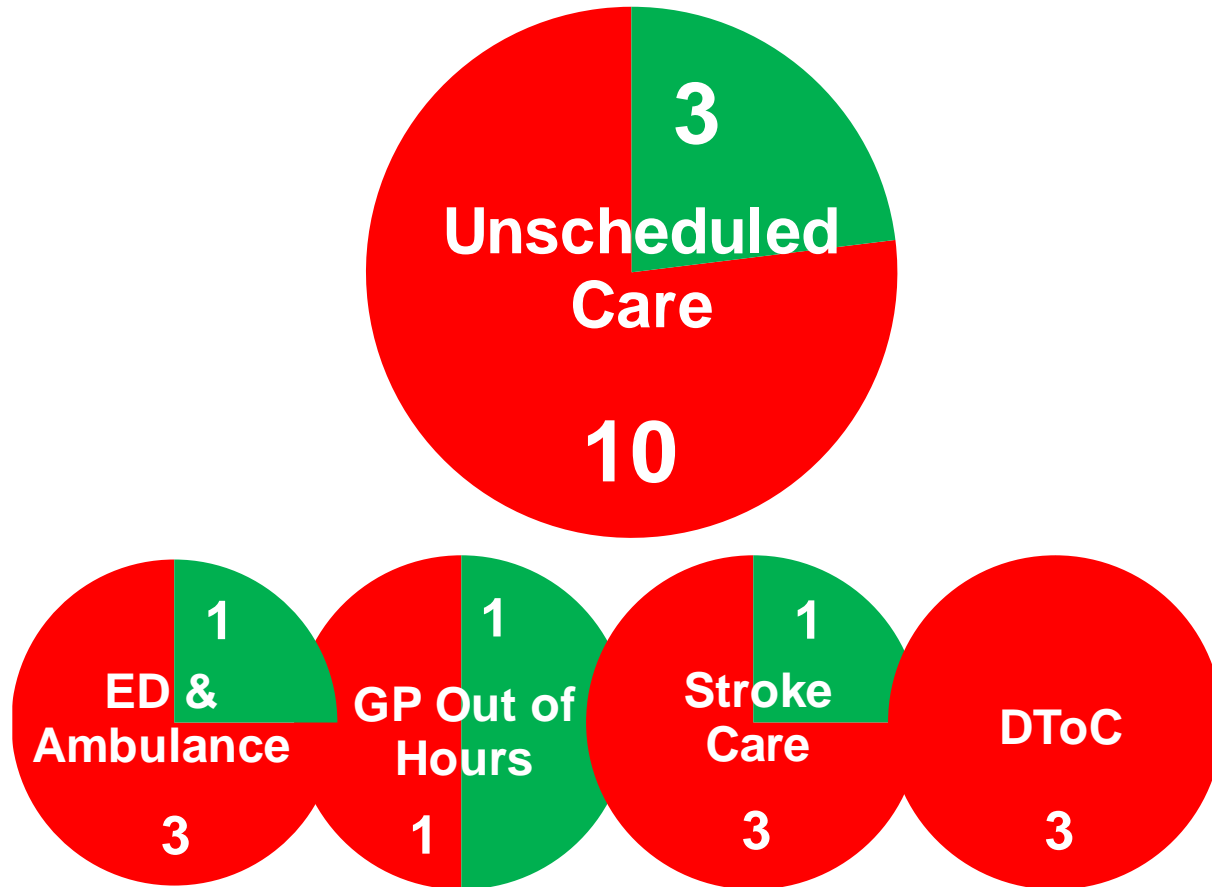
- A) Urology - understanding of whether any harm has occurred for highest risk Urology patients by 31st March 2019. And escalation of scheduling as appropriate.
- B) Clerical validation of the ophthalmology waiting list by 30th April 2019 so as to enable the commencement of scheduling by R value to reduce the risk of irreversible harm from May 2019. Cataract pathway with direct listing for day case surgery tested on one site in February 2019, eliminating need for outpatient appointment so as to ensure patients with lower clinical risk can access surgical treatment. This pathway change has been agreed for all 3 sites and will be adopted from April 2019 increasing outpatient capacity for R1 patients. This validation is expected to reduce the overdue waiting list by 15%.
- C) Orthopaedic - use of PROMs for hip and knee reviews at 12 months is expected to increase capacity by 1,500 appointment slots for more urgent cases from May 2019.



Timeline

Urology- outcome known by end of March 2019
 Ophthalmology- validation expected to be completed by May 2019
 Orthopaedics - impact will be realised each month actions are implemented with expected gain being delivered in totality by March 2020

Chapter 3b: Summary



Compared to the previous report, of the 13 Measures in this chapter, performance has improved for 11 and deteriorated for 2.

Operational Performance: Unscheduled Care 27

Measure	Status	(Target)
Emergency Department 4 Hour Waits (inc MIU)	72.45% ↑	>= 95%
Emergency Department 12 Hour Waits	1,430 ↑	0
Ambulance Handovers within 1 Hour	358 ↑	0
Ambulance Response within 8 minutes	75.00% ↑	>= 65%
Out of Hours: Within 20 Minutes	81.00% ↑	>= 98%
Out of Hours within 60 Minutes	100% ↑	>= 98%
Stroke Care: Admission within 4 Hours	50.53% ↑	>=58.7%
Stroke Care: CT Scan within 1 Hour	49% ↑	>= 52.8%
Stroke Care: Review by consultant 24 Hours	77% ↓	>= 84.5%
Stroke Care: Thrombolysed DTN < 45 mins	30.00% ↑	Improve
Delayed Transfers of Care (DToC): Bed Days	1,150 ↓	<= 1,1030
Delayed Transfers of Care (DToC): ITU	7.81% ↑	<= 5%
Discharges within 4 Hours: ITU	49.10% ↑	>= 95%

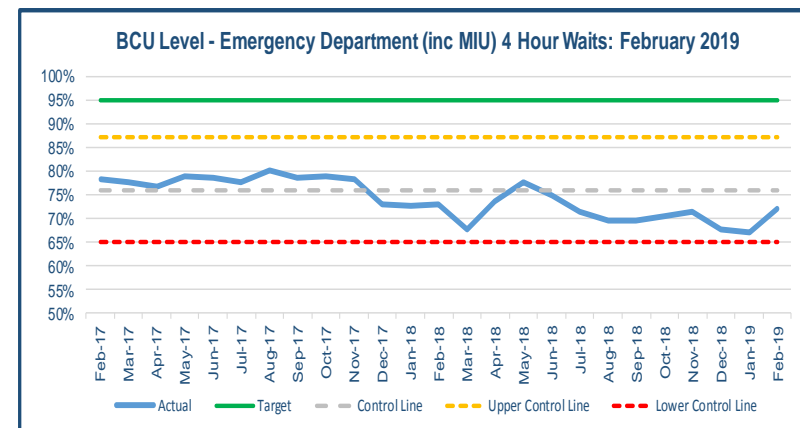
DFM 069	% of new patients spend no longer than 4 hours in A&E (inc Minor Injury Units)	Target $\geq 95\%$	Plan 71.73%	Feb-19	72.45%	Wales Benchmark	7 th	Executive Lead	Gill Harris	Status 	Months in Exception	6+	Escalation Level	
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Actions and Outcomes

- The Health Board reported a combined performance of 72.5% (79.1% West; 76.3% Centre; 61.3% East) which was almost a 6 percentage point improvement on January 2019 (66.9%), and more than a 2% improvement compared to February 2018 (70.3%).
- Though the improvement is welcome and delivered the target set through the 90 day improvement plans, it remains to fall short of the quality measure set by Welsh Government (WG), and deserved by our population.
- The tasks which are having the greatest impact on the improvement seen from the first cycle of the 90 day plan are continuing i.e. protecting minors streams, focusing on reducing to zero the number of paediatric breaches, navigation at the point of triage and ensuring good documentation of discharge times. The second cycle focuses on flow out of Emergency Departments (ED), enhancing even further with navigation away from ED at the point of triage, Information Technology (IT) systems and data to support improved ED processes, workforce realignment and pre hospital demand management will help to sustain and improve on the current performance.

Timeline

It is anticipated that the Health Board will continue to deliver improvement against the 4 hr measure, achieving its internal targets set through the second cycle of 90 day plans, and moving closer to the National target set by Welsh Government.



DFM 070	% of new patients spend no longer than 12 hours in A&E	Target 0	Plan	Feb-19	1,430	Wales Benchmark	7 th	Executive Lead	Gill Harris	Status 	Months in Exception	6+	Escalation Level	
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Actions

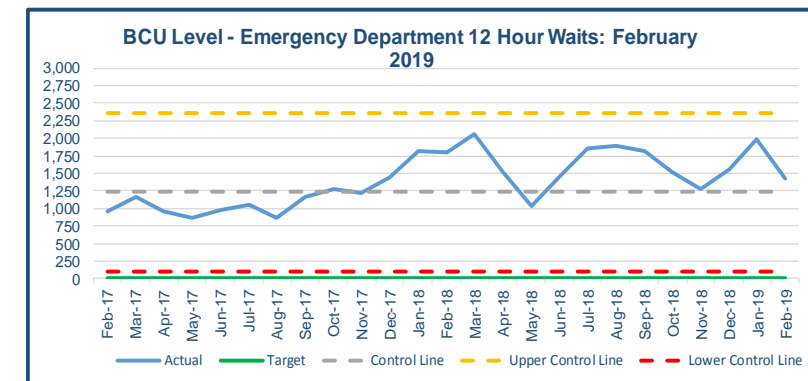
- Despite a HB deterioration in January the site teams have worked hard to refocus on improving the flow out of ED into in patient beds. The links to reduced numbers of patients reported as delayed transfers of care (DToC) are inextricable, and sites experienced improved discharge profiles as we moved through February.
- Work is underway to triangulate the improvement on reduction in the number and severity of concerns and incidents reported as a direct result of delays.

Outcomes

All three sites saw a sizeable reduction in both the number and lengths of delays when compared to last month and to the same period last year. This contributed to a BCU position of 1430 patients delayed in February 378 fewer than in January of this year, and February 2018 (1808 respectively).

Timeline

- The ongoing tasks focused through the second cycle of the 90 day plan is supporting improving flow up stream, on wards and in assessment areas. It is anticipated that the HB will continue to improve against the 90 day trajectories as we move into the second cycle.
- There is still some way to go to eradicate 12 hour breaches, however the focus placed on this quality measure is seeing a positive impact on delays of more than 24 hours, with the HB moving ever closer to this becoming a 'Never Event'



DFM
068

Number of Ambulance Handovers over 1 hour

Target
0

Plan

Feb-19

404

Wales
Benchmark

6th

Executive
Lead

Gill Harris

Status



Months in
Exception

6+

Escalation
Level

Actions and Outcomes

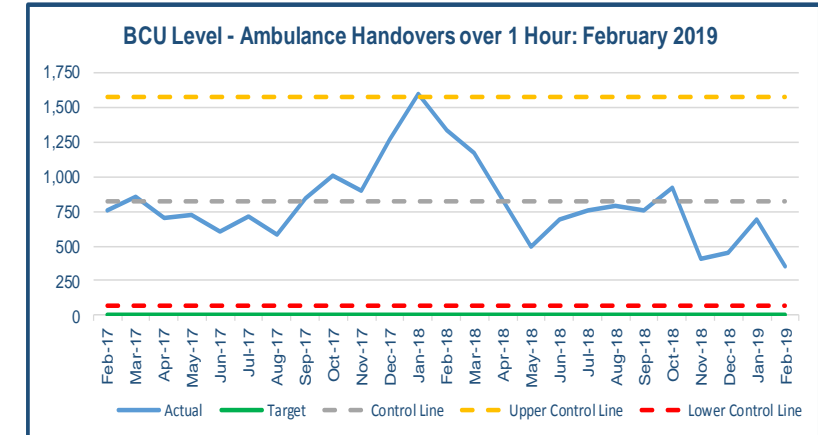
- The Health Board has continued on its improvement journey in regard to patients delayed for over 60 minutes at the point of ambulance handover
- February 2019 has seen the fifth successive month where the number of patients delayed on our Emergency Department (ED) forecourts has significantly reduced.
- All 3 sites saw a further marked reduction compared to January 2019 and to February 2018.
- Ysbyty Wrexham Maelor continues to deliver the most remarkable improvement – especially when compared to the same period last year.

Timeline

It is anticipated that this improvement will continue until the Health Board is in a position to consider an ambulance delay as a 'Never Event'.

	February 2018	January 2019	February 2019	Trend
Ysbyty Gwynedd	265	264	187	Improved
Ysbyty Glan Clwyd	454	279	99	Improved
Wrexham Maelor Hospital	618	148	72	Improved
BCU Total	1337	691	358*	Improved

* Equates to a 73% reduction on the same period in 2018



DFM 031	Delayed Transfers of Care(DToC): Rolling 12 months - Number of non-Mental Health	Target <= 1,030	Plan	Dec-18	1,150	Wales Benchmark	7 th	Executive Lead	Gill Harris	Status	↓	Months in Exception	6+	Escalation Level	
LM 031A	Delayed Transfers of Care (DToC): Non-Mental Health Rate aged over 65	Target <= 129.5	Plan	Jan-19	168.57	Wales Benchmark	N/A	Executive Lead	Gill Harris	Status	↑	Months in Exception	6+	Escalation Level	
LM 031B	Delayed Transfers of Care (DToC): Non-Mental Health Bed days	Target <= 2,089	Plan	Jan-19	1,227	Wales Benchmark	N/A	Executive Lead	Gill Harris	Status	↑	Months in Exception	6+	Escalation Level	

Actions

- Arrangements to scrutinize DTOCs continue in each of the Areas with DTOCs being scrutinized daily.
- Weekly and pre-census DToC meetings take place where all patients are discussed and monitored.
- Delays in package of care are escalated to Senior management across all sites.
- Medically Fit for Discharge meetings are continuing weekly across all sites; these meetings also provide education to ward staff in regards to home safe and sound.
- Monthly Census allows for validation of codes between health and LA.
Relaunch of SAFER focusing on all patients being set an Expected Discharge Date (EDD). Communication of the 4 key questions that leads to a patient centred discharge.
- Stranded patients are being identified to ensure a clear plan is in place that leads to a successful discharge.
- In East Area Discharge to Assess model in place, which supports flow for the acute site and has increased bed capacity for January 2019
- Daily review of all POC patients with LA regarding suitability for step down beds.

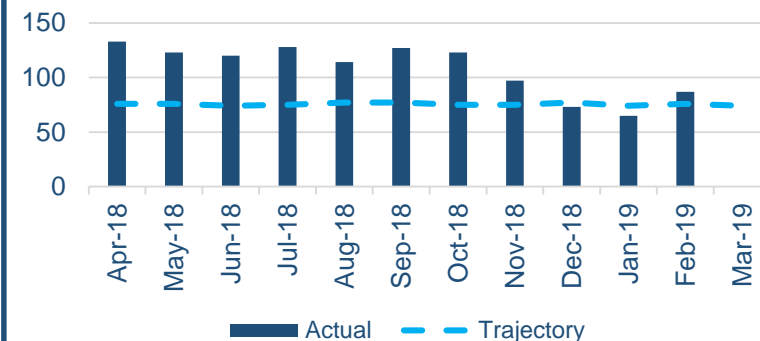
Outcomes

- Improve accuracy and Early identification of potential DTOC to decrease numbers and Length of stay
- Improve patient experience.

Timelines

Trajectory targets for 2019/2020 are currently being discussed

Number of Patients Experiencing Delayed Transfers of Care (DToC)



LM 131A	Delayed Transfers of Care (DToC): Critical Care - % hours lost due to ITU DToC	Target <= 5%	Plan <= 5%	Jan-19	7.81%	Wales Benchmark	N/A	Executive Lead	Gill Harris	Status	Months in Exception	6+	Escalation Level	
LM 131B	Delayed Transfers of Care (DToC): Critical Care - % Discharged within 4 Hours of patient being ready	Target >= 95%	Plan	Jan-19	49.10%	Wales Benchmark	N/A	Executive Lead	Gill Harris	Status	Months in Exception	6+	Escalation Level	

Actions

- Performance shared at each site Safety Huddle.
- 3 DToCs prioritised to ensure ICU “emergency bed” available.
- Unscheduled care work streams ongoing across all 3 sites to improve overall site patient flow.

Outcomes

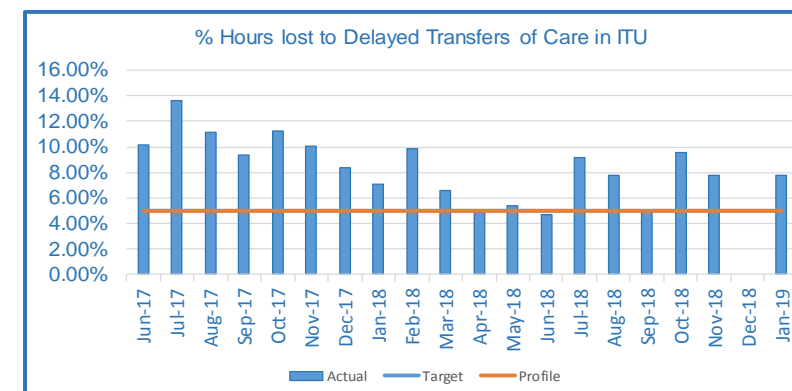
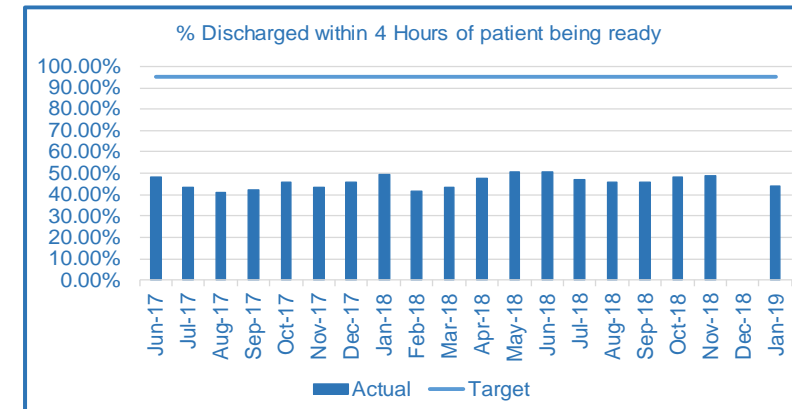
- Deterioration in January 2019 with both measures



Timeline

YG: Increased Level 2 capacity (by one bed) up to end March 2019.

YGC: Increased Level 2 capacity (by one bed) Mondays & Tuesdays (restricted due to staffing).

WMH: Increasing Level 3 capacity (by one bed) up to end of March 2019.



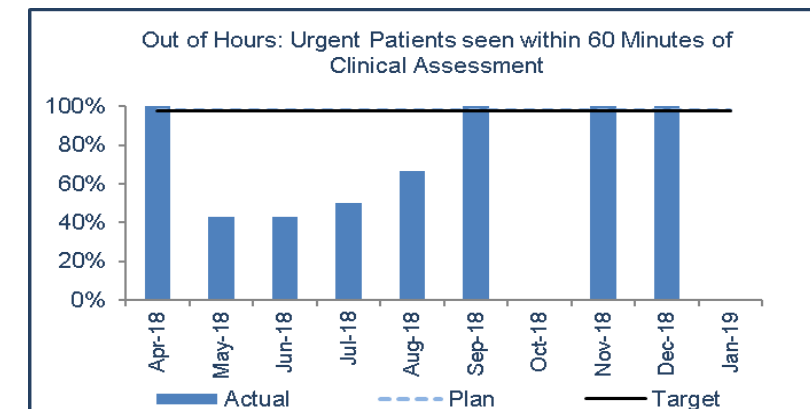
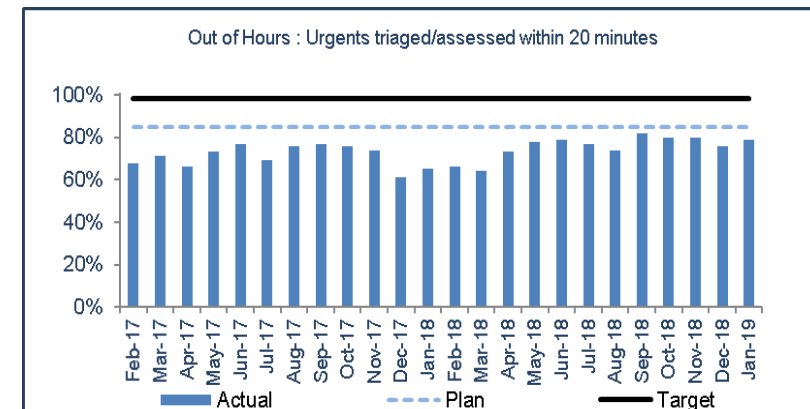
DFM 055	GP Out of Hours: Urgents triaged/assessed within 20 minutes	Target ≤ 95%	Plan	Feb-19	81.00%	Wales Benchmark	5 th	Executive Lead	Teresa Owen	Status 	Months in Exception	6+	Escalation Level	
DFM 056	GP Out of Hours: Patients prioritised as Urgent seen within 60 minutes of initial clinical assessment	Target ≤ 95%	Plan	Feb-19	100%	Wales Benchmark	6 th	Executive Lead	Teresa Owen	Status 	Months in Exception	6+	Escalation Level	

Actions

We are currently carrying a vacancy of 1.04 wte Triage nurses and adverts will be placed on NHS Jobs this week.

Timelines

We still have a few triage nurses that are relatively new to the service and we should therefore see an improvement in our performance against this standard over the next 3 months.



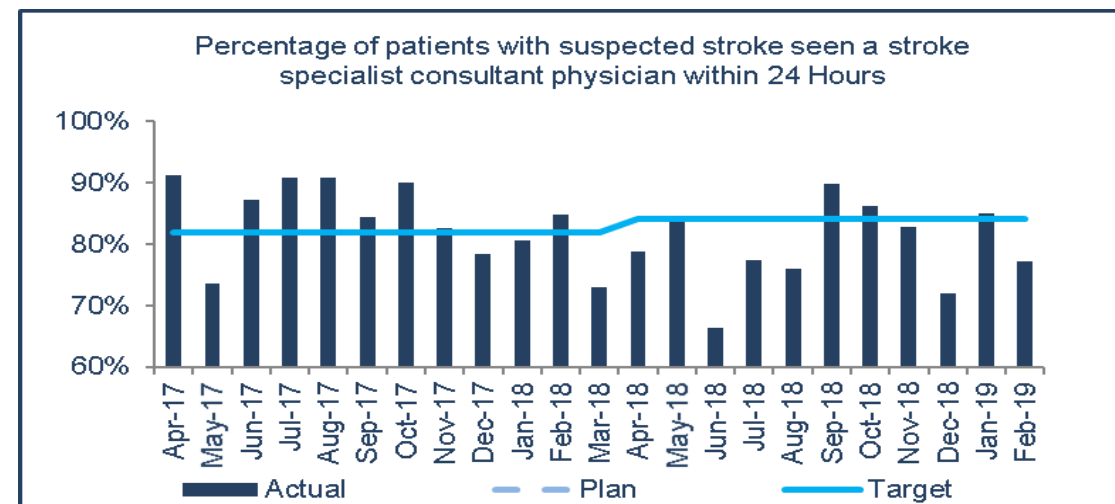
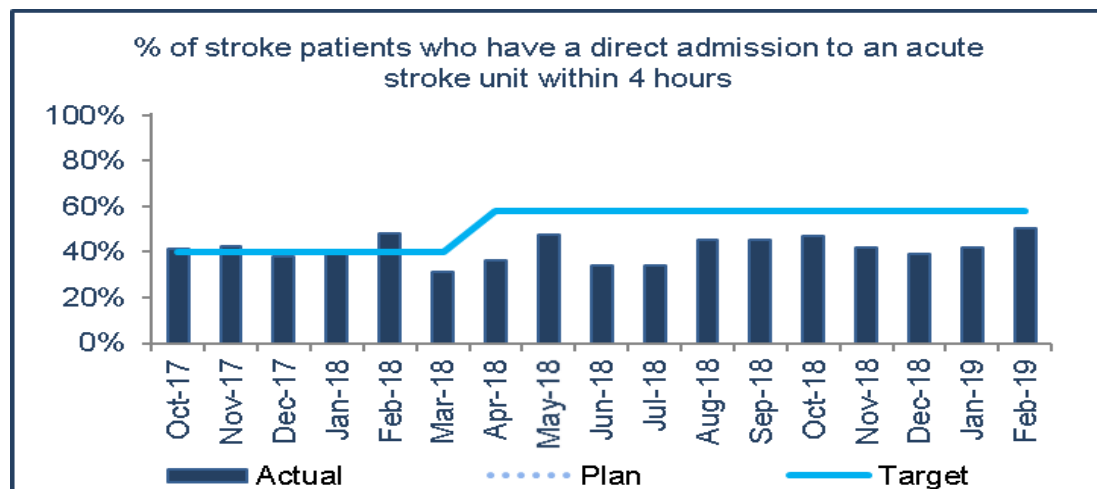
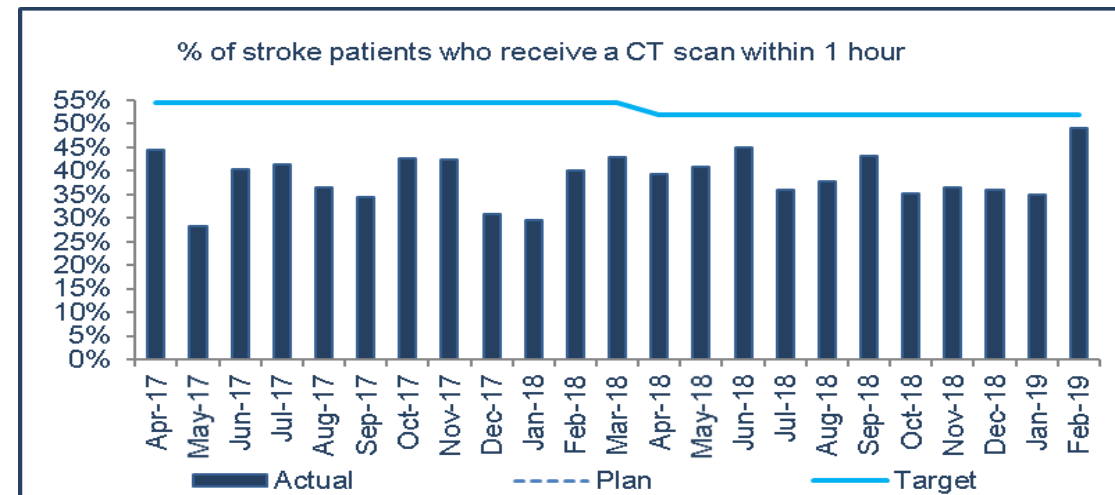
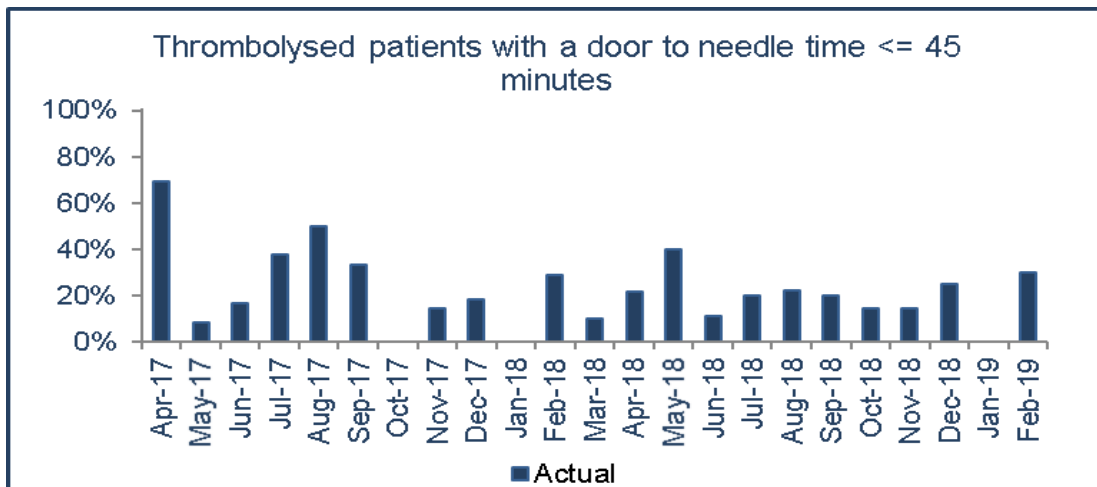
DFM 063	Stroke Care: % of stroke patients who have a direct admission to an acute stroke unit within 4 hours	Target ≥ 58%	Plan	Feb-19	50.53%	Wales Benchmark	6 th	Executive Lead	Gill Harris	Status	↑	Months in Exception	6+	Escalation Level	
DFM 064	Stroke Care: Thrombolysed patients with a door to needle (DTN) time ≤ 45 minutes	Target Improve	Plan	Feb-19	30.00%	Wales Benchmark	4 th	Executive Lead	Gill Harris	Status	↑	Months in Exception	6+	Escalation Level	
DFM 065	Stroke Care: % of stroke patients who receive a CT scan within 1 hour	Target ≥ 52%	Plan	Feb-19	48.96%	Wales Benchmark	6 th	Executive Lead	Gill Harris	Status	↑	Months in Exception	6+	Escalation Level	
DFM 066	Stroke Care: % patients with suspected stroke seen a stroke specialist consultant within 24 Hours	Target ≥ 84%	Plan	Feb-19	77.00%	Wales Benchmark	5 th	Executive Lead	Gill Harris	Status	↓	Months in Exception	6+	Escalation Level	

Actions

- There is an action plan being developed at all 3 Sites to improve performance following the recent Welsh Government (WG) Delivery Unit (DU) All Wales Review.
- In Wrexham a Rapid Computerised Tomography (CT) Pathway has been developed to improve the 1 hour CT performance and this is being shared across the Health Board.
- In Hours with the Clinical Nurse Specialists (CNSs) now Non Medical Requesters the performance has improved, the issue remains Out of Hours (OoH) with slow requesting of CTs by Emergency Department (ED) Teams often due to the pressures within the department for other patients. The Action Plans following the Thrombolysis reviews will address this.
- Assessment by a Stroke Consultant will continue to vary each month as this will only happen OoH when they are On Call. There is a review of the options to introduce virtual wards using Telemedicine to take place over the next 3 months but this would require Job Plan changes and would impact on the GIM medical rota across the Health Board.

Outcomes

- Improvement in performance against the 4 hour target, evidenced in month
- Improved pathways can be implemented following Review;
- Improvement in performance against 1 hr CT target










Chapter 5: Summary





Compared to the previous report, of the 7 Measures in this chapter, performance has improved for 2, deteriorated for 4 and remained static for 1.

Mental Health

Measure	Status	(Target)
Assessments within 28 Days (Adult)	64.80% 	>= 80%
Therapy within 28 Days (Adult)	56.80% 	>= 80%
Assessments within 28 Days (CAMHS)*	68.50% 	>= 80%
Therapy within 28 Days (CAMHS)*	24.50% 	>= 80%
Care Treatment Plans (CTP)	89.90% 	>= 95%
Copy of Agreed plan within 10 Days	100% 	100%
Delayed Transfers of Care (DToC): Days Number Rolling 12 Months	208 	<= 2.70

*CAMHS - Children & Adolescent Mental Health Services

LM 074A	% of assessment by the LPMHSS undertaken within 28 days of the date of referral: Adult	Target $\geq 80\%$	Plan	Feb-19	64.80%	Wales Benchmark	N/A	Executive Lead	Andy Roach	Status 	Months in Exception	6+	Escalation Level	
LM 075A	% of therapeutic interventions started within 28 days following an assessment by LPMHSS: Adult	Target $\geq 80\%$	Plan	Feb-19	56.80%	Wales Benchmark	N/A	Executive Lead	Andy Roach	Status 	Months in Exception	6+	Escalation Level	

Actions:

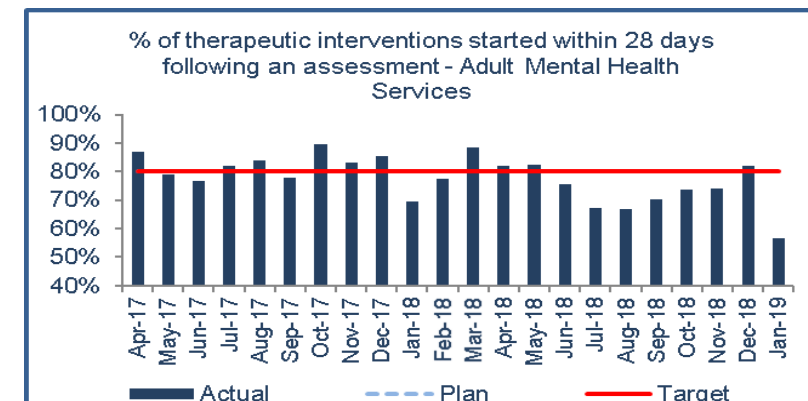
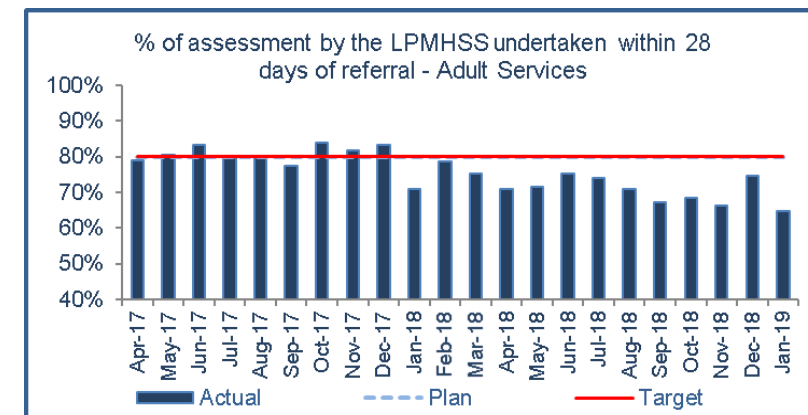
- Patients are treated in turn has been widely adopted which has impacted on performance and is clinically the right action for patients
- Timely weekly reporting direct to teams
- MHM Lead(s) supporting allocated area to increase focus on specific issues / actions plan
- Regular and timely data cleansing & validation
- Closer monitoring & scrutiny of referral activity
- Increased Senior Manager focus & support
- Clinical & Social care staff deployed to focus on areas performing below target
- Exploring other opportunities to respond to demand
- Support Time Recovery (STR) workers are now in post and working through the interventions backlog identifying patients who still require interventions



Outcomes

- Further education; Correct & validated information; Teams timely informed and engaged; Decreased waiting times; Recruitment

Timelines:

Whilst the Division expects to meet the target, the deep dive interventions in relation to the percentage of patients who are assessed and discharged with no therapeutic intervention; means the solution to target achievement is a complete service transformation for this identified group. Timescales will be agreed dependant on pilot opportunities with Primary Care. The Division have twinned with Cardiff & Vale who have already progressed this approach.



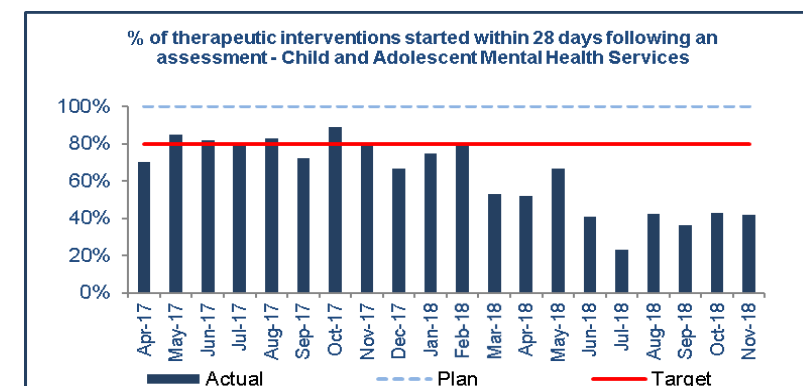
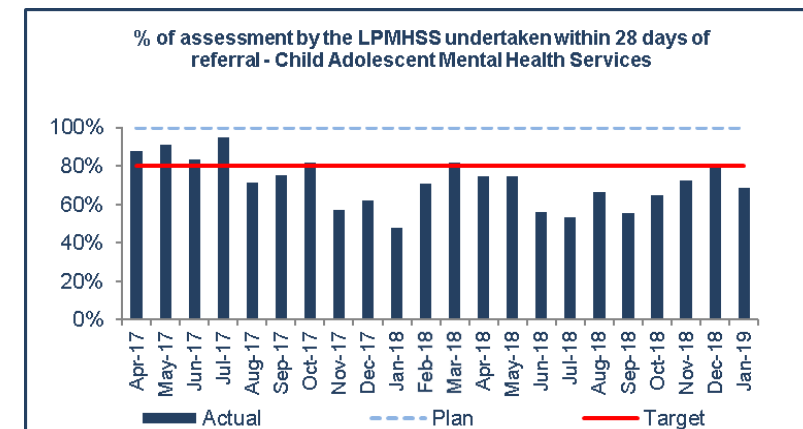
LM 074B	% of assessment by the LPMHSS undertaken within 28 days of the date of referral: CAMHS	Target $\geq 80\%$	Plan	Feb-19	68.50%	Wales Benchmark	N/A	Executive Lead	Teresa Owen	Status 	Months in Exception	6+	Escalation Level	
LM 075B	% of therapeutic interventions started within 28 days following an assessment by LPMHSS: CAMHS	Target $\geq 80\%$	Plan	Feb-19	24.50%	Wales Benchmark	N/A	Executive Lead	Teresa Owen	Status 	Months in Exception	6+	Escalation Level	

Actions

- Weekly demand and capacity meetings being held.
- All urgent referrals are assessed within 12 – 24 hours, target is 48 hours.
- Recruitment to vacancies including reconfiguring the workforce with WOD support to create different posts
- Management of long term sickness due to serious illness in central area
- Trajectories produced for each team
- Non-recurrent funding secured with agency staff appointed across the teams
- Funding secured as part of Local Authority Crisis bid
- Recurrent Psychological Therapies funding secured – training being arranged
- Refresh of Crisis bid to be undertaken and submitted to Welsh Government for 2019/20 funding

Timelines

- Based on current demand and current/known capacity:
- West: Assessment targets will be maintained. Therapy targets will be met in April 2019
- Central: Assessment targets and Therapy targets will require recruitment to the vacancies, cover for sickness and an additional investment of 6 WTE to meet the current demand during 2019.
- East: Assessment targets will be maintained, Therapy targets will be met in March 2019. Forecasts assume no significant increases in demand or reduction in capacity.



DFM 085	% of LHB residents (all ages) to have a valid CTP completed at the end of each month	Target	Plan	Feb-19	89.90%	Wales Benchmark	3 rd	Executive Lead	Andy Roach	Status	↑	Months in Exception	6+	Escalation Level	
DFM 086	Service users assessed under part 3 to be sent a copy of the assessment in 10 working days	Target 100%	Plan	Feb-19	100%	Wales Benchmark	1 st	Executive Lead	Andy Roach	Status	→	Months in Exception	N/A	Escalation Level	

Actions

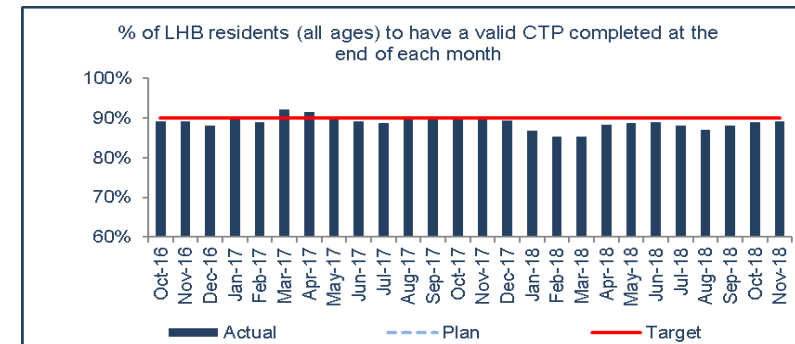
- Detailed & timely reports disseminated to teams and individual care coordinators.
- The Mental Health Measure Leads are aligned to local areas to improve performance and overall quality of services to patients.
- Regular data cleansing & caseload validation
- Close and regular monitoring of activity and compliance rates
- Developed and implemented local action plans to improve targets.

Outcomes

- Further education
- Correct & validated information
- Teams informed and engaged

Timelines

With sustained focus, the Division expects to be back on track Quarter 1 of 2019/20



DFM 030	Delayed Transfers of Care(DToC): Rolling 12 months - Cumulative Number of Mental Health DToC	Target ≤ 194	Plan	Dec-18	208	Wales Benchmark	6th	Executive Lead	Andy Roach	Status		Months in Exception	6+	Escalation Level	
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The measure is the cumulative number of patients (of all North Wales residents) experiencing delays in transfers of care (DToC) in Mental Health

Actions

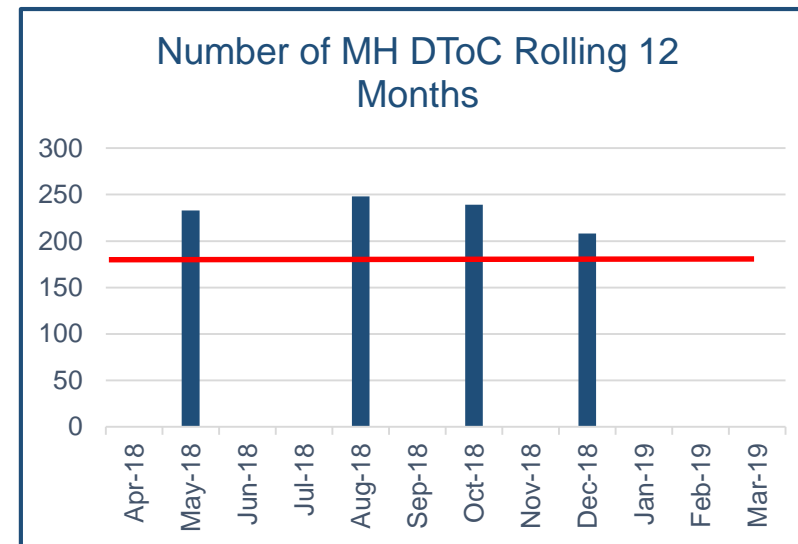
- Strengthened adherence to the Delayed Transfers of Care (DToC) procedure across the Division
- DTOC processes have been streamlined and have effective high level scrutiny
- Discussion in the acute care / daily bed management calls / MDT meetings
- Scrutiny at weekly operational / area meetings lead by Heads of Operations
- Greater scrutiny and review
- Regular and timely reporting to Divisional Directors on DToC position
- Closer engagement with CHC and local authorities to address delays and improved accuracy of reporting DToC

Outcomes

- Reduction in DToC sustained
- Tracked improvement
- Improved experience for patients and their families

Timelines

Actions are underway; process is in place to manage and sustain performance





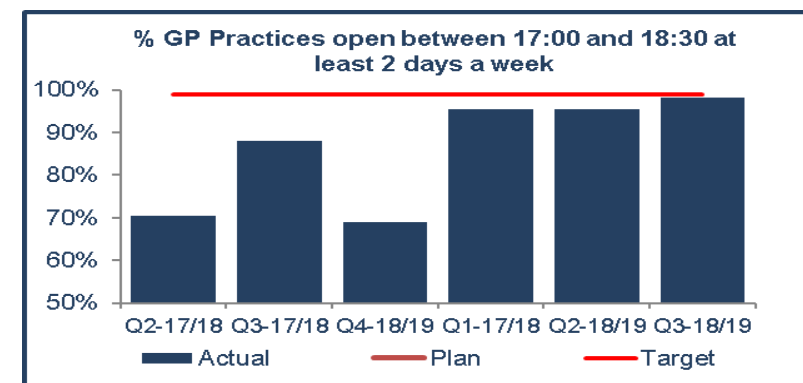
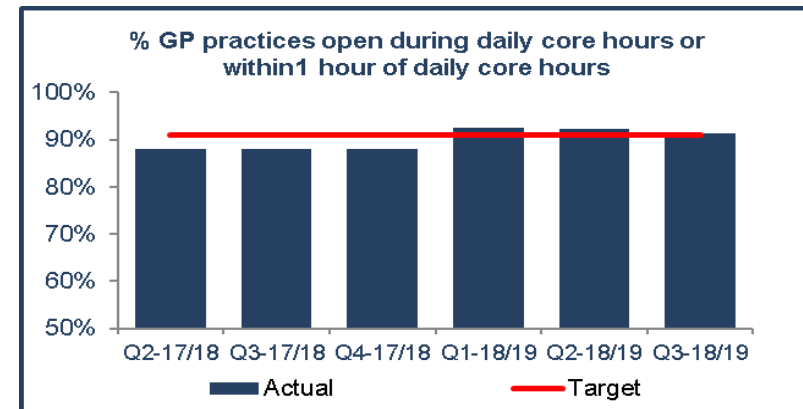
Measure	Status	(Target)
% GP practices open during daily core hours	87.90% 	>= 91%
% GP practices open between 17:00 and 18:30	95.40% 	>= 99%
% Population accessing NHS Dentists	49.30% 	>= 50%

Key Performance Indicators for Primary Care are being developed and as soon as they have been agreed, they will be published here from March 2019 onwards.

DFM 053	% GP practices open during daily core hours or within 1 hour of daily core hours	Target >= 91%	Plan >= 91%	Q3 18/19	91.40%	Wales Benchmark	6 th	Executive Lead	Chris Stockport	Status	Months in Exception	6+	Escalation Level	
DFM 054	% GP practices offering appts between 17:00 and 18:30 at least two days a week	Target >= 99%	Plan >= 99%	Q3 18/19	98.10%	Wales Benchmark	7 th	Executive Lead	Chris Stockport	Status	Months in Exception	6+	Escalation Level	

Actions

- The Area Teams and PCC Team continue to encourage practices to ensure that patients have good access to appointments. The data included in the information above includes latest available routine appointments with a General Practitioner, Nurse or other Primary Care Practitioner.
- Work continues within the PCC Team to collate data regarding Access information from Practices. Ensuring patients continue to receive access to GMS Services has been the main priority for the Area Teams, this includes recording extra information around Telephone Access, Appointment Systems etc.
- GMS Access standards are key components of the Cluster Plans and the PCC Team will be supporting the Area Teams and the Clusters to develop them during the year.



Further information is available from the office of the Director of Performance which includes:

- performance reference tables
- tolerances for red, amber and green
- the Welsh benchmark information which we have presented

Further information on our performance can be found online at:

- Our website www.pbc.cymru.nhs.uk
- Stats Wales www.bcu.wales.nhs.uk
www.statswales.wales.gov.uk

We also post regular updates on what we are doing to improve healthcare services for patients on social media:



follow @bcuhb

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Health Board**28.3.19****GIG
CYMRU
NHS
WALES**Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board***To improve health and provide excellent care***

Report Title:	Finance Report Month 10 2018/19
Report Author:	Ms Sue Hill, Finance Director – Operational Finance
Responsible Director:	Mr Russell Favager, Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	The purpose of this report is to provide a briefing on the financial performance and position of the Health Board for the year to date and forecast for the year, together with actions being undertaken to tackle the financial challenge.
Approval / Scrutiny Route Prior to Presentation:	This report is subject to scrutiny by the Finance and Performance Committee prior to submission to the Board.
Governance issues / risks:	This report does not impact on Governance issues or risks.
Financial Implications:	<p>The Health Board approved an Interim Financial Plan on the 28th March 2018 which acknowledged a deficit budget of £35.0m after delivery of £45.0m savings, £22.0m of which were cash releasing. The Health Board's forecast was increased at Month 9 to a deficit of £42.0m. This was to reflect the significant risks around the underperformance of savings plans and cost pressures around Continuing Healthcare (CHC) and Mental Health. The Health Board's forecast at Month 10 has remained at a deficit of £42.0m.</p> <p>At the end of Month 10 the Health Board is overspent by £33.6m. Of this, £30.7m relates to the Health Board's planned budget deficit and £2.9m represents an adverse variance against the financial plan.</p> <p>The plan for Month 10 was a £2.4m deficit. The actual position was £3.4m, £1.0m higher than plan, with the key reasons for the in-month over spend being:</p> <ul style="list-style-type: none">- Under delivery against savings plans across most divisions (£0.5m).- Care packages over spent in-month (£0.8m), primarily in Mental Health.- Offsetting under spends seen in Primary Care, the WHSSC contracts and other budgets. <p>At the end of January the Health Board has spent £15.3m expenditure on additional activity to reduce the long waiting lists.</p>

	<p>Funding of £11.3m has been received from Welsh Government for activity up to the end of October, leaving a balance of £4.0m unfunded expenditure. Discussions continue regarding the balance of RTT funding for the second half of the year and until confirmation is received, this remains a risk.</p> <p>Savings achieved to date are £30.3m against a plan of £35.0m, £4.7m behind the year to date profile and representing 67.3% of the full year target. Savings are forecast to deliver £38.9m of the £45.0m Health Board target, a shortfall of £6.1m.</p> <p>Welsh Government has confirmed Strategic Cash Support for 2018/19 of £38.0m, along with £11.8m funding towards revenue working capital balance. The Health Board will internally manage a further £4.0m cash to ensure a balanced revenue cash position as at 31st March 2019.</p>
Recommendation:	It is asked that the report is noted, including the forecast outturn of £42.0m and recognising the significant risks to the financial position.

Health Board's Well-being Objectives <i>(Indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	✓	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	✓
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services		5.Considering impact on all well-being goals together and on other bodies	

6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper Costs associated with implementing improvements arising from Special Measures are included within departmental budgets.			
Equality Impact Assessment Not applicable.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Board/Committee Coversheet v9.01 draft



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Betsi Cadwaladr
University Health Board

Executive Director of Finance Report Month 10 2018/19

Russell Favager

Executive Director of Finance
Betsi Cadwaladr University Health Board

1. Executive Summary

1.1 Purpose

- The purpose of this report is to outline the financial position and performance for the year to date, confirm performance against financial savings targets and highlight the financial risks and outlook for the remainder of the year.

1.2 Summary of key financial targets

Key Target		Annual Target	Year to Date Target	Year to Date Actual	Forecast Risk
Achievement against Revenue Resource Limit	£000	(35,000)	(30,740)	(33,631)	
Performance against savings and recovery plans	£000	45,000	35,049	30,262	
Achievement against Capital Resource Limit	£000	47,966	26,642	22,306	
Compliance with Public Sector Payment Policy (PSPP) target	%	95.0	95.0	94.9	
Revenue cash balance at month-end	£000	7,824	7,824	204	

1.3 Revenue position

- At the end of Month 10 the Health Board is overspent by £33.6m. Of this, £30.7m relates to the Health Board's planned budget deficit and £2.9m represents an adverse variance against the financial plan.
- The plan for Month 10 was a £2.4m deficit. The actual position was £3.4m, £1.0m higher than plan. The key reasons for the in-month over spend are outlined below.
 - Under delivery against savings plans across most divisions (£0.5m).
 - Care packages over spent in-month (£0.8m), primarily in Mental Health.
 - Offsetting under spends seen in Primary Care, the WHSSC contract and other budgets.
- At the end of January the Health Board has spent £15.3m expenditure on additional activity to reduce the long waiting lists. Funding of £11.3m has been received from Welsh Government for activity up to the end of October, leaving a balance of £4.0m unfunded expenditure. Discussions continue regarding the balance of RTT funding for the second half of the year and until confirmation is received, this remains a risk.

1. Executive Summary

- Savings achieved to date are £30.3m against a plan of £35.0m, £4.7m behind the year to date profile and representing 67.3% of the full year target. Savings are forecast to deliver £38.9m of the £45.0m Health Board target, a shortfall of £6.1m.
- The Health Board's forecast at Month 10 has remained at a deficit of £42.0m. This reflects the significant risks around the underperformance of savings plans, currently forecasting to under deliver by £6.1m, and cost pressures around Continuing Healthcare (CHC) and Mental Health. Work is ongoing to address the savings shortfall and establish plans that will impact on the position

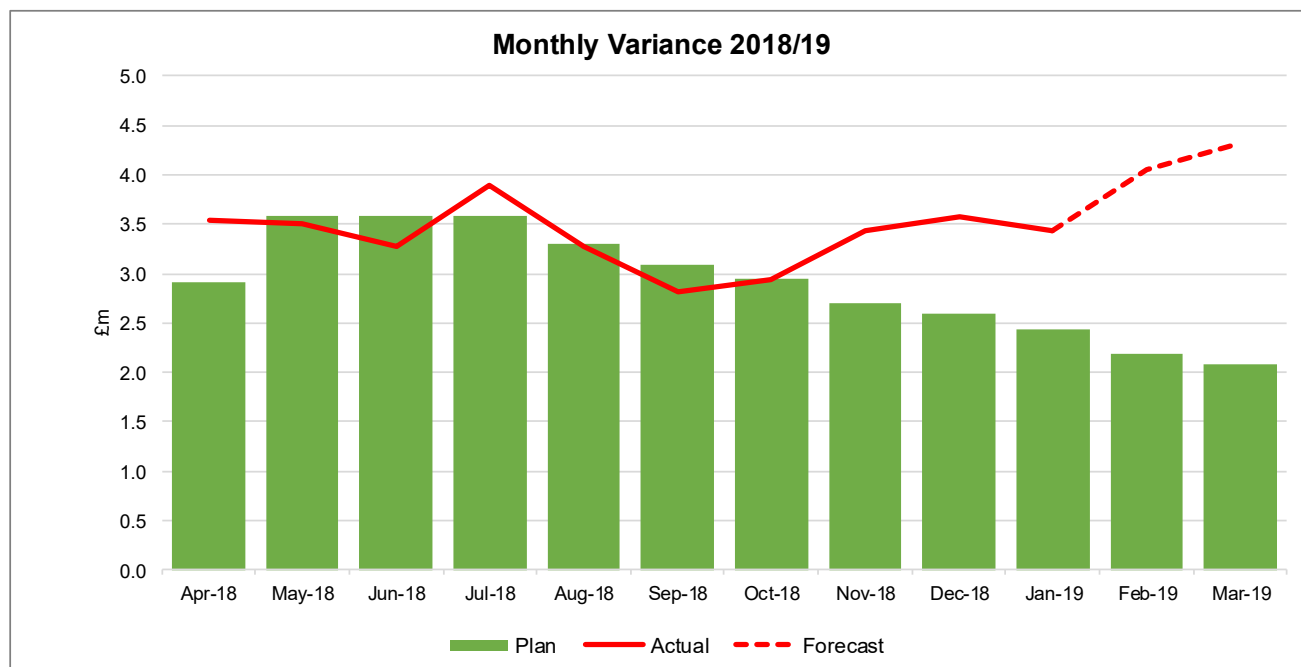
1.4 Balance sheet

- Welsh Government has confirmed Strategic Cash Support for 2018/19 of £38.0m, along with £11.8m funding towards revenue working capital balance. The Health Board will internally manage a further £4.0m cash to ensure a balanced revenue cash position as at 31st March 2019

2. Revenue Position and Forecast

2.1 Health Board performance

- The Health Board's in-month reported position is £1.0m higher than planned, giving a year to date £2.9m adverse variance against the 2018/19 financial plan. The forecast performance for the year is shown graphically below.



2.2 Financial year forecast position

- The Health Board's forecast at Month 10 remains at a deficit of £42.0m, as notified to Welsh Government in January. The forecast by division is shown below.

Area	M09 Forecast Variance £m	M10 Forecast Variance £m
Planned Deficit	35.0	35.0
Area Teams	(2.9)	(2.7)
Secondary Care	8.6	8.6
Mental Health	4.5	4.5
Corporate	(0.9)	(1.3)
Other	(0.6)	(2.1)
Savings Recovery Schemes	(1.7)	-
Total	7.0	7.0
Forecast Deficit	42.0	42.0

2. Revenue Position and Forecast

2.3 Risks and opportunities

- The current full year forecast of £42.0m reflects the interim financial plan deficit budget approved by the Board (£35.0m) plus expected under delivery of savings schemes (£6.2m) and increased activity and cost pressures for Mental Health and CHC (£0.8m). The table below outlines the outstanding key risks to achieving this forecast.

	£m	Risk Level	Explanation
Risks			
Under delivery of savings	(0.6)		To achieve the forecast deficit the Health Board will be required to deliver its savings target. This risk relates to schemes that are classed as having a high risk of being delivered.
RTT Income	(1.6)		The Health Board is assuming receipt of income relating to RTT activity in the forecast, which is equivalent to £0.6m per 250 patients.
Prescribing	(1.1)		Current run rates pressures indicate a potential risk of up to £1.1m. In addition to this, Month 10 saw an increase in the National Prices of a range of drugs due to the No Cheaper Supply Obtainable (NCSO). This is monitored monthly and additional savings plans are being put in place to mitigate this risk.
WHSSC position	(0.9)		WHSSC are reporting the best case in their position and there is a £0.9m difference between this and the most prudent position for the Health Board.
GMS forecast under spend	(1.4)		Forecast under spend on GMS, as per the Quarter 3 return, leading to a potential funding clawback by Welsh Government. GMS forecast continues to be reviewed.
GDS forecast under spend	(0.4)		Forecast under spend on GDS, as per the Quarter 3 return, leading to a potential funding clawback by Welsh Government. GDS forecast continues to be reviewed.
CHC (FNC)	(0.9)		The Health Board has not made a provision for any potential impact of the Funded Nursing Care (FNC) Supreme Court Judgement (SCJ) in our reported CHC position.
HRG4+			Discussion on WHSSC commissioned services has not been concluded and has a potential financial implication for the Health Board, which is being managed at a national level.
Continuing Healthcare Packages (CHC)			The Health Board is experiencing significant ongoing pressures in relation to both the underlying number and cost of care packages.

2. Revenue Position and Forecast

2.4 Financial performance by division

YTD Budget to Actual Variances	West £m	Centre £m	East £m	North Wales £m	Total £m	Commentary
Area Teams	0.9	(0.5)	0.6	(1.2)	(0.2)	<p>The year to date favourable variance is mainly due to reduced Out of Area CAMHS and Out of Area Neonatal placements (Centre) combined with an under spend on GP rates rebates (North Wales).</p> <p>The Month 10 position saw a £0.1m deterioration from December, with a £0.6m in-month over spend. Under delivery of savings has been a significant issue (£0.3m in-month). CHC continues to be a risk for the West and Centre Areas, with a £0.3m over spend in Month 10 across Area Teams. Costs continue to rise, with an increase of £0.5m in actual spend in January compared to December; EMI CHC remains the key issue.</p> <p>Overall there was an under spend on pay in the month (£0.2m), however agency costs are rising and January saw the highest level of agency spend for the year so far (£0.5m).</p>
Contracts				(2.7)	(2.7)	<p>There is an under spend up to Month 10 of £2.7m, with a £0.2m favourable position in-month. During the January there has been an improvement in some of the local contracts, notably the Countess of Chester (CoCH) contract where pressures had been seen due to non-elective activity. The WHSCC position is also favourable; under spent by £0.4m in the month. These have been balanced against a pressure of £0.1m arising from external high cost rehabilitation costs.</p>
Secondary Care	0.9	2.5	2.4	0.5	6.3	<p>The in-month over spend for the division is £1.0m, an increase of £0.3m on the December position. Failure to achieve savings plans has been the significant issue once again this month with £0.7m of the in-month over spend relating to non-delivery against savings targets (£0.5m in Month 9).</p> <p>Pay costs are under spent in Month 10, for the first time this year, although agency costs continue to increase; by £0.3m from Month 9, with a total spend of £1.9m this month (£17.1m year to date). Drugs costs are over spent in the month by £0.2m due to increases in North Wales Hospital Services for Oncology drugs.</p>
YTD Budget to Actual	West £m	Centre £m	East £m	North Wales	Total £m	Commentary

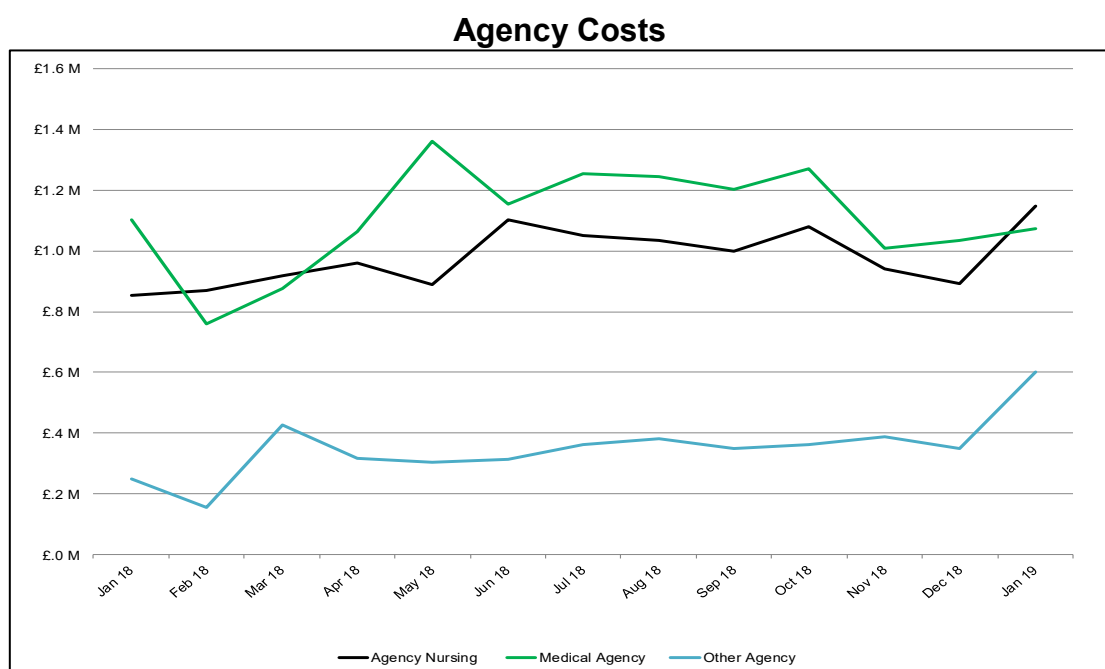
2. Revenue Position and Forecast

Variances				£m		
Mental Health				3.9	3.9	<p>Mental Health is over spent by £0.5m in Month 10 and £3.9m year to date, which is a deterioration of £0.1m on the prior month. The over spent position continues to relate to under achievement against savings plans and increasing costs and activity for individual packages of care. CHC costs are £0.5m over spent in the month and £2.7m year to date. There has been one additional case in January, however the key issue is under achievement against savings targets.</p> <p>Drugs costs have increased in-month, over spending by £0.1m. Pay costs are also a pressure, contributing £0.2m to the in-month over spend. This includes £0.3m of agency costs.</p>
Corporate				(0.9)	(0.9)	Most Corporate departments are reporting a small under spend for the period and year-to-date; the favourable position is mainly due to staff vacancies. The largest over spend continues within Estates & Facilities.
Provider Income				(0.4)	(0.4)	Over performance in income from Non Contracted Activity and Overseas Visitors offsets Road Traffic Act and Compensation Recovery Unit income shortfalls.
Other				(3.1)	(3.1)	Other budgets include Reserves, Losses, Medical Education, R&D and Capital Charges.
Variance from Plan	1.8	2.0	3.0	(3.9)	2.9	
Planned Deficit					30.7	
Total					33.6	

2. Revenue Position and Forecast

2.5 Pay

- Total Health Board pay (excluding Primary Care functions) is £597.8m, which is an under spend against plan of £1.7m.
- January's pay expenditure has decreased by £0.7m from the previous month due to the medical pay award arrears that were paid in Month 9. However removing the effect of the pay award shows that there was an increase in underlying pay of £1.5m from December, which was offset by RTT and winter funding of £1.4m and £0.7m respectively.
- The expenditure on agency staff for Month 10 is £2.8m, representing 4.5% of total pay, an increase of £0.5m on December. A number of divisions' savings plans are based on reducing agency costs and so additional work needs to be directed in these areas to meet targets.
- Medical agency costs showed a slight increase from December to an in-month spend of £1.0m. The areas primarily responsible are: Ysbyty Gwynedd (£0.3m), Ysbyty Glan Clywd (£0.2m), Mental Health (£0.2m) and Women's Services (£0.1m) accounting for 80.2% of the month's spend
- Nurse agency costs totalled £1.1m for the month, a £0.3m increase from the prior month. Agency nurses continue to support the sustained pressures arising from unscheduled care and provide cover for the large number of vacancies in Secondary Care. The use of agency nurses is particularly an issue for Wrexham (£0.6m in-month) and Ysbyty Glan Clwyd (£0.3m in-month), which together account for 81.0% of these costs in January (80.0% for the year to date).
- The chart below shows the agency costs for the previous thirteen months. This highlights the variability in both nursing and medical agency costs and the increases that have been seen in January.



2. Revenue Position and Forecast

2.6 Non-pay

- Non-pay costs in Month 10 are £74.0m, a rise of £0.9m on the prior month, primarily due to Primary Care and Prescribing increases.
- Total non-pay to-date is £729.4m giving a cumulative over spend of £8.3m against the planned budget. This is largely driven by over spends in Continuing Healthcare (CHC) (£4.1m), Primary Care drugs (£2.9m), Secondary Care drugs (£1.4m), transport and travel costs (including Non-Emergency Patient Transport Service - NEPTS) (£1.2m) and Clinical and General Supplies (£1.2m), combined with slippage on savings schemes (£4.7m). These are offset by under spends in Primary Care (£5.9m) and Healthcare Services Provided by Other NHS Bodies (£4.0m), the latter of which incorporates the WHSCC contract.

2.7 Reserves

- The total remaining balance on reserves at the end of January is £8.3m and this includes £4.0m of additional Welsh Government resource allocations to be allocated to divisions. £1.2m of the remaining uncommitted reserves have been released to support the financial position. The estimated remaining commitment against reserves is £6.4m, leaving a remaining uncommitted balance of £0.6m, which will be utilised in Months 11 and 12 to offset continuing cost pressures.

3. Savings

3.1 Savings plans

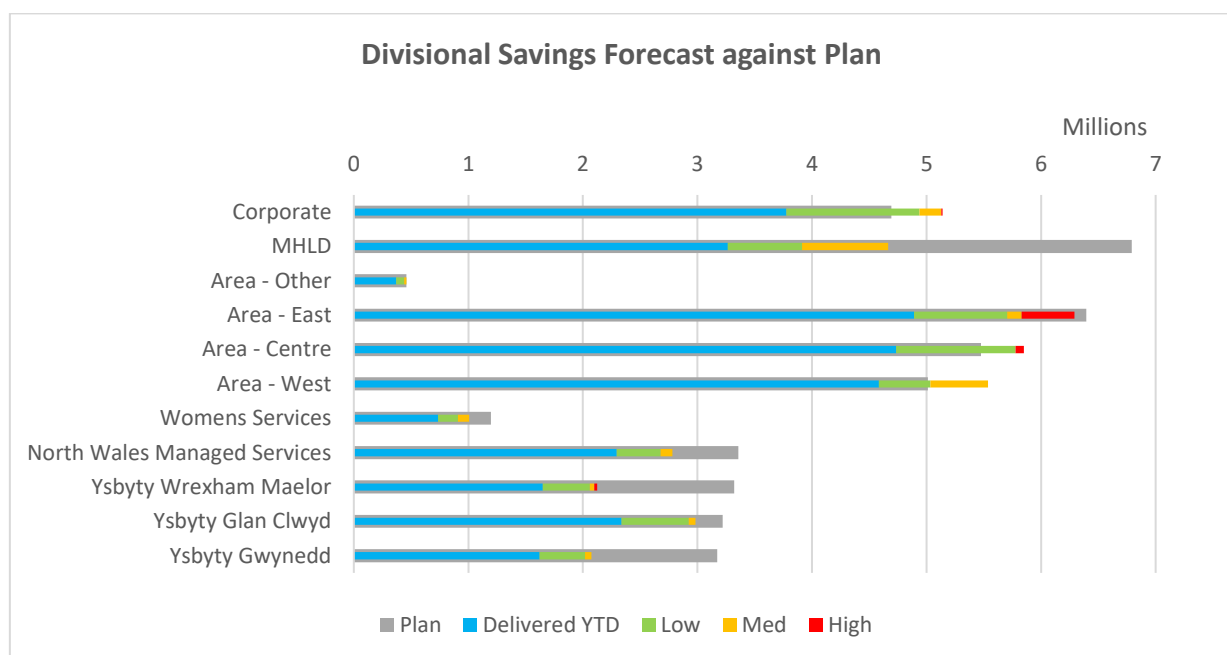
- The financial plan set for the Health Board for 2018/19 identified a savings requirement of £45.0m to deliver a deficit budget of £35.0m; £22.0m of this was cash releasing.
- Savings achieved to date in 2018/19 are £30.3m against a plan of £35.0m (87% achieved), £4.7m behind the year to date profile. Savings achieved represent 67% of the full year target. The savings shortfall to date of £4.7m (Month 9, £3.0m) is largely due to under-delivery on Mental Health (£1.9m), transactional (£1.5m) and workforce schemes (£1.6m), offset by over-performance on Medicines Management schemes (£2.4m).
- At Month 10, savings are forecast to deliver £38.9m (86%) of the £45.0m Health Board target, a shortfall of £6.1m (14%). Forecast delivery against the £7.7m turnaround actions reported by divisions has reduced to £2.2m (28% of the actions). The deterioration of £0.6m from last month's reported forecast is in the main due to a decrease in transactional schemes of £0.3m and £0.2m of Medicine Management schemes. Work continues to address the £6.1m savings shortfall, including escalation interventions.
- The Table below presents the savings plans by division and risk rating. The risk profile and anticipated delivery of schemes continue to be critically reviewed. There has been a £4.6m increase in-month in the value of delivered schemes, whilst medium risk schemes have reduced from £3.5m in Month 9 to £1.9m of the total programme. £0.6m of schemes included in the forecast remain at high risk of delivery.

2018/19	Savings Target	Savings Identified	Excess / (deficit) of savings identified	YTD Plan (£45m)	YTD Delivered	Variance	Rest of Year Delivery	Forecast Delivery	Forecast Risk Rating				Forecast Variance to Requirement
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	Action YTD £'000	Low £'000	Med £'000	High £'000	£'000
Ysbyty Gwynedd	3,172	3,172	0	2,510	1,623	(888)	452	2,075	1,623	395	57	0	(1,097)
Ysbyty Glan Clwyd	3,738	3,220	(517)	2,989	2,338	(651)	643	2,982	2,338	585	58	0	(756)
Ysbyty Wrexham Maelor	3,322	3,322	0	2,415	1,649	(766)	476	2,125	1,649	412	39	25	(1,197)
North Wales Managed Services	3,581	3,357	(224)	2,793	2,296	(497)	485	2,781	2,296	382	104	0	(800)
Womens Services	1,198	1,198	0	961	734	(226)	273	1,007	734	174	99	0	(191)
Secondary Care Divisional	70	0	(70)	0	0	0	0	0	0	0	0	0	(70)
Secondary Care	15,080	14,269	(811)	11,668	8,640	(3,028)	2,329	10,969	8,640	1,948	357	25	(4,111)
Area - West	5,012	5,012	(0)	3,775	4,582	807	954	5,536	4,582	451	503	0	524
Area - Centre	5,474	5,474	0	4,303	4,736	433	1,112	5,848	4,736	1,042	0	70	374
Area - East	6,395	6,395	(0)	5,043	4,892	(152)	1,399	6,291	4,892	812	128	460	(104)
Area - Other	458	458	0	377	370	(6)	88	458	370	68	19	0	0
Area Teams	17,339	17,339	(0)	13,498	14,580	1,082	3,554	18,134	14,580	2,374	650	530	795
MHLD	7,594	6,790	(804)	5,978	3,265	(2,713)	1,401	4,665	3,265	649	752	0	(2,929)
Corporate	4,987	4,692	(295)	3,905	3,777	(128)	1,361	5,138	3,777	1,161	190	10	151
Divisional Total	45,000	43,090	(1,910)	35,049	30,262	(4,787)	8,645	38,907	30,262	6,131	1,949	565	(6,093)

3.2 Savings performance by division

3. Savings

- In Month 10 there has been an overall increase to the year-end forecast of £0.06m. Corporate Divisions have increased their overall forecast by £0.4m whilst the Mental Health has reduced its forecast savings by £0.3m in Month 10 (Month 9, £0.9m), reflecting the continued shortfall in savings delivery from packages of care, including Continuing Healthcare. The division is seeking to address this through their recovery plan actions.
- Work is continuing with support from the Director of Workforce to identify further workforce opportunities with Mental Health and Secondary Care. This will be developed to target areas where use of the workforce can be optimised leading to in-year savings. The Director of Workforce has introduced enhanced establishment control measures across all divisions.



3.3 2019/20 Savings Plans

- Identification of savings opportunities for 2019/20 and future years is progressing and is being fed into the work to develop the Board's 3 year plan. The plan will be presented to the Board in March alongside the budget for the year ahead.
- Initial savings plans have been received from divisions and directorates at the end of January and further work is ongoing to develop detailed project documentation to underpin plans. This work will include quality and equality impact assessments. Plans are currently being scrutinised to assess deliverability and are being risk rated. This work will continue throughout February.

4. Balance Sheet

4.1 Cash

- The closing cash balance as at 31st January 2019 was £6.7m which included £6.5m of cash held for capital expenditure. The revenue cash balance of £0.2m was within the internal target set by the Health Board.
- Welsh Government has confirmed Strategic Cash Support for 2018/19 of £38.0m, along with £11.8m funding towards revenue working capital balances. The Health Board will internally manage a further £4.0m cash to ensure a balanced revenue cash position as at 31st March 2019.
- A further £9.0m cash support has been approved for capital working balances which are forecast to reduce as major infrastructure schemes are completed during 2018/19.

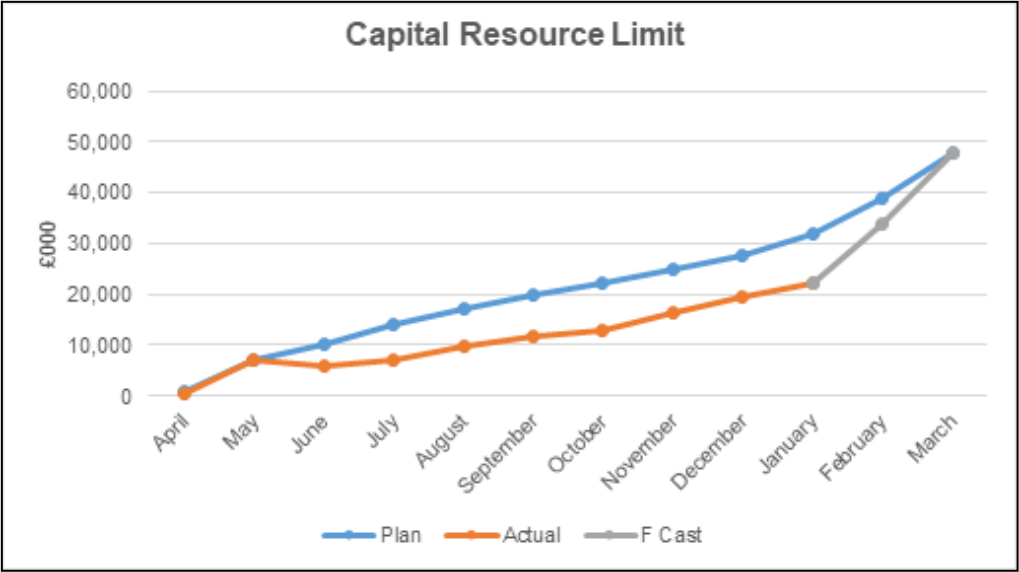
4.2 Accounts payable

- The Health Board is required to pay 95.0% of non-NHS invoices by number within 30 days of receipt of a valid invoice.
- There were significant improvements in performance over the first part of the year, but the January performance has been poor. As a result the Health Board has fallen slightly short of the required target with a year to date compliance figure of 94.9%.

4.3 Capital expenditure

- The Capital Resource Limit at Month 10 is £48.0m. There is significant investment in a number of key projects including the YGC redevelopment, the SuRNICC, the redevelopment of the Emergency Department in YG, the Substance Misuse Elms development, the MRI scanner and the Hybrid Theatre in YGC. In addition, the Health Board has received allocations for upgrades across the Health Board estate and IT.
- Year to date expenditure is £22.3m against the plan of £26.6m. As shown on the chart below, the year to date slippage of £4.3m will be recovered throughout the remainder of the year and the Assistant Director of Planning - Capital is forecasting for the Health Board to achieve its Capital Resource Limit, subject to risks associated with any funding adjustments.

4. Balance Sheet



5. Conclusions and Recommendations

5.1 Conclusions

- The Health Board's forecast was increased from a deficit of £35.0m to £42.0m in Month 9, following discussions with the Health Board's Accountable Officer and Chair. Welsh Government have been formally notified of this increase.
- The increased forecast reflects the significant risks that the Health Board faces around:
 - Delivery of the planned savings of £45.0m, which are currently forecasting to achieve £38.9m, missing the target by £6.1m.
 - Increased activity and cost pressures for Mental Health and CHC.
- The Month 10 position is a deficit of £1.0m against the budget, giving a year to date position which is £2.9m higher than the forecast deficit spend. Over spends continue in Secondary Care (£6.3m) and Mental Health (£3.9m), the key reasons for which are under delivery against savings plans and over spends on CHC. These are offset by under spends on Contracts, Primary Care and Corporate.
- Mental Health, West Area, East Area and Secondary Care are all significantly overspent in-month and Accountability meetings continue to be held with the Chief Executive and Executive Director of Finance for these divisions. CHC and Mental Health continue to be a risk within the forecast, as well as the ambitious savings targets for the remainder of the year.
- Savings are forecast to deliver £38.9m of the £45.0m Health Board target, a shortfall of £6.1m. Non-achievement of the savings targets is having a detrimental effect on the Board's financial performance.
- Focus on the delivery of savings is critical to achievement of the financial forecast and delivering a reduction on the underlying run rate on expenditure. There are a number of known risks to achieving the forecast position, as outlined in Section 2.3, and the Health Board has put in place additional financial controls to support achievement of the revised financial position.
- At the end of January the Health Board has spent £15.3m expenditure on additional activity to reduce the long waiting lists. Funding of £11.3m has been received from Welsh Government for activity up to the end of October, leaving a balance of £4.0m unfunded expenditure. Discussions continue regarding the balance of RTT funding for the second half of the year and until confirmation is received, this remains a risk as does the potential clawback of resources received if waiting times do not meet the requirement from Welsh Government.
- The issue of the potential impact of HRG4+ on WHSSC commissioned services is still under discussion with NHSE and remains a financial risk for 2018/19.
- Continuing Health Care (CHC) expenditure values do not include any potential impact of the Funded Nursing Care (FNC) Supreme Court Judgement (SCJ) in our reported CHC position. The result of the FNC SCJ ruling means that a further legal opinion has been sought with regards to CHC fees.

5. Conclusions and Recommendations

- Achieving the financial plan, whilst not compromising the quality and safety of services, is an important element in developing trust with Welsh Government, Wales Audit Office, Health Inspectorate Wales and the public.
- The turnaround methodology and approach implemented within the Health Board is critical to improving financial performance in both the current year and future years. Welsh Government's investment in turnaround in 2018/19 and 2019/20 is supporting the programme management of savings and transformation. The focus on savings delivery is being maintained throughout the organisation, with mitigating actions identified where savings delivery is at risk and additional measures have been led by the Executive Team to support this activity. There is a requirement to increase the capacity within the turnaround team continues with additional resource being deployed.
- The Health Board recognises the opportunity to prevent unwarranted variation in referrals and clinical pathways, enhancing productivity and challenging existing models of care going forward so that the Health Board becomes less reliant on non-recurring measures to achieve its financial targets.

6.2 Recommendations

- It is asked that the report is noted, including the forecast outturn of £42.0m and recognising the significant risks to the financial position.



Report Title:	Finance Report Month 11 2018/19
Report Author:	Ms Sue Hill, Finance Director – Operational Finance
Responsible Director:	Mr Russell Favager, Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	The purpose of this report is to provide a briefing on the financial performance and position of the Health Board for the year to date and forecast for the year, together with actions being undertaken to tackle the financial challenge.
Approval / Scrutiny Route Prior to Presentation:	This report is subject to scrutiny by the Finance and Performance Committee prior to submission to the Board.
Governance issues / risks:	This report does not impact on Governance issues or risks.
Financial Implications:	<p>The Health Board approved an Interim Financial Plan on the 28th March 2018 which acknowledged a deficit budget of £35.0m after delivery of £45.0m savings, £22.0m of which were cash releasing. The Health Board's forecast was increased at Month 9 to a deficit of £42.0m. This was to reflect the significant risks around the underperformance of savings plans and cost pressures around Continuing Healthcare (CHC) and Mental Health. The Health Board's forecast at Month 11 has remained at a deficit of £42.0m.</p> <p>At the end of Month 11 the Health Board is overspent by £36.5 m. Of this, £32.9m relates to the Health Board's planned budget deficit and £3.6m represents an adverse variance against the financial plan.</p> <p>The original plan for Month 11, based on a £35.0m budget deficit, was an in-month deficit of £2.2m. The actual position was £2.9m, £0.7m higher than plan. The key reasons for the in-month over spend are outlined below.</p> <ul style="list-style-type: none"> • Under delivery against savings plans across most divisions (£0.8m). • Over spends on Prescribing (£0.4m) and premises and fixed plan (£0.4m). • Offsetting under spends seen in contracts, pay and income. <p>Following the revision of the forecast for the year to £42.0m, the</p>

	<p>position for February was expected to be £4.1m, with the actual performance being £1.2m better than this. This is mainly due to unplanned income for Mental Health and an improvement in the forecast outturn for the WHSCC contracts.</p> <p>At the end of February the Health Board has spent £16.6m on additional activity to reduce the long waiting lists. Funding of £11.3m has been received from Welsh Government for activity up to the end of October, leaving a balance of £5.3m unfunded expenditure. Discussions continue regarding the balance of RTT funding for the second half of the year and until confirmation is received, this remains a risk, as does the potential clawback of resources received if waiting times do not meet the requirement from Welsh Government.</p> <p>Savings achieved to date are £34.2m against a plan of £40.0m, £5.8m behind the year to date profile and representing 76.0% of the full year target. Savings are forecast to deliver £38.3m of the £45.0m Health Board target, a shortfall of £6.7m. This represents a deterioration of £0.6m on last month's forecast.</p> <p>Welsh Government has confirmed Strategic Cash Support for 2018/19 of £38.0m, along with £11.8m funding towards revenue working capital balance. The Health Board will internally manage a further £4.0m cash to ensure a balanced revenue cash position as at 31st March 2019.</p>
Recommendation:	It is asked that the report is noted, including the forecast outturn of £42.0m and recognising the significant risks to the financial position.

Health Board's Well-being Objectives <i>(Indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	✓	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	✓
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. those with an interest and seeking their views	

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services		5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper Costs associated with implementing improvements arising from Special Measures are included within departmental budgets.			
Equality Impact Assessment Not applicable.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Board/Committee Coversheet v9.01 draft



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Executive Director of Finance Report Month 11 2018/19

Russell Favager

Executive Director of Finance
Betsi Cadwaladr University Health Board

1. Executive Summary

1.1 Purpose

- The purpose of this report is to outline the financial position and performance for the year to date, confirm performance against financial savings targets and highlight the financial risks and outlook for the remainder of the year.

1.2 Summary of key financial targets

Key Target		Annual Target	Year to Date Target	Year to Date Actual	Forecast Risk
Achievement against Revenue Resource Limit	£000	(35,000)	(32,920)	(36,504)	
Performance against savings and recovery plans	£000	45,000	40,005	34,243	
Achievement against Capital Resource Limit	£000	49,308	31,991	29,354	
Compliance with Public Sector Payment Policy (PSPP) target	%	95.0	95.0	95.0	
Revenue cash balance at month-end	£000	8,042	8,042	2,425	

1.3 Revenue position

- At the end of Month 11 the Health Board is overspent by £36.5 m. Of this, £32.9m relates to the Health Board's planned budget deficit and £3.6m represents an adverse variance against the financial plan.
- The original plan for Month 11, based on a £35.0m budget deficit, was an in-month deficit of £2.2m. The actual position was £2.9m, £0.7m higher than plan. The key reasons for the in-month over spend are outlined below.
 - Under delivery against savings plans across most divisions (£0.8m).
 - Over spends on Prescribing (£0.4m) and premises and fixed plan (£0.4m).
 - Offsetting under spends seen in contracts, pay and income.
- Following the revision of the forecast for the year to £42.0m, the position for February was expected to be £4.1m, with the actual performance being £1.2m better than this. This is mainly due to unplanned income for Mental Health and an improvement in the forecast outturn for the WHSCC contracts.

1. Executive Summary

- The Executive team has reviewed and implemented a series of financial controls during the year to support the financial position of the Health Board and a briefing paper was issued to inform the Committee.
- At the end of February the Health Board has spent £16.6m on additional activity to reduce the long waiting lists. Funding of £11.3m has been received from Welsh Government for activity up to the end of October, leaving a balance of £5.3m unfunded expenditure. Discussions continue regarding the balance of RTT funding for the second half of the year and until confirmation is received, this remains a risk, as does the potential clawback of resources received if waiting times do not meet the requirement from Welsh Government.
- Savings achieved to date are £34.2m against a plan of £40.0m, £5.8m behind the year to date profile and representing 76.0% of the full year target. Savings are forecast to deliver £38.3m of the £45.0m Health Board target, a shortfall of £6.7m. This represents a deterioration of £0.6m on last month's forecast.
- The Health Board's forecast at Month 11 has remained at a deficit of £42.0m. This reflects the significant risks around the underperformance of savings plans and cost pressures around Continuing Healthcare (CHC) and Mental Health. Work is ongoing to address the savings shortfall and establish plans that will impact on the position.

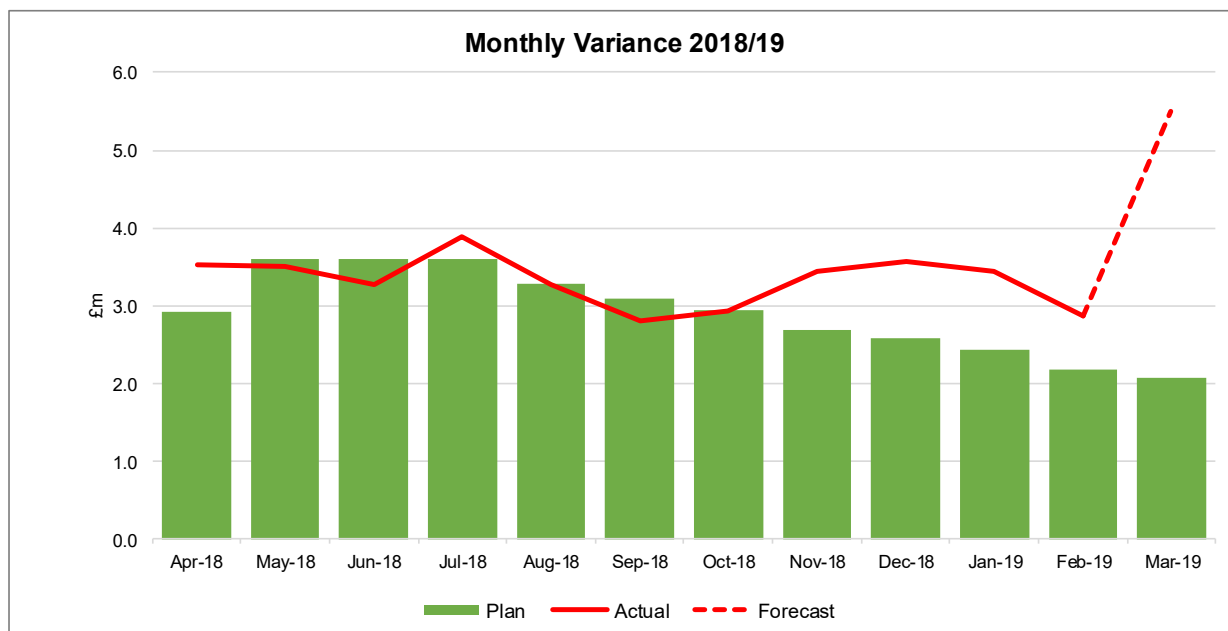
1.4 Balance sheet

- Welsh Government has confirmed Strategic Cash Support for 2018/19 of £38.0m, along with £11.8m funding towards revenue working capital balance. The Health Board will internally manage a further £4.0m cash to ensure a balanced revenue cash position as at 31st March 2019

2. Revenue Position and Forecast

2.1 Health Board performance

- The Health Board's in-month reported position is £0.7m higher than planned, giving a year to date £3.6m adverse variance against the 2018/19 financial plan. The forecast performance for the year is shown graphically below.



2.2 Financial year forecast position

- The Health Board's forecast at Month 11 remains at a deficit of £42.0m, as notified to Welsh Government in January. The forecast by division is shown below.

Area	M10 Forecast Variance £m	M11 Forecast Variance £m
Planned Deficit	35.0	35.0
Area Teams	(2.7)	(3.0)
Secondary Care	8.6	8.4
Mental Health	4.5	4.4
Corporate	(1.3)	(1.4)
Other	(2.1)	(1.4)
Total	7.0	7.0
Forecast Deficit	42.0	42.0

- The forecast outturn of £42.0m is based on a variance to plan of £5.5m in Month 12, compared to an average run rate of circa £3.5m. Month 11 benefited from unplanned income which improved the run rate to £2.9m.

2. Revenue Position and Forecast

- The forecast includes the clawback of £1.0m of the total forecast RTT income of £19.5m, so if the Health Board achieves the RTT target of 5,714 (patients waiting over 36 weeks) then the forecast will improve by £1.0m.
- The Health Board is managing specific risks which are described in the risk table (Section 4.2). The forecast for Month 12 includes £1.0m expenditure above the average run rate for:
 - CHC packages of care £0.3m
 - Primary Care drugs £0.3m
 - English Contract income risk £0.4m

2.3 Risks and opportunities

- The current full year forecast of £42.0m reflects the interim financial plan deficit budget approved by the Board (£35.0m) plus expected under delivery of savings schemes (£6.7m) and increased activity and cost pressures for Mental Health and CHC (£0.3m). The table below outlines the outstanding key risks to achieving this forecast.

	£m	Risk Level	Explanation
Risks			
Prescribing	(1.1)		Current run rates pressures indicate a potential risk of up to £1.1m. In addition to this, recent months saw an increase in the National Prices of a range of drugs due to the No Cheaper Supply Obtainable (NCSO). This is monitored monthly and additional savings plans are being put in place to mitigate this risk.
WHSSC position	(0.7)		WHSSC are reporting the best case in their position and there is a £0.7m difference between this and the most prudent position for the Health Board.
GDS forecast under spend	(0.4)		Forecast under spend on GDS, as per the Quarter 3 return, leading to a potential funding clawback by Welsh Government. GDS forecast continues to be reviewed.
GMS forecast under spend	(1.0)		Forecast under spend on GMS, as per the Quarter 3 return and adjusted for additional spend, leading to a potential funding clawback by Welsh Government. GMS forecast continues to be reviewed.
CHC (FNC)			The Health Board has not made a provision for any potential impact of the Funded Nursing Care (FNC) Supreme Court Judgement (SCJ) in our reported CHC position.
HRG4+			Discussion on WHSSC commissioned services has not been concluded and has a potential financial implication for the Health Board, which is being managed at a national level.
Continuing Healthcare Packages (CHC)			The Health Board is experiencing significant ongoing pressures in relation to both the underlying number and cost of care packages.

2. Revenue Position and Forecast

2.4 Financial performance by division

YTD Budget to Actual Variances	West £m	Centre £m	East £m	North Wales £m	Total £m	Commentary
Area Teams	0.9	(0.5)	0.8	(1.1)	0.1	<p>Month 11 saw a £0.4m improvement for the Area Teams, with a £0.2m in-month over spend. Under delivery of savings has again been a significant issue this month (£0.2m). General Medical Services (GMS) is over spent by £0.4m in the month due to costs associated with the Warfarin DES being moved from Prescribing into GMS to reflect the true cost of the Enhanced Service. There has not been a corresponding reduction in Prescribing costs as growth in expenditure has offset the benefit from the transfer.</p> <p>Continuing Healthcare (CHC) has improved significantly in February, although there continues to be a risk, particularly for the West Area. There is a £0.4m under spend on pay in the month, with agency costs reducing back to average spend following a rise in January. Drugs within specialty services continue to over spend with a £0.1m adverse variance in the month (£1.3m year to date).</p>
Contracts				(3.2)	(3.2)	<p>A £0.5m favourable position was reported in-month, primarily relating to the WHSCC contracts which are showing a £0.9m under spend in February. This has been counterbalanced by pressures in local contracts and from anticipated charges for major trauma activity arising from an increased volume of patients admitted in Quarter 4 to date.</p>
Secondary Care	0.7	2.6	2.9	0.6	6.8	<p>The in-month over spend for the division is £0.6m, a decrease of £0.4m on the January position. Failure to achieve savings plans has been the significant issue once again this month with £0.5m of the in-month over spend relating to non-delivery against savings targets (£0.7m in Month 10).</p> <p>Pay costs are over spent by £0.4m (£3.0m for the year to date), the majority of which relates to Wrexham and arises from high nurse agency usage. Agency costs have increased slightly from Month 10, with a total spend of £1.9m; whilst medical agency costs are reducing, nurse agency costs have risen by £0.2m from January. Drugs costs are under spent in Month 11 by £0.1m. Benefits arising from year end stock takes recognised this month have resulted in a Clinical Supplies under spend of £0.5m.</p>
YTD Budget	West	Centre	East	North	Total	

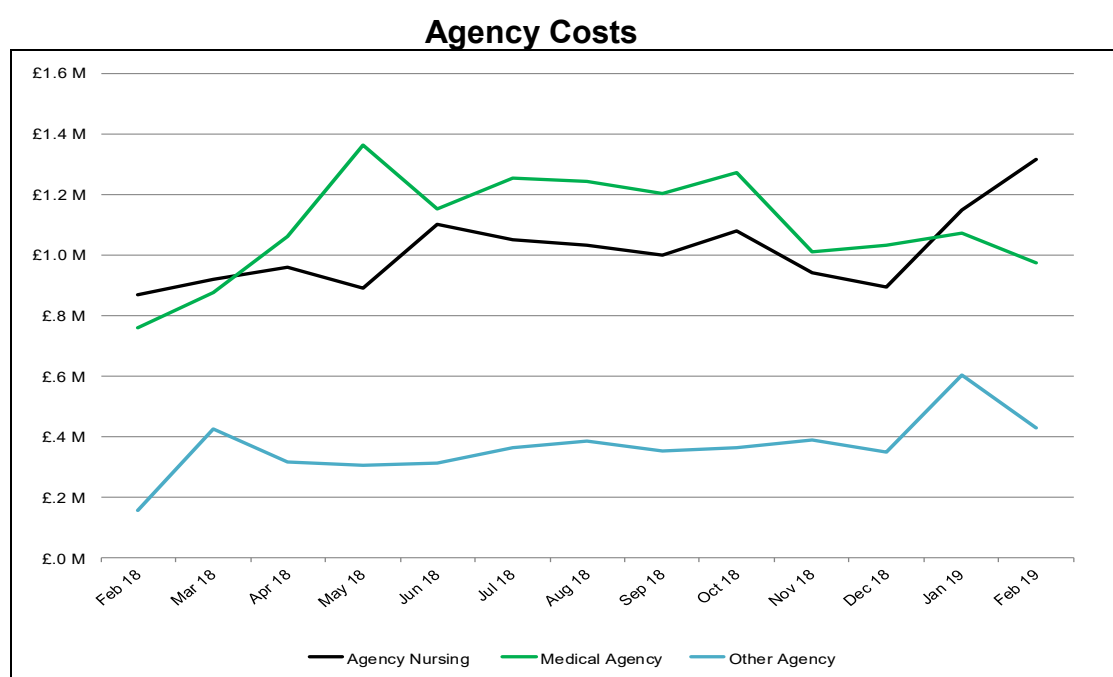
2. Revenue Position and Forecast

to Actual Variances	£m	£m	£m	Wales £m	£m	Commentary
Mental Health				3.4	3.4	<p>Mental Health is under spent by £0.5m in Month 11. This is a significant improvement on prior months and is due to the receipt of Welsh Government Transformational funding and Psychological Therapies funding which was not expected to be received this year. This has provided a year to date benefit of £2.0m.</p> <p>Despite this improvement, savings plans continue to under achieve (£0.2m in the month). CHC costs also remain over spent (£0.2m in the month and £2.9m year to date), although at a lower rate than previous months.</p> <p>Drugs cost pressures persist, with an adverse variance of £0.1m in February (£0.6m year to date). Pay costs are also overspending, contributing £0.2m to the in-month over spend (£1.5m year to date). This includes £0.2m of agency costs (£3.8m year to date), although these are reducing and February saw one of the lowest spends for the year.</p>
Corporate				(1.5)	(1.5)	Most Corporate departments are reporting a small under spend for the period and year-to-date; the favourable position is mainly due to staff vacancies. The largest over spend continues within Estates & Facilities.
Provider Income				(0.4)	(0.4)	Over performance in income from Non Contracted Activity and Overseas Visitors offsets Road Traffic Act and Compensation Recovery Unit income shortfalls.
Other				(1.6)	(1.6)	Other budgets include Reserves, Losses, Medical Education, R&D and Capital Charges.
Variance from Plan	1.6	2.1	3.7	(3.8)	3.6	
Planned Deficit					32.9	
Total					36.5	

2. Revenue Position and Forecast

2.5 Pay

- Total Health Board pay (excluding Primary Care functions) is £657.7m, which is an under spend against plan of £2.0m.
- February's pay expenditure has decreased by £0.8m from the previous month to bring costs back down to the average for the year. January's pay costs were inflated by additional work funded through RTT (£0.5m) and winter funding (£0.7m).
- Expenditure on agency staff for Month 11 is £2.7m, representing 4.5% of total pay, a decrease of £0.1m on January. The chart below shows the agency costs for the previous thirteen months. This highlights the variability in both nursing and medical agency costs throughout the year.



- Medical agency costs decreased by £0.1m from January to an in-month spend of £1.0m. The areas primarily responsible are Ysbyty Glan Clywd (£0.3m), Ysbyty Gwynedd (£0.2m), Mental Health (£0.2m), Women's Services (£0.1m) and East Area (£0.1m) accounting for 93.0% of the month's spend. Spend on medical agency in Month 11 was at the lowest level for the year so far.
- Nurse agency costs totalled £1.3m for the month, a £0.2m increase from the prior month. Agency nurses continue to support the sustained pressures arising from unscheduled care and provide cover for the large number of vacancies in Secondary Care. The use of agency nurses is particularly an issue for Wrexham (£0.8m in-month) and Ysbyty Glan Clwyd (£0.3m in-month), which together account for 85.8% of these costs in February (80.6% for the year to date). In contrast to medical agency, nurse agency costs are at the highest level for the year to date due to increased costs seen in Wrexham.
- Other agency costs have reduced by £0.2m to £0.4m for Month 11 following a spike in January related to increased CAMHS staff in order to meet targets.

2. Revenue Position and Forecast

2.6 Non-pay

- Non-pay costs in Month 11 are £73.0m, a decrease of £1.0m on the prior month. Total non-pay to-date is £802.4m giving a cumulative over spend of £9.5m against the planned budget.
- The over spend is largely driven by Continuing Healthcare (CHC) (£4.1m), Primary Care drugs (£3.0m), Secondary Care drugs (£1.5m), transport and travel costs (including Non-Emergency Patient Transport Service - NEPTS) (£1.3m) and Clinical and General Supplies (£1.0m), combined with slippage on savings schemes (£5.8m). These are offset by under spends in Primary Care (£5.7m) and Healthcare Services Provided by Other NHS Bodies (£4.5m), the latter of which incorporates the WHSCC contract.

2.7 Reserves

- The total remaining balance on reserves at the end of February is £4.8m and this includes £1.7m of additional Welsh Government resource allocations to be allocated to divisions. £1.2m of the remaining uncommitted reserves have been released to support the financial position. The estimated remaining commitment against reserves is £3.2m, leaving a remaining uncommitted balance of £0.3m.

3. Savings

3.1 Savings plans

- The financial plan set for the Health Board for 2018/19 identified a savings requirement of £45.0m to deliver a deficit budget of £35.0m; £22.0m of this was cash releasing.
- Savings achieved to date in 2018/19 are £34.2m against a plan of £40.0m (85.5% achieved), £5.8m behind the year to date profile. Savings achieved represent 76.0% of the full year target. The savings shortfall to date of £5.8m (Month 10, £4.7m) is largely due to under-delivery on Mental Health (£2.3m), transactional (£1.6m) and workforce schemes (£1.9m).
- At Month 11, savings are forecast to deliver £38.3m (85.1%) of the £45.0m Health Board target, a shortfall of £6.7m. Forecast delivery against the £7.7m turnaround actions reported by divisions has reduced to £1.6m (20.8% of the actions). The deterioration of £0.6m from last months reported forecast is due to a decrease in Mental Health CHC of £0.4m and £0.2m of non-pay turnaround schemes. Escalation interventions are continuing.
- The Table below presents the savings plans by division and risk rating. The risk profile and anticipated delivery of schemes continue to be critically reviewed. There has been a £3.9m increase in-month in the value of delivered schemes. The Month 10 medium (£1.9m) and high (£0.6m) risk schemes have reduced to nil at Month 11.

2018/19	Savings Target	Savings Identified	Excess / (deficit) of savings identified	YTD Plan (£45m)	YTD Delivered	Variance	Rest of Year Delivery	Forecast Delivery	Forecast Risk Rating				Forecast Variance to Plan	Forecast Variance to Requirement
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	Action YTD £'000	Low £'000	Med £'000	High £'000	£'000	£'000
Ysbyty Gwynedd	3,172	3,172	0	2,841	1,791	(1,050)	222	2,013	1,791	222	0	0	(1,159)	(1,159)
Ysbyty Glan Clwyd	3,738	3,220	(517)	3,377	2,692	(685)	328	3,020	2,692	328	0	0	(201)	(718)
Ysbyty Wrexham Maelor	3,322	3,322	0	2,853	1,954	(898)	256	2,211	1,954	256	0	0	(1,111)	(1,111)
North Wales Managed Services	3,581	3,357	(224)	3,193	2,486	(707)	213	2,699	2,486	213	0	0	(658)	(882)
Womens Services	1,198	1,198	0	1,079	859	(221)	117	976	859	117	0	0	(222)	(222)
Secondary Care Divisional	70	0	(70)	0	0	0	0	0	0	0	0	0	0	(70)
Secondary Care	15,080	14,269	(811)	13,343	9,782	(3,561)	1,136	10,918	9,782	1,136	0	0	(3,351)	(4,162)
Area - West	5,012	5,012	(0)	4,394	5,086	693	510	5,596	5,086	510	0	0	584	584
Area - Centre	5,474	5,474	0	4,888	5,265	377	616	5,881	5,265	616	0	0	407	407
Area - East	6,395	6,395	(0)	5,719	5,508	(211)	503	6,011	5,508	503	0	0	(384)	(384)
Area - Other	458	458	0	419	414	(5)	44	458	414	44	0	0	0	0
Area Teams	17,339	17,339	(0)	15,420	16,274	854	1,673	17,947	16,274	1,673	0	0	608	608
MHLD	7,594	6,790	(804)	6,796	3,769	(3,027)	531	4,300	3,769	531	0	0	(2,490)	(3,294)
Corporate	4,987	4,692	(295)	4,446	4,418	(28)	714	5,132	4,418	714	0	0	441	145
Divisional Total	45,000	43,090	(1,910)	40,005	34,243	(5,762)	4,054	38,297	34,243	4,054	0	0	(4,792)	(6,703)

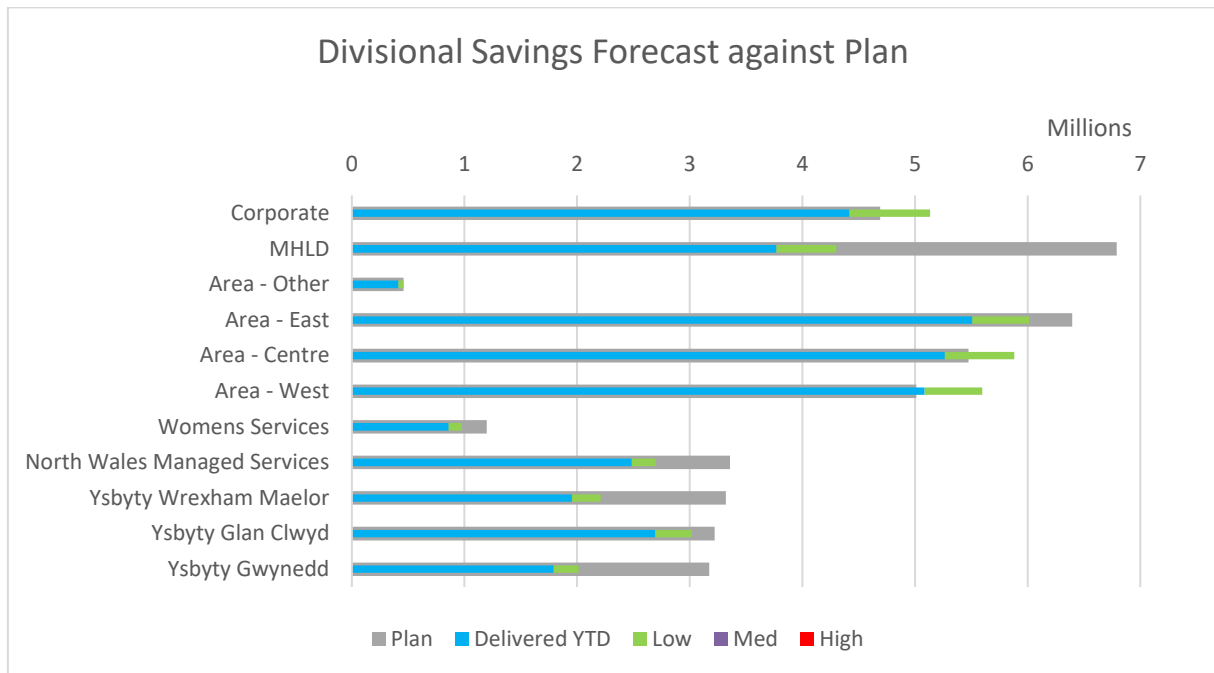
3.2 Savings performance by division

- In Month 11 there has been a decrease in the year end forecast of £0.6m. Mental Health has again reduced its forecast savings by £0.3m in-month (Month 10, £0.3m), reflecting the continued shortfall in savings delivery from packages of care, including

3. Savings

Continuing Healthcare. The division is seeking to address this through their recovery plan actions.

- Work is continuing with support from the Director of Workforce to identify further workforce opportunities with Mental Health and Secondary Care. This will be developed to target areas where use of the workforce can be optimised leading to in-year savings. The enhanced establishment control measures introduced by the Director of Workforce continues across all divisions.



3.3 2019/20 Savings Plans

- Identification of savings opportunities for 2019/20 and future years continues and is being fed into the work to develop the Board's 3 year plan. The plan will be presented to the Board this month alongside the budget for the year ahead.
- The 2019/20 savings plans received from divisions and directorates continue to be developed into and underpinned by detailed project documentation. This includes quality and equality impact assessments. Plans continue to be scrutinized to assess deliverability and have been risk rated against the Finance Delivery Unit guidance.

4. Balance Sheet

4.1 Cash

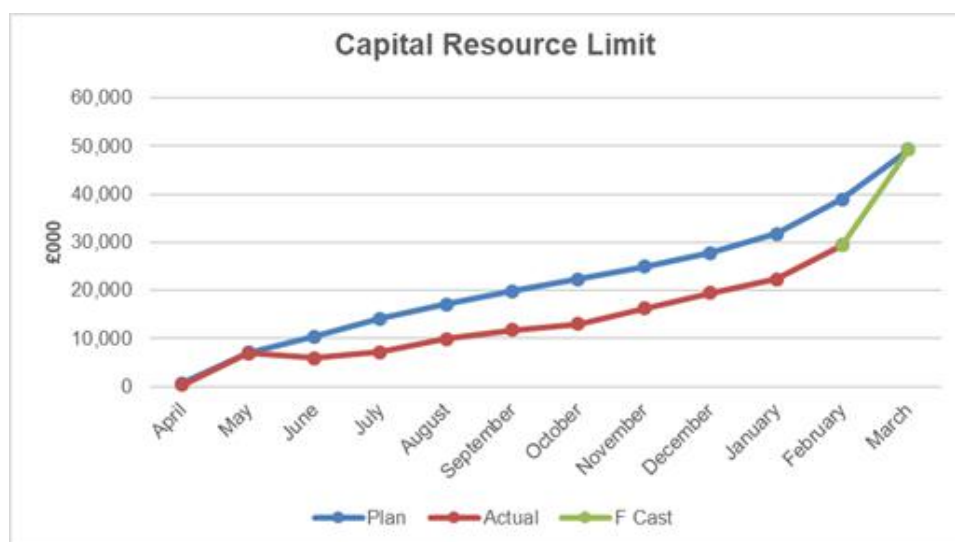
- The closing cash balance as at 28th February 2019 was £12.6m which included £10.2m of cash held for capital expenditure. The revenue cash balance of £2.4m was within the internal target set by the Health Board.
- Welsh Government has confirmed Strategic Cash Support for 2018/19 of £38.0m, along with £11.8m funding towards revenue working capital balances. The Health Board will internally manage a further £4.0m cash to ensure a balanced revenue cash position as at 31st March 2019. A further £9.0m cash support has been approved for capital working balances which are forecast to reduce as major infrastructure schemes are completed during 2018/19.

4.2 Accounts payable

- The Health Board is required to pay 95.0% of non-NHS invoices by number within 30 days of receipt of a valid invoice. There were significant improvements in performance over the first part of the year. The performance in November to January was poor, however this has recovered again in February. As a result the Health Board has met the required target with a year to date compliance figure of 95.0%.

4.3 Capital expenditure

- The Capital Resource Limit at Month 11 is £49.3m. There is significant investment in a number of key projects and the Health Board has also received allocations for upgrades across the Health Board estate and IT.
- Year to date expenditure is £29.4m against the plan of £32.0m. As shown on the chart below, the year to date slippage of £2.6m will be recovered throughout the remainder of the year and the Assistant Director of Planning - Capital is forecasting that the Health Board will achieve its Capital Resource Limit, subject to risks associated with any funding adjustments.



4. Balance Sheet

5. Conclusions and Recommendations

5.1 Conclusions

- The Health Board's forecast was increased from a deficit of £35.0m to £42.0m in Month 9, following discussions with the Accountable Officer and Chairman.
- The increased forecast reflects the significant risks that the Health Board faces around:
 - Delivery of the planned savings of £45.0m, which are currently forecasting to achieve £38.3m, missing the target by £6.7m.
 - Increased activity and cost pressures for Mental Health and CHC.
- The Month 11 position is a deficit of £0.7m against the budget, giving a year to date position which is £3.6m higher than the forecast deficit spend. Year to date over spends continue in Secondary Care (£6.8m) and Mental Health (£3.4m), the key reasons for which are under delivery against savings plans and over spends on CHC. Additional funding from Welsh Government was received for Mental Health in February, giving the division an in-month under spend; nevertheless, critical risks around the delivery of their forecast position remain. CHC and the ambitious savings targets for the remainder of the year also continue to be risks within the Health Board's forecast.
- During February, the significant issues contributing to the over spent position were under delivery against savings plans across most divisions (£0.8m), over spends on Prescribing (£0.4m) and premises and fixed plan (£0.4m), offset by under spends against in contracts, pay and income.
- Savings are forecast to deliver £38.3m of the £45.0m Health Board target, a shortfall of £6.7m. This represents a deterioration of £0.6m on last month's forecast. Non-achievement of the savings targets is having a detrimental effect on the Board's financial performance.
- Focus on the delivery of savings is critical to achievement of the financial forecast and delivering a reduction on the underlying run rate on expenditure. There are a number of known risks to achieving the forecast position, as outlined in Section 2.3 and the Health Board has put in place additional financial controls to support achievement of the revised financial position
- At the end of February the Health Board has spent £16.6m on additional activity to reduce the long waiting lists. Funding of £11.3m has been received from Welsh Government for activity up to the end of October, leaving a balance of £5.3m unfunded expenditure. Discussions continue regarding the balance of RTT funding for the second half of the year and until confirmation is received, this remains a risk, as does the potential clawback of resources received if waiting times do not meet the requirement from Welsh Government.
- The issue of the potential impact of HRG4+ on WHSSC commissioned services is still under discussion with NHSE and remains a financial risk for 2018/19.
- Continuing Health Care (CHC) expenditure values do not include any potential impact of the Funded Nursing Care (FNC) Supreme Court Judgement (SCJ) in

5. Conclusions and Recommendations

our reported CHC position. The result of the FNC SCJ ruling means that a further legal opinion has been sought with regards to CHC fees.

- Achieving the financial plan, whilst not compromising the quality and safety of services, is an important element in developing trust with Welsh Government, Wales Audit Office, Health Inspectorate Wales and the public.
- The turnaround methodology and approach implemented within the Health Board is critical to improving financial performance in both the current year and future years. Welsh Government's investment in turnaround in 2018/19 and 2019/20 is supporting the programme management of savings and transformation. The focus on savings delivery is being maintained throughout the organisation, with mitigating actions identified where savings delivery is at risk and additional measures have been led by the Executive Team to support this activity. There is a requirement to increase the capacity within the turnaround team continues with additional resource being deployed.
- The Health Board recognises the opportunity to prevent unwarranted variation in referrals and clinical pathways, enhancing productivity and challenging existing models of care going forward so that the Health Board becomes less reliant on non-recurring measures to achieve its financial targets.

6.2 Recommendations

- It is asked that the report is noted, including the forecast outturn of £42.0m and recognising the significant risks to the financial position.

Health Board 28.3.19	 <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div> <p><i>To improve health and provide excellent care</i></p>
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Report Title:	Wales Audit Office Annual Audit Report 2018
Report Author:	Wales Audit Office
Responsible Director:	Mrs Grace Lewis-Parry, Board Secretary
Public or In Committee	Public
Purpose of Report:	The Board is required to consider the Annual Audit Report.
Approval / Scrutiny Route Prior to Presentation:	The report has been considered by the Executive Team and has been formally received by the Audit Committee at its meeting on 14 March 2019.
Governance issues / risks:	<p>In relation to the Audit of accounts the Auditor General has issued an unqualified opinion on the accuracy and proper preparation of the 2017-18 financial statements of the Health Board, although in doing so, has brought some issues to the attention of officers and the Audit Committee. A qualified audit opinion has been issued on the regularity of the financial transactions within the financial statements of the Health Board and has placed a substantive report alongside this opinion to highlight its failure to meet its statutory financial duties</p> <p>With regard to the arrangements for securing efficiency, effectiveness and economy in the use of resources the Auditor General has stated that whilst the Health Board is strengthening its governance and management arrangements, it continues to struggle to develop financially sustainable medium-term plans and improve priority areas of performance. While strategic planning arrangements are developing, these have yet to result in an approvable Integrated Medium-Term Plan and the Health Board's approach to monitoring the delivery of its existing plans has not been strong enough.</p> <p>The Auditor General considers that the Health Board is continuing to experience significant challenges in managing its workforce, finances and physical assets, and needs to develop a more transformational approach to improve service performance and efficiency.</p> <p>He also states that the Health Board is responding to risks and opportunities, but continues to face several challenges and concludes by stating that the Health Board has made effective use of the National Fraud Initiative to detect fraud and overpayments.</p>
Financial Implications:	None

Recommendation:	That the Annual Audit Report be received.
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Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Governance and Leadership			
Equality Impact Assessment			
Not applicable			



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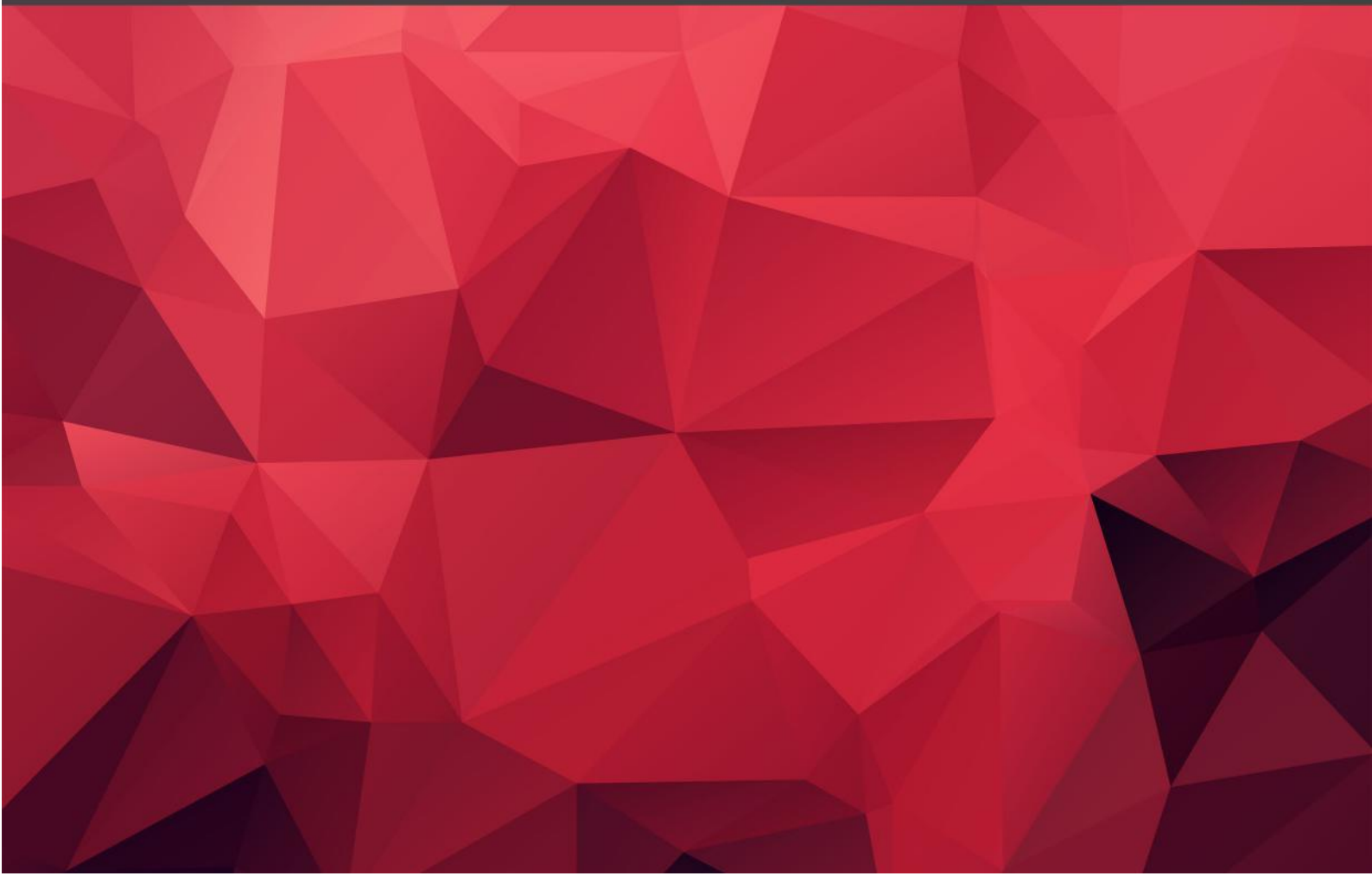
Archwilydd Cyffredinol Cymru
Auditor General for Wales

Annual Audit Report 2018 – **Betsi Cadwaladr University Health Board**

Audit year: 2017-18

Date issued: February 2019

Document reference: 1047A2019-20



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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

This report was prepared for the Auditor General by Mike Usher, Dave Thomas, Amanda Hughes and Andrew Doughton.

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Summary report

About this report

- 1 This report summarises the findings from the audit work I have undertaken at Betsi Cadwaladr University Health Board (the Health Board) during 2018. I did that work to carry out my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
 - a) examine and certify the accounts submitted to me by the Health Board, and to lay them before the National Assembly;
 - b) satisfy myself that the expenditure and income to which the accounts relate have been applied to the purposes intended and in accordance with the authorities which govern it; and
 - c) satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
- 2 I have reported my findings under the following headings:
 - Key messages
 - Audit of accounts
 - Arrangements for securing economy, efficiency and effectiveness in the use of resources
- 3 I have issued several reports to the Health Board this year. This annual audit report is a summary of the issues presented in these more detailed reports, a list of which is included in [Appendix 1](#).
- 4 [Appendix 2](#) presents the latest estimate on the audit fee that I will need to charge to cover the actual costs of undertaking my work at the Health Board, alongside the original fee that was set out in the 2018 Audit Plan.
- 5 [Appendix 3](#) sets out the significant financial audit risks highlighted in my 2018 Audit Plan and how they were addressed through the audit.
- 6 The Chief Executive and the Director of Finance have agreed this report is factually accurate. We will present it to the Audit Committee on 14 March 2019. The Board will receive the report at a later Board meeting and every member will receive a copy. We strongly encourage the Health Board to arrange wider publication of this report. We will make the report available to the public on the [Wales Audit Office website after the Board have considered it](#).
- 7 I would like to thank the Health Board's staff and members for their help and co-operation during the audit work my team has undertaken over the last 12 months.

Key messages

Audit of accounts

- 8 I have concluded that the Health Board's accounts were properly prepared and materially accurate, and my work did not identify any material weaknesses in the Health Board's internal controls relevant to my audit of the accounts. I have therefore issued an unqualified 'true and fair' opinion on their preparation.
- 9 However, in issuing this unqualified opinion, I brought some issues to the attention of officers and the Audit Committee. These relate to accounting for the quinquennial revaluation of fixed assets and some issues that highlighted inconsistencies in accounting treatment and concerns over the accuracy of income and expenditure accruals.
- 10 The Health Board did not achieve financial balance for the three-year period ending 31 March 2018 and so I have issued a qualified opinion on the regularity of the financial transactions within its 2017-18 accounts.
- 11 Alongside my audit opinion, I placed a substantive report on the Health Board's financial statements to highlight its continued failures to achieve financial balance and to have an approved three-year plan in place.

Arrangements for securing efficiency, effectiveness and economy in the use of resources

- 12 My 2018 structured assessment work at the Health Board has found that:
 - While the Health Board is strengthening its governance and management arrangements, it continues to struggle to develop financially sustainable medium-term plans and improve priority areas of performance.
 - While strategic planning arrangements are developing, these have yet to result in an approvable Integrated Medium-Term Plan and the Health Board's approach to monitoring the delivery of its existing plans has not been strong enough.
 - The Health Board is continuing to experience significant challenges in managing its workforce, finances and physical assets, and it needs to develop a more transformational approach to improve service performance and efficiency.
- 13 My wider programme of work indicates that the Health Board is responding to risks and opportunities, but continues to face several challenges:
 - The Health Board is making reasonable progress in delivering its recently developed plans for primary care, but many aspects of performance remain worse than average and significant workforce and financial challenges remain.

- My emerging findings on the Integrated Care Fund are showing some challenges.

- 14 The Health Board is participating in the National Fraud Initiative and has made good use of the data matches released in 2017.
- 15 These findings above are considered further in the detailed section of this report.
- 16 During the year, I also reported on Follow-up outpatient services, Radiology services and NHS Informatic Services at an all Wales level. My engagement team presented these reports to audit committee and highlighted the national and local aspects of good practice and any areas for improvement. Any recommendations made in my national reports and relevant to the local Health Board are routinely adopted into the Health Board's recommendation tracking system.

Detailed report

Audit of accounts

- 17 This section of the report summarises the findings from my audit of the Health Board's financial statements for 2017-18. These statements are how the organisation shows its financial performance and sets out its net operating costs, recognised gains and losses, and cash flows. Preparing the statements is an essential element in demonstrating appropriate stewardship of public money.
- 18 In examining the Health Board's financial statements, I must give an opinion on:
- whether they give a true and fair view of the financial position of the Health Board and of its income and expenditure for the period in question;
 - whether they are prepared in accordance with statutory and other requirements, and meet the relevant requirements for accounting presentation and disclosure;
 - whether that part of the remuneration report to be audited is properly prepared;
 - whether the other information provided with the financial statements (usually the annual report) is consistent with them; and
 - the regularity of the expenditure and income in the financial statements.
- 19 In giving this opinion, I have complied with my Code of Audit Practice and the International Standards on Auditing (ISAs).

I have issued an unqualified opinion on the accuracy and proper preparation of the 2017-18 financial statements of the Health Board, although in doing so, I have brought some issues to the attention of officers and the Audit Committee

- 20 I have concluded that the Health Board's accounts were properly prepared and materially accurate, and my work did not identify any material weaknesses in the Health Board's internal controls relevant to my audit of the accounts. I have therefore issued an unqualified 'true and fair' opinion on their preparation.
- 21 The draft financial statements were available to me by the submission deadline of 27 April 2018 which was a significant achievement by the Finance team especially given that key members of that team had left the Health Board during the accounts preparation window.
- 22 I reviewed those internal controls that I considered to be relevant to the audit to help me identify, assess and respond to the risks of material misstatement in the accounts. I did not consider them for the purposes of expressing an opinion on the operating effectiveness of internal control. My review did not identify any significant deficiencies in the Health Board's internal controls.

- 23 I must report issues arising from my work to those charged with governance before I issue my audit opinion on the accounts. My Financial Audit Engagement Lead reported these issues to the Health Board's Audit Committee on 31 May 2018. **Exhibit 1** summarises the key issues set out in that report.

Exhibit 1: issues identified in the Audit of Financial Statements Report

The following table summarises and provides comments on the key issues identified.

Issue	Auditors' comments
Uncorrected misstatements	There were no uncorrected misstatements contained within the financial statements.
Corrected misstatements	There were a number of corrected misstatements which were set out in Appendix 4 of my report.
Other significant issues	<p>There were some concerns about the qualitative aspects of the Health Board's accounting practices:</p> <ul style="list-style-type: none">• transactions reflecting the impact of the quinquennial revaluation of fixed assets had not been accounted for or disclosed correctly in Note 11.1 (Property, Plant and Equipment) to the accounts; and• there were a number of issues identified that highlighted inconsistencies in accounting treatment and concerns over the accuracy of income and expenditure accruals.

- 24 As part of my financial audit, I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the financial position of the Health Board at 31 March 2018 and the return was prepared in accordance with the Treasury's instructions.
- 25 My separate audit of the charitable funds held on trust financial statements was completed with satisfactory results, and I issued an unqualified opinion on the charitable funds financial statements in January 2019. There were no issues arising from my audit work.

I have issued a qualified audit opinion on the regularity of the financial transactions within the financial statements of the Health Board and placed a substantive report alongside this opinion to highlight its failure to meet its statutory financial duties

- 26 The Health Board's financial transactions must be in accordance with authorities that govern them. It must have the powers to receive the income and incur the expenditure that it has. Our work reviews these powers and tests that there are no

material elements of income or expenditure which the Health Board does not have the powers to receive or incur.

- 27 Where a Health Board does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion. As the Health Board did not achieve financial balance for the three-year period ending 31 March 2018, I issued a qualified opinion on the regularity of the financial transactions within its 2017-18 accounts. The Health Board breached its revenue resource limit by spending £88.147 million over the £4,163 million that it was authorised to spend in the three-year period 2015-16 to 2017-18.
- 28 I have the power to place a substantive report on the Health Board's accounts alongside my opinions where I want to highlight issues. Due to the Health Board's failure to meet its financial duties I issued a substantive report setting out the factual details: it failed its duty to achieve financial balance (as set out above) and it does not have an approved three-year Integrated Medium-Term Plan in place. The Health Board, which was placed in Special Measures in October 2015, was once again not in a position to submit a three-year plan for approval by the Minister. Instead, and as in previous years, the Health Board operated under annual planning arrangements, with the agreement of the Welsh Government.

Arrangements for securing efficiency, effectiveness and economy in the use of resources

- 29 I have a statutory requirement to satisfy myself that NHS bodies have proper arrangements in place to secure efficiency, effectiveness and economy in the use of their resources. I have undertaken a range of performance audit work at the Health Board over the last 12 months to help me discharge that responsibility. This work has involved:
- assessing the effectiveness of the Health Board's governance and assurance arrangements;
 - reviewing the Health Board's approach to strategic planning;
 - examining the arrangements in place for managing the Health Board's resources including its finances, workforce, assets and procurement;
 - specific work on Primary Care services and regional partnership working; and
 - assessing the application of data-matching as part of the National Fraud Initiative (NFI).
- 30 My conclusions based on this work are set out below.

While the Health Board is strengthening its governance and management arrangements, it continues to struggle to develop financially sustainable medium-term plans and improve priority areas of performance

- 31 My structured assessment work examined the Health Board's governance arrangements, the way in which the Board and its sub-committees conduct their business, and the extent to which organisational structures are supporting good governance and clear accountabilities. I also looked at the information that the Board and its committees receive to help it oversee and challenge performance and monitor the achievement of organisational objectives. I found the following.
- 32 **The Health Board has good arrangements to support board and committee effectiveness, and shows recent signs of strengthened scrutiny, but needs to develop a strong focus on fewer, but key priorities.** My work found good operational governance arrangements and committee scrutiny has been good and continues to strengthen. The Board has also set out a clearer picture of the strategic direction. However, until recently, the quality of challenge at a board level has been variable. The Health Board has a range of significant challenges and risks that it is facing, but it needs focus on the key aspects which would result in greatest performance improvement. The executive team recognises this and is taking this forward with the wider Board.
- 33 **Work is still on-going to develop a board assurance framework and supporting risk management processes; this is now helpfully supported by a comprehensive underpinning legislative assurance framework.** As part of its board assurance framework development, the Health Board is logically linking its current objectives and its required assurances using a board assurance map, although this has taken some time. Supporting this, the Health Board has developed a comprehensive legislative assurance framework which will help provide assurance in key statutory areas. The Board's strategic risk management arrangements are, in general, fit to support the operation of the Board and its committees and it is continuing to refine these arrangements by clarifying risk appetite and reviewing its risk management strategy in December 2018.
- 34 **While formal internal controls are in place, there needs to be stronger accountability for the delivery of financial, performance and service change plans within divisions.** My work found that there is a well-focussed programme of work for Internal Audit, Local Counter Fraud service and the Post-Payment Verification team. I also considered the clinical audit programme and found that clinical audit planning and reporting needs to be strengthened. Standing Orders, Scheme of Reservation and Delegation and Standing Financial Instructions are current and are reviewed in line with national and local requirements. There are also improving arrangements for declarations of interests and gifts and hospitality. The Health Board is taking a proactive approach to preparing and responding to

the requirements of the General Data Protection Regulations (GDPR) and addressing recent Information Commissioners Office (ICO) recommendations.

The Health Board continues to strengthen its quality governance arrangements including better escalation of risks and issues and its wider roll-out the harms quality dashboard is helping to improve and reduce infection rates. 'Putting Things Right' processes and complaints response arrangements are slowly improving, but there is more to do to ensure timeliness of response and ensure lessons are learnt and applied across operational services and sites. In respect of the Health Board's performance management, I found that whilst the Health Board's performance framework is clear, logical and formal, it has not resulted in the required improvements in performance. I found a need to strengthen accountability and focus more on the timeliness and impact of remedial action for poor performance. I also agree with the Board's own assessment that the formats of performance reports make it hard to focus on the priorities and recognise it is working to improve this.

35 **Gaps in management capacity have limited the extent and pace of improvement, particularly in secondary care, but changes to executive roles and lines of accountability create a better spread of responsibilities across the executive team.** While there has not been significant change to the operational structure, revised lines of executive accountability provide a better spread of responsibility amongst the Executive Directors. In previous years' work, I highlighted concerns about capacity within services and the ability to secure improvements and service change. The Health Board, with financial support from the Welsh Government, is strengthening the management capacity in its Secondary Care Division, with a clinical, nursing and management triumvirate introduced to focus on emergency and urgent care access. These arrangements should help strengthen clinical engagement, which remains an ongoing challenge, and provide capacity and capability to drive service management and improvement.

36 **The Health Board has an embedded process for tracking Internal Audit and External Audit recommendations and reporting actions and progress to the Audit Committee.** The Health Board's monitoring system allows the progress against target deadlines to be reported, enabling the Audit Committee to challenge senior management where progress is not sufficient. My structured assessment review this year indicates a number of areas where the Health Board is making progress against my previous recommendations. However, there remains more to do before these actions are completed in full. Those areas outstanding and in progress include:

- strengthening financial savings and efficiency approaches;
- improving clinical audit planning and reporting;
- building change management capacity and capability;
- strengthening recruitment approaches; and
- further strengthening approaches for applying lessons learnt from incidents and complaints.

While strategic planning arrangements are developing, these have yet to result in an approvable Integrated Medium-Term Plan and the Health Board's approach to monitoring the delivery of its existing plans has not been strong enough

- 37 My work examined how the Board engages partners and sets strategic direction for the organisation. I also assessed how well the Health Board plans the delivery of its objectives, whether plans are sufficiently joined up and how progress in delivering the plans is monitored. My findings are set out below.
- 38 **The Health Board's engagement approach continues to develop and inform strategy development but there is a need for greater clarity on the shape of services.** The Health Board has continued its regular public engagement approach as part of its 2017-19 engagement strategy and focused on building public confidence, driving greater public and patient involvement. It has used this to inform its ten-year 'Living Healthier Staying Well'¹ strategy, which the Health Board approved in March 2018. The strategy identifies three main programmes of Health Improvement and Health Inequalities, Care Closer to Home and care for more serious health needs. While the strategy provides a high-level intent for the direction of travel for services, it doesn't provide the detail on the shape of services which will be needed when the Health Board develops its implementation plans.
- 39 **I found that the Health Board has strengthened its planning approach but it has not yet been able to generate an approvable IMTP; it has the ambition to do this for the 2019-22 IMTP although this will present a significant challenge for the Health Board.** Throughout 2017, the Health Board had a clear and agreed planning approach, but it didn't result in an approved IMTP in 2018. The Health Board has since been working to an annual operating plan and it also prepared a three-year plan. While there is still no agreed clinical strategy, it is positive that there are a growing number of clinical plans for individual services which are at various stages of development. It is important, however, that greater clarity is provided around the future models of care. The Health Board is now starting to prepare its 2019-22 IMTP although this is likely to present a significant challenge, particularly in relation to the financial position.
- 40 **Arrangements to monitor delivery of the annual operating plan have not ensured effective delivery of it.** As part of my structured assessment review I considered the level of scrutiny on Annual Operating Plan (AOP) delivery. I found that scrutiny arrangements are in place at a committee level, but board level oversight of AOP delivery is limited, progress reports are often lengthy, and scrutiny, support and challenge of officers did not result in improved delivery of plans. Of the 615 actions in the 2017-18 annual operating plan, only just over half were delivered and performance was broadly similar for the first Quarter of 2018-19.

¹ 'Living Healthier Staying Well' www.bcugetinvolved.wales/lhsw

The Health Board is continuing to experience significant challenges in managing its workforce, finances and physical assets, and it needs to develop a more transformational approach to improve service performance and efficiency

- 41 My Structured Assessment work examined the Health Board's arrangements for managing its workforce, its finances and other physical assets, in supporting the efficient, effective and economical use of resources. I also considered the arrangements for procuring goods and services, and the action the being taken to maximise efficiency and productivity. My findings are set out below.
- 42 **Whilst aspects of financial governance and management are improving, the Health Board is projecting a significant year end deficit and is still some way from being able to reach a position of financial balance.** The Health Board's financial position remains a significant and long-term challenge. For the year 2017-18, the Health Board reported a £38.8 million deficit against the revenue resource limit and this contributed to a growing three-year cumulative deficit of £88.1 million at the end of March 2018. For 2018-19 it is predicting an annual £35 million deficit.
- 43 Our annual accounts work has consistently identified that the Health Board has adequate budgetary financial management and control arrangements which ensure accurate recording and propriety over its income and expenditure. However, irrespective of the sufficiency of these controls the Health Board is not able to contain its net expenditure to within its allocation. Factors include growth in service demand, the high cost of out of county specialist placements and the non-delivery of some planned cost efficiencies. The finance team has continued to support budget holders and the newly developing turnaround function is adopting improving approaches to help strengthen financial savings arrangements, but this needs to focus more on achieving recurring savings, productivity and efficiency. My work also identified good operational procurement arrangements, but also potential to adopt a more strategic approach to use procurement to help deliver wellbeing of future generation objectives and to deliver better overall long-term value.
- 44 **My work found that new executive leadership and a commitment to develop a workforce strategy by the end of 2018 create an opportunity to address a number of existing and challenging workforce issues.** In particular, issues relating to medical, nursing and allied healthcare staff vacancies remains a significant concern. The Health Board has continued with its ongoing Train.Work.Live.² recruitment approach and it has also developed a new retention process to reduce the staff turnover rate. The Health Board must meet requirements of the Nurse Staffing (Wales) Act 2016 and while it has put arrangements in place, nursing staff shortfalls present ongoing challenges. The Health Board is taking a proactive approach for staff development and has good mandated training uptake and a range of leadership and management training

² Train work live www.trainworklivenorthwales.co.uk/

programmes. In addition, there are a range of staff engagement approaches in place which are showing a positive impact as demonstrated in the recent biennial NHS staff survey. The Health Board has a newly appointed Director of Workforce and OD. With the appointment has come greater clarity on the function and structure of the workforce teams and their priorities as well as an aim to develop a workforce strategy to inform the 2019-22 IMTP.

45 **Within a context of a large legacy estate and asset base and limited discretionary capital, day-to-day administration and maintenance of assets is managed reasonably well, but there is a need for a more strategic approach.**

The Health Board has a large legacy estate and asset base, and while some of this is relatively new or recently refurbished, I found that some parts of the current estate are unlikely to support new service models, promote efficient ways of working and will be difficult to bring up to the required environmental standards. This is demonstrated by the level of high-risk estate maintenance backlog, currently estimated at £49 million. The Health Board has no over-arching asset or estate management strategy, although this is in development. In the absence of a strategy, the Health Board has used asset management and prioritisation arrangements to support both proactive and reactive approaches to operational asset management.

46 **The Health Board is not delivering against key access targets and service productivity and efficiency needs to be improved.** Whilst some performance metrics have improved, achievement of waiting time targets remain a significant challenge. The Health Board is failing to deliver against its four-hour emergency department target having recorded a significant deterioration over the summer. Follow-up outpatients is a growing concern for the Health Board. My work this year has also considered the Health Board's efficiency and productivity arrangements. This indicated that the Health Board actively engages in benchmarking exercises and clubs to identify areas where there are inefficiencies, but it needs to become better at securing improvements in efficiency and productivity.

47 **There is a good strategic approach in the informatics service, but this will require focussed investment and there also needs to be stronger oversight on the effect of national system risks on the Health Board.** The Health Board has an agreed five-year strategic outline programme for informatics which is currently being redrafted and reprioritised in line with overall Health Board priorities and budget availability. Overall informatics resources were increased in 2017-18 and the new server rooms at the Wrexham Maelor and Glan Clwyd sites are a positive investment. However, there remain several risks relating to medical records storage, and delays relating to the national roll-out of systems.

My wider programme of work indicates that the Health Board is responding to risks and opportunities, but continues to face several challenges

The Health Board is making reasonable progress in delivering its recently developed plans for primary care, but many aspects of performance remain worse than average and significant workforce and financial challenges remain

- 48 I found that the Health Board has a planning framework for primary care but not a detailed delivery plan and its capacity to support cluster working is stretched and still at an early stage of development. It is developing its Care Closer to Home programme that is aligned to the national plan and the Health Board can point to some specific examples of shifting resources towards primary care, but several factors are hampering large-scale change. It is well recognised that workforce challenges pose a significant threat to the sustainability of GP practices and the Health Board is being stretched by needing to directly manage several practices. The Health Board is in the early stages of implementing multi-professional primary care teams as part of its plans to develop primary care and in response to challenges caused by a shortfall in GPs and growing list sizes. However, there are barriers to further progress including a shortage of non-medical professionals. The Health Board has recognised the need to strengthen primary care leadership and has recently has recruited a Director of Primary and Community Care.

My emerging findings on the Integrated Care Fund are showing that whilst the Fund is having some positive impacts, there are also a number of challenges that the Regional Partnership Board needs to manage

- 49 I have completed the fieldwork for my cross-sector Integrated Care Fund review. I intend to prepare a national summary report early in 2019, setting out my all-Wales findings. My audit team has already presented local findings to Regional Partnership Boards. Key messages for the North Wales Regional Partnership Board are as follows:
- The Integrated Care Fund (the fund) has had a positive impact in bringing organisations together across North Wales, although it is unclear whether partnership working would continue if the fund ceased to exist, and a number of members identified a preference to work at sub-regional level.
 - Due to the annual nature of the fund, the region recognises that it has not always used the fund strategically to develop services based on need, with scope to strengthen aspects of project management for the projects supported by the fund.
 - Decisions surrounding the use of the fund are largely delegated to sub-groups of the regional partnership board, but the level of understanding within partner organisations of the work of the North Wales Regional

Partnership Board and its sub-groups, including what the fund is being used for and its impact, needs to improve.

- There is general agreement that the fund is supporting the right projects and having a positive impact on service users, but like other regional partnership boards across Wales, very few projects are being mainstreamed into core services. The North Wales region is attempting to demonstrate outcomes more clearly, but this presents an ongoing challenge.

The Health Board has made effective use of the National Fraud Initiative to detect fraud and overpayments

- 50 The National Fraud Initiative (NFI) is a biennial data-matching exercise that helps detect fraud and overpayments by matching data across organisations and systems to help public bodies identify potentially fraudulent or erroneous claims and transactions. It is a highly effective tool in detecting and preventing fraud and overpayments and helping organisations to strengthen their anti-fraud and corruption arrangements.
- 51 In January 2017, the Health Board received 896 high-risk data-matches from the 2016 data matching exercise. The Health Board has made good progress in reviewing them and while no frauds had been identified, the review of the matches helped to provide assurance that its counter-fraud arrangements were working effectively. In October 2018, participating bodies submitted data for the next data matching exercise. The outcomes of this exercise will be available early in 2019.

Appendix 1

Reports issued since my last annual audit report

Exhibit 2: reports issued since my last annual audit report

The following table lists the reports issued to the Health Board in 2018.

Report	Date
Financial audit reports	
Audit of Financial Statements Report	May 2018
Opinion on the Financial Statements	June 2018
Audit of the Charity Financial Statements Report	December 2018
Opinion on the Charity Financial Statements	January 2018
Performance audit reports	
Structured Assessment 2018	December 2018
Primary Care	November 2018
Other reports	
2018 Audit Plan	April 2018

Exhibit 3: performance audit work still underway

There are also a number of performance audits that are still underway at the Health Board. These are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Clinical coding follow-up	March 2019
Orthopaedic Services follow-up	October 2019
Operating Theatres follow-up	May 2019
Review of legacy IT systems and infrastructure	June 2019

Appendix 2

Audit fee

The 2018 Audit Plan set out the proposed audit fee of £457,953 (excluding VAT). My latest estimate of the actual fee, on the basis that some work remains in progress, is consistent with the fee set out in the outline. I will keep this under review and inform the Health Board if this changes.

Appendix 3

Significant financial audit risks

Exhibit 4: significant audit risks

My 2018 Audit Plan set out the significant financial audit risks for 2018. The table below lists these risks and sets out how they were addressed as part of the audit.

Significant audit risk	Proposed audit response	Work done and outcome
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.31-33].	My audit team will: <ul style="list-style-type: none"> • test the appropriateness of journal entries and other adjustments made in preparing the financial statements; • review accounting estimates for biases; and • evaluate the rationale for any significant transactions outside the normal course of business. 	I completed focussed audit testing as planned on the relevant areas of the financial statements. No evidence found of biased judgements or estimates.
There is an inherent risk of material misstatement due to fraud in revenue recognition and as such this is treated as a significant risk [ISA 240.26-27].	My audit team will consider the completeness of miscellaneous income.	I completed audit work as planned and no evidence was found of material misstatement due to fraud in revenue recognition.
It is highly probable that the Health Board will fail to meet its statutory financial duties. The month 10 position showed a year-to-date deficit of £34.735 million and forecast a year-end deficit of £36 million. I am likely to place a substantive report on the financial statements, explaining the failure and the circumstances under which it arose. The current financial pressures on the Health	My audit team will focus its testing on areas of the financial statements which could contain reporting bias.	I reviewed the Health Board's financial management arrangements, significant financial standing issues and areas of the financial statements which could contain financial balance. The Health Board reported an overspend against resource allocation of £38.8 million and a cumulative overspend over the three-year period 2015-15 to 2017-18 of £88.1 million. As a result, the Health Board failed to meet its first statutory financial duty.

Significant audit risk	Proposed audit response	Work done and outcome
Board increase the risk that management judgements and estimates could be biased in an effort to achieve any financial duties set.		
There is a significant risk that the Health Board will face severe pressures on its cash position at the year-end. A shortfall of cash is likely to increase creditor payment times and impact adversely on Public Sector Payment Policy (PSPP) performance.	My audit team will audit the PSPP performance bearing in mind the cash pressures on the Health Board.	I completed audit testing as planned and concluded that in all material respects, its performance was correctly stated.
I have identified a number of disclosures as being material by nature. These include the disclosure of Related Parties and the Remuneration note.	My audit team will design detailed testing to obtain the required assurance that disclosures identified as material by nature are complete, accurate and in line with the requirements of the Manual for Accounts issued by the Welsh Government.	I completed focussed audit testing as planned on the disclosures deemed material by nature. I concluded that the disclosures were complete, accurate and in line with the requirements of the Manual for Accounts issued by the Welsh Government.

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Health Board		GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
28.3.19	To improve health and provide excellent care	

Report Title:	Concerns Management – an update to include actions requested within the Public Service Ombudsman Wales (PSOW) Annual Letter 2017/18
Report Author:	Mrs Barbara Jackson, Assistant Director Service User Experience
Responsible Director:	Mrs Gill Harris, Executive Director of Nursing and Midwifery
Public or In Committee	Public
Purpose of Report:	To provide the Board with an updated position regarding Concerns Management and to provide assurance that actions requested within the PSOW Annual Letter 2017/18 have been met.
Approval / Scrutiny Route Prior to Presentation:	Discussed at Quality Assurance Group and Quality, Safety and Experience Committee
Governance issues / risks:	Concerns is monitored as part of the Special Measures Framework and is on the corporate risk register
Financial Implications:	
Recommendation:	It is recommended that the Board note the report

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	√

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Engagement			
Equality Impact Assessment			
NA – update report			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Concerns Management – an update to include actions requested within the Public Service Ombudsman Wales (PSOW) Annual Letter 2017/18

1. Purpose of report

To provide the Board with an updated position regarding Concerns Management and to provide assurance that actions requested within the PSOW Annual Letter 2017/18 have been met.

2. Introduction

Effective Concerns management is a priority area for the Health Board and is monitored as part of the Special Measures Framework in addition to the core monitoring as part of the Quality agenda.

In 2016, the Wales Audit Office made a specific recommendation that *‘The Health Board should look at further steps to improve clinical leadership and ownership of Putting Things Right processes, to support the improvement needed in response times and learning from complaints, incidents and claims’*.

In May 2017, responsibility for Putting Things Rights (PTR) processes transferred to the Executive Director of Nursing and Midwifery with the aim of improving the degree of clinical leadership within the Putting Things Right process. As part of this transfer an Associate Director of Quality and Assurance was appointed (commencing December 2017) who had concerns management as part of her portfolio.

The work of improving the quality and safety of care led by the Executive Nurse, has focused on the identified areas of improvement within the Quality Improvement strategy. The delivery of these priorities is intrinsically linked to concerns management, as they are consistent with the main areas of concern identified by patient and their families. The aims of the strategy are identified as:

1. Reduce avoidable deaths
2. Continuously seek out and reduce patient harm
3. Achieve the highest level of reliability for clinical care
4. Deliver what matters most: work in partnership with patients, carers and families to meet all their needs and better their lives.
5. Deliver innovative and integrated care close to home which supports and improves health, wellbeing and Independent living.

In terms of the reduction of harm within the strategy the areas of focus are:

- VTE (Venous thromboembolism)
- HCAI (Healthcare Acquired Infections)
- Response to the Deteriorating Patient and adherence to Early Warning Scores
- Pressure ulcers
- Falls

- Medication Safety
- Identification and early treatment of Sepsis

The work streams in place to address these are also informed by the learning from the management of complaints and incidents.

Concerns (complaints and incidents) are an important source of learning for services, by investigating and understanding themes from these alongside the views and perceptions of the service user, enable us to identify things that can be improved as a result.

There has been significant improvement in the performance related to Concerns Management however there is still work to do and improvement plans for both complaints and incidents are in place.

3. Complaints and incidents

3.1 Leadership and Governance

Under the clinical leadership of the Executive Nurse, the governance arrangements supporting concerns has been reviewed and refreshed. The Board has an identified Champion for quality and concerns who carries the board level commitment and focus on this key area of work. The Board Champion has deeper level of insight and knowledge allowing them to better support the Board in understanding the key issues.

The Board are sighted on the key issues via the Quality, Safety and Experience Committee (QSE) and the Quality and Safety Group (QSG). The Quality and Safety Group is led by the clinical Executives and provides multi-disciplinary review and oversight of quality issues and promotes learning. All divisions of the Health Board provide monthly reports on their quality and safety issues to include concerns. The QSG provides an exception report to the QSE at each meeting.

There is a weekly Incident Review meeting chaired by the Associate Director Quality Assurance. This forum reviews all serious incidents reported on Datix in the previous 7 days and tracks the progress of investigations and learning. It also reviews all upcoming inquests and complaints open beyond 3 months.

There has been revisions made to the corporate concerns management and support structures to deliver a focused emphasis in the role of the Corporate Team on training, support and mentoring of staff through the Concerns management process and consequently learning from Concerns. All investigations are led by the relevant service team to deliver learning earlier in the process and close to the delivery of care.

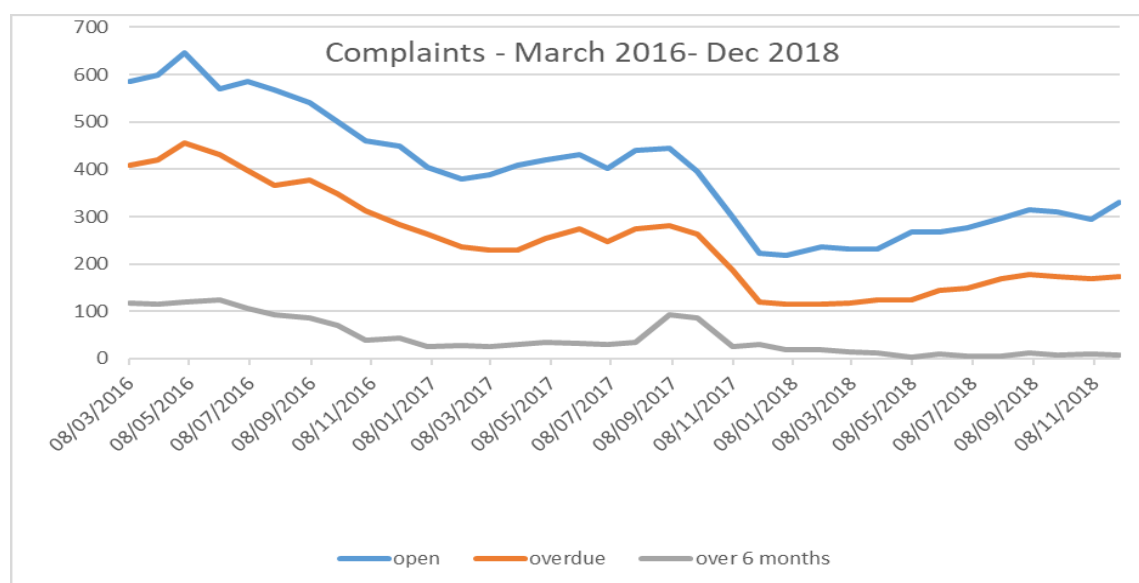
The Health Board has commenced "Harm Summits" to ensure that there is a clear understanding of management of harm, with a drive towards a harm reduction strategy. These commenced in the area of greatest harm and are rolling out across North Wales.

3.2 Complaints and incidents

3.2.1 Complaints

3.2.1.1 Current position

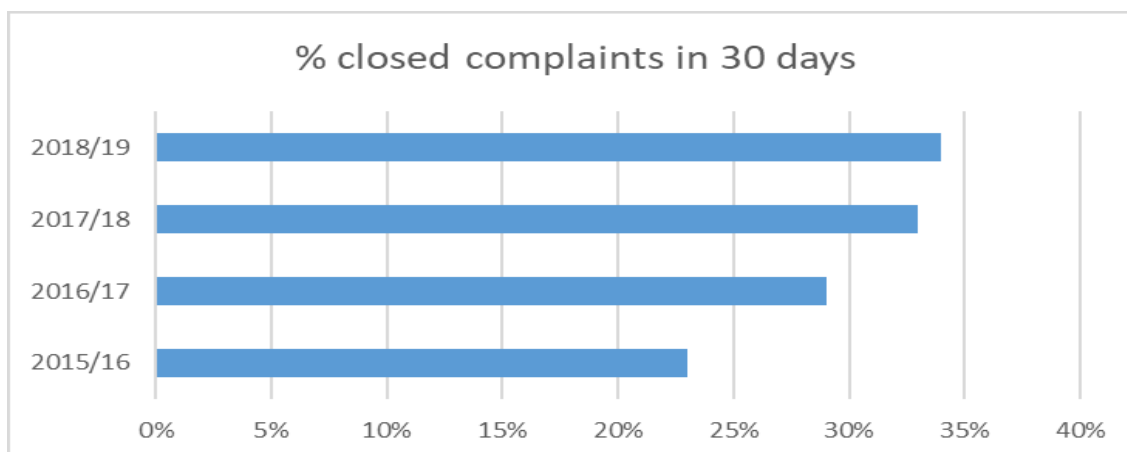
The timely management of concerns within BCU has been an area of challenge and investment in capacity over recent years. In the last two years there has been some improvement in the timeliness and quality of responses to the management of complaints and serious incidents.



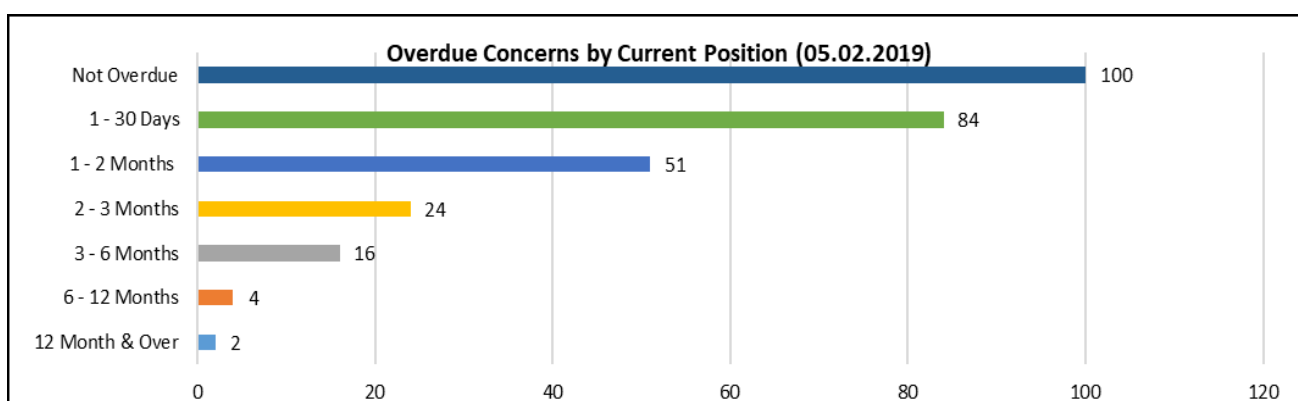
The performance targets associated with Concerns management under PTR are to acknowledge a complaint within 2 working days and aim to respond to it within 30 working days. In relation to the response, PTR does allow up to 6 months provided the complainant is kept informed. For more complex cases it is unlikely that the 30 day target is delivered.

The Health Board acknowledge responses within 2 working days in over 95% of cases; delays are normally attributable to the fact that the complaint letter is not sent direct to the Corporate Concerns Team.

The performance against the 30 day target has shown steady improvement but is still below the national target of 75% as can be seen below. It should be noted the data for 2018/19 is partial to December 2018.



However in terms of the numbers overdue these have reduced significantly. As of February 2019 there were 16 cases open over 3 months in comparison to 236 cases open over 3 months in the same month in 2016.



Internal targets for BCUHB have been set that reflect the reality that not all complaints can be resolved within 30 working days, these are set out below:

Agreed internal position	Position as at February 2019
No complaint graded at level 1 or 2 to be overdue	57 overdue
No more than 15 complaints graded at level 3 to be overdue and none to be overdue by more than 3 months	86 overdue
No more than 30 complaints graded at level 4 or 5 to be overdue	25 overdue
No more than 5 complaints overdue by more than 6 months and these must be grade 5	5 overdue however 4 are grade 3/4

These have been shared with Welsh Government via the Quality and Delivery Meeting.

It should be noted that in relation to 'On the spot' complaints, the PTR regulations state that 'a concern which is notified verbally, either in person, or on the telephone and is resolved to the satisfaction of the person who notified the concern not later than the next working day after the day on which the concern was notified'. However the guidance issued by WG in 2013 to implement the regulations states that resolution should be 'ideally by the next working day. All Health Boards across Wales, in an effort to be helpful to complainants have allowed the time scale for resolving an OTS to the complainant's satisfaction to be flexible up to 5 working days; Welsh Government have been aware of this.

However, Welsh Government has now revisited this section of the regulations with all Health Boards and are clear the regulations must be strictly applied. This means all complaints received verbally, in person, by telephone and, they have added, by email must be resolved by the end of the next working day following receipt. Should this not be possible then the complaint MUST be made formal and managed under the PTR procedures. This will increase the number of formal complaints being recorded by the Health Board.

3.2.1.2 Improvement plan

There is an improvement plan in place to deliver the improvement recognised as necessary to deliver sustained improvement in performance and quality of complaints management. The key actions are summarised below:

- Introduction of the Patient Advice and Support Service (PASS) in Ysbyty Glan Clwyd (YGC) initially – will be in all District General Hospitals (DGHs) by April 2019;
- Increased training programme is in place across BCUHB for all staff groups at the level required;
- Accountability for complaints management with the Hospital Management Teams
- Roll out of the harms dashboard – concerns data available at ward level;
- Implementation of the Accreditation Programme for all inpatient Wards/Units across BCUHB – includes concerns data;
- Online complaint form launched to make submitting a complaint more accessible and information from the complainant more targeted;
- Initial conversation with the complainant to determine issues to be addressed
- Introduction of a Standard Operating Procedure to improve the quality of response letters;
- Improved monitoring by the corporate team to 'pull' complaints through the process in a timely manner;
- Incident Management Review meeting established weekly to review all serious incidents and significantly overdue complaints;
- Revised corporate structures to provide single lead for complaints, Incidents and Claims and Patient Experience across BCUHB;
- Weekly PTR meetings in each division;
- Daily meetings within the divisions and corporate – to monitor performance and identify immediate areas of patient safety, learning and sharing as required;

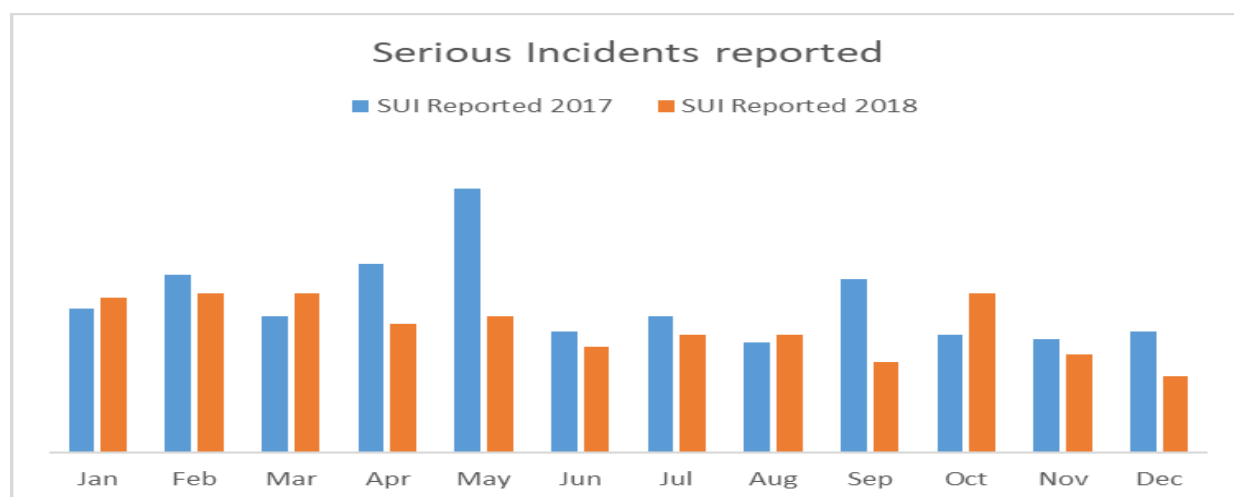
- The procedure and policy for Putting Things Right is beyond its review dates and the revised procedures, based on the work of the last year will be presented to the Quality and Safety Group by April 2019.

There are trajectories set that will deliver the agreed internal position by week commencing June 17th.

3.2.2 Incidents

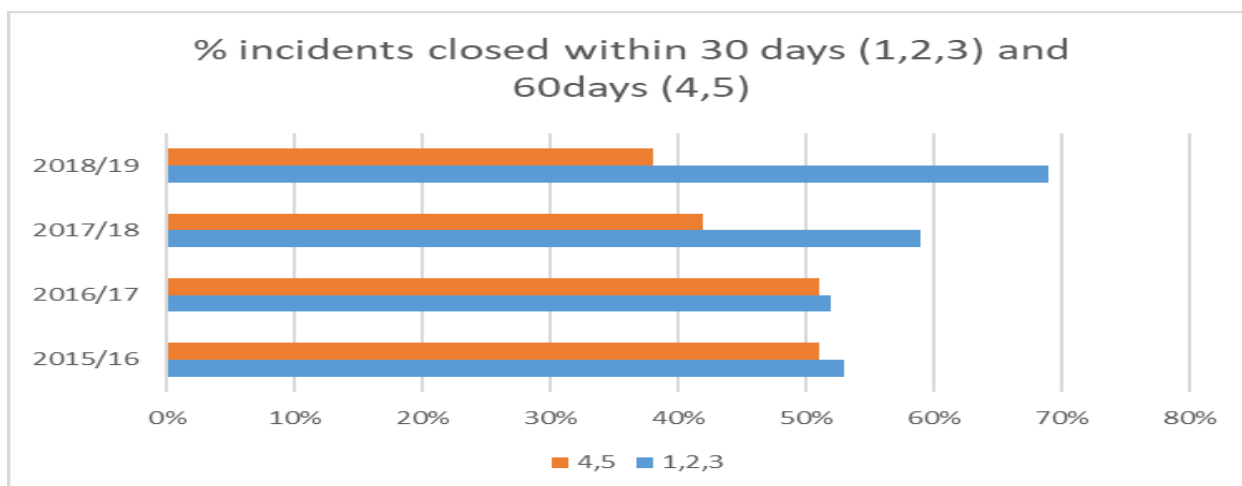
3.2.2.1 Current position

In terms of incidents there has been a sustained improvement the management of all incidents with a particular focus in the management of serious incidents, delivering a reduction in the overall number of serious incidents being reported especially in recent months.



The standard for closing a serious incident is 60 working days and 30 working days for a lower grade incident. The Health Board has recently had a specific focus on reducing the number of incidents overdue overall. This has seen a significant improvement in the numbers closed within 30 days.

The closure of all incidents within time has increased overall. The closure rate shown below for 2018/19 is only part year – November for 4/5 and to December for 1,2,3 and is forecast to show a significant increase.



3.2.2.2 Improvement plan

There is an improvement plan in place to deliver the improvement recognised as necessary to deliver sustained improvement in performance and quality of incident management as part of the Quality Improvement Strategy. The key actions are summarised below:

- The introduction of a 'Harms Dashboard'; the harms dashboard is available on two levels:

Each ward sister has access to their own real time data (within 3 clicks of the mouse) relating to the 4 core Harms: Falls, Healthcare Acquired Pressure Ulcers, Infection Prevention and medication, in a form of a dashboard. This Dashboard has been developed in collaboration with Ward Sisters and our informatics colleagues within Corporate Nursing. The dashboard relays real-time data from our incident management system (datix) and from the Infection prevention system and is refreshed every 24 hours providing a clear focus for improvements. This will be developed further to triangulate the core harms data against key workforce data such as staffing, vacancies etc.

Health Board level Harms dashboard provides an overview of the core harms for our senior leaders by Health Board, hospital site and area this level of dashboard provides an opportunity for senior leaders to focus their support to the teams with improvements and the sharing of success across the Health Board - a screen shot can be seen below:



- During January 2018 the Safe Clean Care Campaign was launched in all three of our Acute Hospitals. This is a Call to Action which is framed by key messages, and sets out essential actions which are required from all staff to significantly reduce our patient infection rates. The campaign provides ongoing training and resources focused on six evidence based ways to support behaviour change in order to deliver Safe Clean Care;
- In July 2018 the Health Board began the exciting process of developing a new Accreditation Programme for all inpatient Wards / Units across BCUHB. Following the success of the Safe Clean Care campaign, the Accreditation programme is an opportunity for the Health Board to implement a set of standards to frame our quality, safety and patient care agenda. Phase 1 (Nov 2018) has seen the programme introduced across all Inpatient Wards (including Community Hospitals, Paediatrics, Womens and Mental Health / Learning Disabilities). Phase 2 (Late Summer 2019) will see the programme spread to our other areas such as Theatres and outpatients etc. Complaints and incidents management is an element of this approach.
- The Health Board has been focusing on improving pressure ulcer reporting and root cause analysis as well as establishing the most prevalent areas in which pressure damage occurs. In November a Pressure Ulcer Collaborative was launched focusing on areas of highest prevalence. This team approach to harm reduction is using improvement methodology to support improvement and culture change. The aim is to develop a Health Board standard approach to care in relation to pressure areas in hospital and community services;
- Building on the collaborative programme of work, reduction in falls is also supported with this methodology. The next phase of the Harms dashboard development will see the launching of ward level dashboards which will be live

from 1st January 2019 and will enable local teams to continue to review their harm data but also provide additional functionality. Using data for Improvement sessions will be focused on ward and area teams in January;

- Agreed improvement trajectories are in place for complaints and incidents for each division agreed with and monitored by the Associate Director of Quality and Assurance;
- Increased training programme is in place across BCUHB for all staff groups at the level required;
- Revised corporate structures to provide single lead for complaints, Incidents and Claims and Patient Experience across BCUHB;
- The procedure and policy for Putting Things Right is beyond its review dates and the revised procedures, based on the work of the last year will be presented to the Quality and Safety Group by April 2019.

There are trajectories set that will deliver the agreed internal position by week commencing May 20th.

3.3 External reports

3.3.1 HASCAS and Ockenden reports

In 2018 the Health Board accepted the findings of the HASCAS and Ockenden reports of which Concerns management was an element. A key finding related to complaints and families being able to easily make a complaint and feeling they had been listened to. As part of the improvement work, and further focused by the reports, there has been specific work to improve how we listen to people and make it easier to make a complaint, this work has included:

- Establishment of a Patient Advice and Support Service (PASS) in YGC (to be rolled out in 2019/20 to across Wrexham and Bangor). The PASS officers will listen to any comments or suggestions service users or the public have and make every effort to resolve any issues as soon as possible. They also provide details of other organisations that can provide information or advice;
- Launch of an online complaints form from January 2019 to enable people to submit a complaint directly on line into the corporate concerns process;
- Regular audit of availability of concerns posters and leaflets in main patient/public areas and re-provision of stocks are required to maximise opportunities to provide information to the public on how they can be listened; Information is also available to BSL users
- Roll out of real-time feedback system 'View point'; the Health Board has had a real time feedback system in place for some years but in 2016/17 this was rolled out across the whole of across BCUHB. The system can be accessed online or via paper copies as preferred by the service user. This provides service users with a mechanism to record their views or concerns at a time best suited to them; the outputs are monitored daily allowing for prompt action and/or learning to be achieved.

3.3.2 Public Service Ombudsman Annual letter

The Ombudsman sends letters on an annual basis to county/county borough councils and local health boards/NHS trusts concerning the complaints he has received and considered during the year. The aim is to provide these bodies with information to help them improve both their complaint handling and the services that they provide.

The letter to BCUHB has been received and the actions requested in it have been actioned; assurance of this is given in a letter to the PSOW from the Chairman attached as Appendix 1.

4. Assessment of risk and key impacts

Concerns is monitored as part of the Special Measures Framework and is on the corporate risk register

Current Risk Level	High (12)
Target Risk Level	Moderate (6)

Adequacy of controls	Adequate
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The main risk to the Health Board is in relation to the timely response to concerns management and consistent learning from concerns. Delivery of the improvement plans are aimed at managing concerns in real time and early identification and action on learning.

5. Equality Impact Assessment

NA – update report

6. Conclusions / Next Steps

The timely and effective management of Concerns (complaints and incidents) is a developing position. It is recognised that significant improvements have been previously made when there is a focused drive. However, this has not been sustained at the level required over time. The current improvement plan, with close links to the delivery of the Quality Improvement Strategy aims to bring about the step changes needed to sustain improvement in learning, safety and quality of care.

7. Recommendations

It is recommended that the Board note the report



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Mr Nick Bennett
Public Services Ombudsman for Wales
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Ein cyf / Our ref: MP/LMR

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Dyddiad / Date: 4th March 2019

Dear Mr Bennett

ANNUAL LETTER 2017/18

Thank you for your letter dated 18th February 2019 regarding the Annual Letter 2017/18 and the actions requested of the Health Board.

I am pleased to confirm that all actions have been considered and actioned as necessary and a detailed report was provided to the Board via the Quality, Safety and Experience (QSE) Committee on 29th November 2018; the key issues covered within the report against each action are summarised below:

1. Present the Annual Letter to the Board

When the Annual Letter was presented to the Board it was accompanied by a summary of the actions taken. In addition this letter will be shared with the Board as part of an update on concerns management for the March meeting.

2. Reflect on the findings in the two public reports issued against BCUHB and act on the recommendations

A full summary of the two public reports was provided to the QSE Committee, together with the recommendations and the actions taken against each. The Committee requested further information regarding the issues highlighted regarding complaints management and this was provided summarising learning.

3. Consider if any learning from systematic failures identified in other public reports issued

A summary of the further two public interest reports issued in Wales was provided and the main issues identified within these were summarised:

- Complaints handling following admission of breach of duty

The Board has a dedicated team in place to support complainants once a breach of duty has been identified, and this ensures the requirements under PTR are met. This team have recently been recognised by the Welsh Risk Pool as an example of good practice.



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- Responding to the deteriorating patient

The Board has completed significant work in this area to include the roll out of NEWs and monitoring and auditing of this.

- Support for junior doctors by senior staff

Senior support is offered to junior staff as a key element of their placement within a specialty. Educational supervisors also offer support. Junior doctors have the opportunity to provide feedback on their experience via the GMC survey and the results of this are regularly considered by the Health Board to improve their experience.

Assurance was given that PSOW reports are discussed at divisional quality and safety groups, and reported to the Quality and Safety Group monthly, and QSE Committee twice a year.

4. Work to reduce the numbers of cases referred to PSOW

There is a programme of improvement in place to manage complaints in real time. The leadership arrangements for the Corporate Team have recently been restructured to provide a single senior lead specifically for complaints across BCUHB; this person is leading the improvement plan. There are daily and weekly meetings to monitor performance and support progress and performance trajectories are in place and monitored via QSG and the Associate Director of Quality and Assurance.

An online form has been launched to assist people to submit a complaint but the form also provides a structure which it is intended to guide complainants to include all the necessary information to assist the Board to answer their concerns and issues appropriately. In addition, a process to ensure complainants are contacted directly early in the investigation process to clarify the issues with them is also being embedded.

5. Continue to work with the PSOW Improvement Officer to improve complaint handling

The Board works with the Office of the PSOW as required. The Improvement Officer meets with the single point of contact, lead for complaints and the Independent Champion for Complaints. BCUHB is also an active participant in the National Ombudsman NHS Network facilitated by the WRP.

6. Continue to improve performance when complying with recommendations.

The outcome of all PSOW reports is shared with the QSG and the divisional quality and safety groups. A lead officer is identified to lead each action plan and each specific action. The Board is about to pilot an Action Plan Agreement that will require divisional management teams to identify and monitor the recommendations through to completion within time scales agreed, and require the management team to sign off the action plan once completed. The Action Plan Agreement has been developed by the national network. The recommendations are tracked by the Corporate Concerns team.



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I trust the above offers you assurance that the Board very much values the feedback provided by the Annual letter and uses it in manner intended to improve our complaint handling and public service delivery.

Yours sincerely

Mark Polin, OBE, QPM
CHAIRMAN

Health Board	 <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> GIG CYMRU NHS WALES </div> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div>
28.3.19	<i>To improve health and provide excellent care</i>

Report Title:	Staff Engagement - NHS Wales Staff Survey 2018 – Delivering Improvement
Report Author:	Mrs Nia Thomas, Head of Organisational Development
Responsible Director:	Mrs Sue Green, Executive Director of Workforce and Organisational Development
Public or In Committee	Public
Purpose of Report:	<p>To provide the Board with an overarching Organisational Staff Survey Improvement plan along with Divisional Improvement Plans for 2019/20. The report builds on the previous report submitted to the Board in November 2018 and that submitted to the Strategy, Partnerships & Population Health (SPPH) Committee in February 2019.</p> <p>The report also highlights the correlation with the overall staff engagement improvement work and provides reference to the national work being undertaken to review the content, administration and execution of the NHS Wales Staff Survey.</p>
Approval / Scrutiny Route Prior to Presentation:	<p>The draft Organisational Staff Survey Improvement plan and Divisional plans have been developed following staff engagement and analysis of the qualitative data contained within the Staff Survey Report. Draft plans have been shared with the Executive Team and Executive Management Group. The SPPH Committee has also received a detailed report and endorsed the draft plans noting that further work was required to improve some Divisional plans.</p>
Governance issues / risks:	<p>Continued involvement of staff in the development of improvements against actions is critical to foster openness, transparency and full engagement. Feedback mechanisms need to be clear, robust and wide-reaching if we are to fully engage staff on an ongoing basis and develop the trust that Senior Managers will act on the results of the survey.</p> <p>Support from senior managers to release and involve staff in engagement activities/workshops/3D events, enabling full engagement in continuous improvement and empowering staff to take responsibility for actions and local improvement at team level.</p> <p>Performance management against the delivery of plans and measure outputs/outcomes will be through the Workforce Improvement Group chaired by the Executive Director Workforce & Organisational Development</p>

Financial Implications:	No direct implications
Recommendation:	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Approve the Organisational Improvement Plan. • Note the Divisional improvement plans. • Note and endorse the link between the national NHS Wales Staff Survey and the BCUHB ByddwchynFalch/BeProud survey work. • Note the national changes to the approach of collecting colleague experiences.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Engagement			
Equality Impact Assessment			
Update paper – none required.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Staff Engagement - NHS Wales Staff Survey 2018 – Delivering Improvement

1. Purpose of report

To provide the Board with an overarching Organisational Staff Survey 2018 Improvement plan along with Divisional Improvement Plans. The report builds on the previous reports submitted to the Board in November 2018 and SPPH Committee in February 2019.

The report also highlights the correlation with the overall staff engagement improvement work and provides reference to the national work being undertaken to review the content, administration and execution of the NHS Wales Staff Survey.

2. Introduction/Context

The NHS Wales Staff Survey is formally commissioned by the Cabinet Secretary for Health, Wellbeing & Sport on a bi annual basis and is formally overseen by the Welsh Partnership Forum. Quality Health were recommissioned to undertake the 2018 survey. All staff within the organisation were invited to participate in the survey either online or via a paper copy. The Health Board achieved the highest response rate across comparable Health Boards in Wales, receiving feedback from 5276 staff (31%) which was slightly above the All NHS Wales response rate of 29%.

The Health Board's report was received by the Chief Executive and Executive Director of Workforce and Organisational Development on Thursday 27th September 2018. The Board received a high level summary from Quality Health on the 18th October 2018. The Welsh Partnership Forum also received a presentation from Quality Health on the 23d November 2018.

It is important to note that the survey content, administration and execution is under complete review nationally. The Cabinet Secretary has been clear of the expectation that staff locally need to be involved in driving the change and improvements required to improve experiences at work. NHS Wales has historically facilitated pan-organisational surveys bi-annually. These have been contracted out to organisations who have provided pan-NHS Wales and organisational reports. There has also been access to the results database to allow more localised interrogation of the data, but this has not allowed organisations to drill down fully to team and departmental level in a meaningful way.

Following a decision by the Welsh Partnership Forum in November 2018, in line with Welsh Government strategies, the national Staff Survey Project Group has been charged with implementing approaches which develop and build an “in-house” ongoing sustainable approach to measuring colleague experiences. The new approach will help develop the NHS Wales culture so that colleagues regularly give and receive feedback. The first workshop to gather views across the NHS community was held on the 11th February 2019.

Some initial feedback from the first workshop includes:

- This is about an approach to colleague experience; using surveys is just one of the approaches (it is one of the tools, not the end point).
- Feedback is part of a reflection/learning/improvement cycle and needs to be branded as such (e.g. an NHS Wales Reflection Week starting in September).
- Individuals need to be able to “control” what feedback they share, and should have an option to share what they want with who they want.
- Colleagues need to be regularly able to give feedback.
- People relate to their “local community” (max 150 people) and their immediate colleagues (team – 20/25 people). Above this, it stops being us, and becomes “them”. Therefore, feedback and actions need to be based on these principles.
- Questions need to be seen as prompts to generate dialogue; they should be limited in number (with optional depth) and provide free text.
- The approaches need to be based on individuals willingly giving feedback as opposed to an organisational compliance metric.

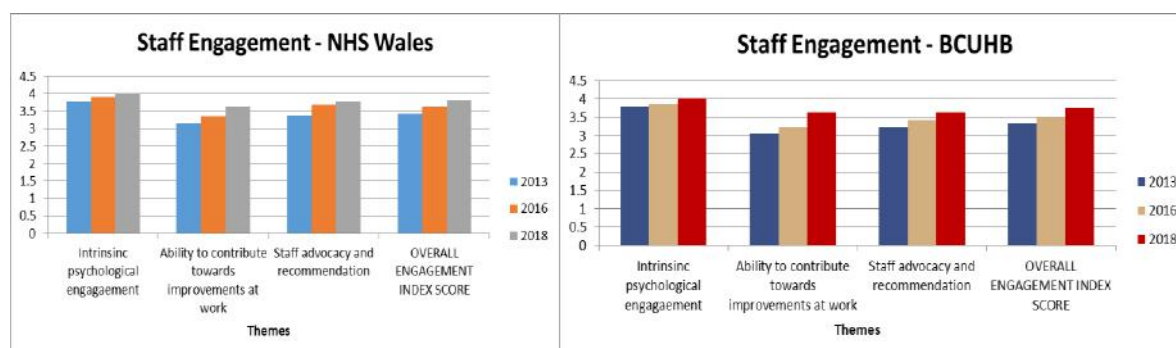
The Health Board will continue to be actively engaged in this development. Whilst there is full support for (and the previous report to the Board and the approach taken to develop local plans) improvements within 2 levels of separation, there are downsides to removing/reducing the ability to compare organisations across Wales and England, particularly given some of the labour pools that the Health Board attracts from.

3. Brief Recap of Results

The 2018 results for BCUHB revealed a number of positive improvements since the 2013 and 2016 survey and whilst we are behind the overall NHS Wales scores on some questions, we have made significant improvements in many areas.

The engagement index score also saw an increase from 3.51 to 3.76 and whilst still behind the NHS Wales score, the rate of improvement, is greater than or equal to that seen across Wales.

Table 1 – Overall Engagement Score – NHS Wales : BCUHB



Theme	Betsi Cadwaladr University Health Board			NHS Wales		
	2018	2016	2013	2018	2016	2013
Intrinsic psychological engagement	4.02	3.86	3.78	4.02	3.91	3.80
Ability to contribute towards improvements at work	3.63	3.24	3.04	3.65	3.35	3.14
Staff advocacy and recommendation	3.64	3.42	3.23	3.79	3.68	3.37
OVERALL ENGAGEMENT INDEX SCORE:	3.76	3.51	3.35	3.82	3.65	3.43

The questions which make up the Engagement Index consist of the following:

Theme	Questions
Intrinsic psychological engagement	I look forward to going to work
	I'm enthusiastic about my job
	I am happy to go the extra mile at work when required
Ability to contribute towards improvements at work	I am able to make improvements in my area of work
	I am involved in deciding on the changes that affect my work/area/team/department
Staff advocacy and recommendation	I would recommend my organisation as a place to work
	I am proud to tell people I work for my organisation

How we track improvements in these specific areas is important as they relate directly to engagement behaviours. Any changes to a national survey should continue to include these questions as a minimum in order for organisations to be able to track improvements on an ongoing basis, however the 'ByddwchynFalch/BeProud' organisational survey (explained in more detail in section 4.4) which the Health Board is implementing, will track the majority of these questions on a quarterly basis.

The top three areas for improvement at an organisational level were:

1. Work related stress
2. Harassment, bullying or abuse
3. Executive Team visibility and engagement

4. Development of the Organisational and Divisional Improvement Plans

4.1 Development of the Organisational Improvement Plan.

A number of staff engagement events were held during December 2018 both across the organisation and locally within divisional teams; however, attendance at most of these events was low due to the inability of staff to be released due to work pressures. Data from the qualitative element of the survey was used to further inform the development of the Organisational Improvement Plan.

A final Organisational Improvement Plan is attached at Appendix 1. The plan focusses on the top three areas for improvement at an organisational level:

1. Work related stress
2. Harassment, bullying or abuse
3. Executive Team visibility and engagement

The improvement plan focuses on the above elements and also identifies measures for improvement. Table 2 below details the improvements since 2013 and the target improvement scores:

Table 2:

Measure	2013	2016	2018	% Increase since 2013	Improvement target
During the last 12 months have you been injured or feel unwell as a result of work related stress	33%	30%	34%	1%	29%
Personally experienced harassment or bullying or abuse at work from patients, service users etc.	18%	17%	22%	4%	17%
Personally experienced harassment or bullying or abuse from managers/other colleagues	19%	17%	19%	2%	14%
I know who the Executive team are	No comparable data, new questions for 2018		34%	10% below NHS Wales	45%
The Executive team have a clear vision of where the org is going			24%	10% below NHS Wales	45%
The Executive team will act on the results of the survey			20%	4% below NHS Wales	40%

4.2 Development of Divisional Improvement Plans

The Organisational Development team have engaged with and supported divisional managers to ensure divisional improvement plans have been drafted and discussed with staff locally and worked up into final plans (attached at Appendix 2A and 2B). Staff engagement events have been held locally to further inform and develop local plans.

In his forward within the Staff Survey Report the Cabinet Secretary was very clear of the expectations in respect of response and approach from organisations as set out below:

“We know that in order to deliver real change, action taken as a result of the staff survey data, needs to be taken at a local level. This means action within teams, wards, offices and departments, by the people who know what changes need to be made, and how to make them. Our approach this year has been to produce data which can be used locally, which I expect to lead to conversations about the issues that really matter where you work. I know with the right leadership and support, you

will use those conversations as a catalyst for positive change and I expect NHS Boards and the Executive team to ensure these discussions take place.”

(Cabinet Secretary for Health, Wellbeing & Sport)

The Divisional plans should be a fluid and evolving document which allows Divisions to constantly update and renew their actions as further engagement with staff takes place. Divisions can utilise their Staff Engagement Ambassadors to support and promote continuous staff feedback through the utilisation of the Health Board’s staff listening model, the 3D – Discover, Debate, Deliver.

Table 3 below identifies the high level themes for each division.

Themes	Stress/Stress at work	Bullying & Harassment	Executive Team visibility	Senior Leadership & visibility	Management of Change	Communication	Staff Engagement	Staff Wellbeing	Corporate Vision	Resources	Leadership & Management	Values	Line Management Development	Team working	Learning & Development	Developing Capability	Holding to account	Improving PADR compliance	Diversity	General – Car Parking
Area West	✓	✓	✓	✓	✓															
Area Central				✓	✓	✓		✓		✓										
Area East			✓	✓		✓	✓	✓	✓											
SC West	✓										✓									✓
SC Central				✓				✓				✓	✓	✓						
SC East				✓		✓		✓		✓		✓								
Estates & Facilities					✓	✓									✓					
MH&LD				✓	✓	✓						✓								
Women’s																✓	✓			
NW Managed Clinical Services				✓				✓			✓			✓				✓	✓	
Cancer Services														✓						
Finance						✓						✓		✓	✓					
Informatics			✓	✓	✓			✓				✓		✓	✓					
Nursing Executive				✓		✓		✓							✓					
OMD/Medical & Dental				✓	✓	✓		✓		✓		✓		✓	✓					
Office of Board Secretary					✓			✓				✓		✓	✓					
Strategy						✓				✓				✓	✓					
Workforce & OD				✓	✓	✓				✓		✓			✓					

4.3 Integration of Staff Survey with the overall Staff Engagement Work Programme

The Board approved the Staff Engagement Strategy in August 2016. The strategy identified key activities and achievements required to successfully realise the strategy. The Board have received six monthly updates on progress and achievements since the launch of the strategy. One of the elements included in the

strategy was the adoption of a tool which would give the Health Board the ability to measure staff engagement on an ongoing basis. 4.4 below details the tool procured.

4.4 ByddwchYnFalch/BeProud engagement survey tool.

The relationship staff have with their work and the Health Board can make a real difference to their experiences at work, and the experiences service users have when they access our services. Staff engagement helps to develop strong positive feelings and attitudes amongst staff towards their work and the Health Board. This can really help staff to give their best, even when times get tough. This in turn also means our service users get the best care possible.

Following a procurement process the Go Engage tool was procured. This tool was developed by Wrightington, Wigan and Leigh NHS Foundation Trust and has been rebranded for BCUHB as 'ByddwchynFalch/BeProud' in order to maintain consistency with the Proud of theme adopted as part of the staff engagement strategy.

The logo devised for use in the Health Board is:



The tool offers:

- a simple way to understand the science behind staff engagement in terms of cause and effect
- Clear practical recommendations to improve staff engagement
- Regular trend analysis – not a once a year/two years snapshot in time.
- Ability to act quickly on data, two week turnaround from close of survey to presentation of results
- Organisational and team level diagnosis of culture

The tool has two strands:

- Organisational level quarterly surveys of 25% of the staff within BCUHB.
- Team level surveys to improve engagement at local team/departamental level. Champions from each team, known as Pioneer champions, will be trained in the use of a variety of engagement tools to support team development and improvement plans.

Teams and champions will be nominated to take part in the surveys. Priority areas have been identified to include HASCAS/Ockenden review; Older People Mental Health pathway and Unscheduled Care.

The questions within the 'ByddwchynFalch/BeProud' survey has been cross referenced to those within the NHS Wales Staff Survey. This will enable tracking of improvements at an organisational level and team level. The Staff Friends and

Family Test is widely used within NHS England as a benchmark, these two questions will be used as a key organisational pulse check on a quarterly basis via the 'ByddwchynFalch/BeProud' quarterly survey along with qualitative comments from staff. The measurements are:

1. Percentage of staff likely to recommend BCUHB to friends and family if they needed care or treatment.
2. Percentage of staff likely to recommend BCUHB to friends and family as a place to work.

The Quarterly Survey will measure Enablers of Engagement, Engagement Feelings and Engagement Behaviours, the detail of what is measured can be seen in Table 4 below:

Theme	Area	Measurement
Enablers of Engagement	Trust	This factor measures the extent to which staff are trusted with responsibility and given the freedom to make decisions for themselves.
	Working Relationships	This factor measures the extent that staff perceive support from their line manager and colleagues.
	Clarity	This factor measures the extent to which staff have a clear understanding of what is expected of them, what the Health Board's objectives are, and what is going on in their place of work.
	Resources	This factor measures the extent staff believe that they have the necessary tools, information and equipment required to do their work.
	Mindset	This factor measures the extent that staff are encouraged to believe in themselves, believe in moving forwards, and have a positive state of mind.
	Personal Development	This factor measures the extent that staff perceive opportunities for personal growth, and experience opportunities to use their strengths.
	Perceived Fairness	This measures the extent that staff perceive fair treatment within the Health Board.
	Influence	This factor measures the extent that staff are involved in wider decisions that may impact them.
	Recognition	This factor measures the extent to which staff receive recognition and perceive their contributions are valued.
Engagement Feelings	Dedication	This factor measures the extent to that staff feel strongly involved in their work, and experience a sense of purpose, inspiration, pride and commitment.
	Focus	This factor measures the extent that staff feel fully engrossed in their work.
	Energy	This factor measures the extent that staff feel willing to invest energy into their work.
Engagement Behaviours	Persistence	This factor measures the extent that staff demonstrate effort and perseverance through challenges that they face at work.
	Discretionary Effort	This factor measures the extent that staff step outside their role to help others and the Health Board in general.
	Adaptability	This factor measures the extent that staff respond to changes quickly and successfully.
	Advocacy	This factor measures the extent that staff have a positive representation of the health Board, and are willing to recommend the Health Board to others.

Once the first organisational survey has been analysed, this will give us the benchmark for the Health Board. An improvement plan will then be integrated with the NHS Staff Survey Organisational Improvement plan to provide one comprehensive overarching Improvement plan. This will be a requirement for all Divisions also.

There is a detailed implementation plan in place to roll out the 'ByddwchynFalch/BeProud' tool. The first Organisational Survey will be launched before the end of March 2019. The first Pioneer Teams will commence their training on the 20th March 2019.

5. Assessment of risk and key impacts

It is crucial that there is a clear mechanism to provide regular feedback to all staff on the progress against the actions for both the Organisational Improvement Plan and local Divisional Plans in order to foster transparency and openness. It is important to

increase the confidence of our staff both as an employer and as a provider of healthcare services. This is a key feature of the new Workforce Strategy 2019-2022 and also is a key component if we are to successfully deliver our commitment within the Living Healthier Staying Well Strategy and the 3 Year Plan.

A continuous process for engagement will need to be established to provide real-time feedback and updates to staff on the outcomes of the survey improvement work. The 'You Said, We Did' and 'You Said, You Did' approach will be part of this process together with regular updates/newsletters/briefings as appropriate. Support from the Communications team to fully utilise all available communication methods, including the new Staff App is crucial to success. Engagement of trade union colleagues to support the process is also a key requirement for full engagement.

As previously detailed in the report, the discussions taking place at a national level to re-design an NHS Wales Staff Survey needs to be closely monitored. There are risks that solutions may be proposed which may prove difficult to scale up within an organisation as large as the Health Board. There is also the consideration that any in-house administration of a future survey may have a detrimental effect on participation rates, staff need to have confidence that all responses to surveys are anonymous, this was an important feature within the 2018 Staff Survey. The impact of this change will mean that targets set within the organisational improvement plan may not be measured within the new survey agreed at a national level and as such these will need to be adapted.

6. Conclusions / Next Steps

Continued engagement with staff is imperative. There will need to be a phased approach over a period of months to enable continuous dialogue and feedback in order to improve longer term improvement planning and develop trust and confidence that the survey results are being acted upon.

Monitoring performance against both the Organisational Improvement Plan and Divisional Plans will be through the Workforce Improvement Group with regular updates provided through the Strategy, Partnerships and Population Health Committee.

Senior Workforce & OD colleagues will represent the Health Board to support the development of a new national approach to measuring colleague experiences.

7. Recommendations

The Board is asked to:

- Approve the Organisational Improvement Plan.
- Note the Divisional improvement plans.
- Note and endorse the link between the national NHS Wales Staff Survey and the BCUHB ByddwchynFalch/BeProud survey work.
- Note the national changes to the approach of collecting colleague experiences.

NHS Wales Staff Survey 2018 - Organisational Improvement Plan - DRAFT

NHS Wales Staff Survey Theme	Baseline	2019/20 Target	Cross ref	Key Activities	Outcomes	Lead	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21
Stress												
During the last 12 months have you been injured or felt unwell as a result of work related stress	34% said Yes (+1% from 2016)	29%	Attendance Improvement Plan	Financial wellbeing - targeted support sessions for staff on: personal debt, budgeting, pension awareness and money management	Improved wellbeing and support to staff who need this type of support	Finance Team & Trade Union colleagues			x			
			Attendance Improvement Plan	Promotional campaign to highlight the different stress support interventions available to staff	increase in staff accessing appropriate support	Occupational Health Team	x					
			Attendance Improvement Plan	OH and WOD to support Managers to identify staff with early signs of stress in order to take early preventative action	increase in managers utilising relevant support tools, e.g. stress risk assessments, wellness action plans	Occupational Health Team & Heads of Workforce		x				
			Recruitment and retention Improvement plans	Implementation of the Nurse Staffing Act - to improve nurse staffing levels	Reduction in work related stress/reduction on agency spend	Workforce & OD Teams	x					
			OD delivery plan	Review Stress and Wellbeing management training sessions as part of the ASIM programme and further promotion of O/H related workshops for managers	A further 100 managers trained by end 2019	Occupational Health Team		x				
				A review of communication channels across the organisation - by Comms team	Identified methods at the right time that is sufficient and meets language needs	Communications Team	x					
				Awareness sessions for managers on the Organisational Change Policy (OCP) and process in order to improve communication with staff affected during a significant change to service/department	Increased management capability and staff engagement levels	Organisational Development Team				x		
			Attendance Improvement Plan	Review process and procedures in place to support staff following exposure to traumatic events	Guidance and support documents updated and issued to all staff	Occupational Health Team			x			
			Equality Strategic Plan	Flexible Working Policy - continue to provide further workshops for managers and staff, together with further promotion of the policy organisation wide	Staff confidence that policy is being applied fairly - monitored through Equality survey/Go Engage team survey	Equalites Team		x				
Bullying, Harrassment and Abuse (Patients and Staff)												
In the last 12 months have you personally experienced harassment, bullying or abuse at work from patients/ service users, their relatives or other members of the public?	22% said yes, (+4% from 2016)	17%		Review Customer Service training provision for front line staff, in clinical and non clinical areas to support early de-escalation	reduction in reported instances of bullying, harassment/abuse	Mandatory Training team		x				

In the last 12 months have you personally experienced harassment, bullying or abuse at work from managers/line managers, team leaders or other colleagues?	19% said yes, (no change from 2016)	14%	OD delivery plan	Incorporate 'Dignity at Work' training in the 'A Step Into Management' programme, with increased focus on bullying and types of abuse	100 managers trained by end 2019	Organisational Development Team	x					
			Recruitment and retention Improvement plans	Review the Exit Interview process in order to identify potential bullying/harassment issues	Streamlined process that provides monitoring and assurance that bullying issues are being acted on	Organisational Development Team		x				
Executive Team												
I know who the Executive team are	34% agree (-10% to NHS Wales)	45%		Implement a Back to the Floor Initiative - to support Execs to build relationships and communication with staff on the ground	Increased visibility and communication with staff on the ground. Staff know who the Executives are in the organisation	Organisational Development Team	x	x				
				Increase involvement of whole Executive team in Seren betsi and similar awards	Increased visibility and communication with staff on the ground.	OD/Communications Teams		x	x			
				Increase use of Executive Team social media including use of Staff App etc.	Increased visibility and communication with staff on the ground.	OD/Communications Teams	x	x				
				Rota for Executive walk arounds/drop in's and on the spot visits to be formalised	Increased visibility and communication with staff on the ground.	CEO office		x				
The Executive team have a clear vision of where the organisation is going	24% agree (-10% to NHS Wales)	40%		Diary of events for Execs to engage with staff, e.g. key organisational events, briefings, engagement events, workshops, etc	Increased visibility and knowledge of issues on the ground	CEO office	x	x				
				A review of 'My Week' to incorporate other executives, with a focus on current performance, future plans and service development	Staff will have a better understanding of current performance and future developments	Communications Team		x				
				Ensure messages are consistently focussed on direction and aligned to priorities.. Carry through to ensure actions are consistent with messages	Staff should understand where they fit into the direction	OD/Communications Teams	x	x				
The Executive team will act on the results of the survey	20% agree (-4% to NHS Wales)	40%		Executive team to review the feedback within the Staff Survey Comments report as part of its development programme- to critically appraise and identify any further improvement actions	Process of 'You Said, We Did' to continue - regular updates to staff on outcomes from the survey to be planned through to next 2020 survey	CEO office	x					
				Executive Team will ensure that they lead by example in developing improvement plans in functional areas as well as across the organisation	Process of 'You Said, We Did' to continue - regular updates to staff on outcomes from the survey to be planned through to next 2020 survey	Individual Directors	x					

Divisional Staff Survey Action Plan 2018

Division / Team	Mental Health	Division Lead	Lea Marsden/Matthew Winter
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THEME (please use a separate sheet per theme)	Management of Change
2018 Staff Survey Performance <i>inc Question no.(s) and %</i>	<ul style="list-style-type: none"> 26d: I understand why there is currently so much change within my organisation. MHLD Division 10% strongly agree, -3% on National (Target: Equal with National) 26f: Change is well managed here. MHLD Division 25% agreed or strongly agreed. -3 on National (Target: Equal with National)

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	18/01/19	Examine data further to establish areas to investigate in more detail.	Better understanding of topics and areas to focus on.	Staff better informed of the Change process	March 2019	Monthly
2	22/01/19	Rapid 3D Events Information email with 3D questions and methodology to be sent to key Managers to arrange mini events to gain staff feedback.	To ascertain where perceived poor management of change lies.		March 2019	Fortnightly
3	01/02/19	Interview staff that have been through the 'OCP' process in the last two years to get live data and examples of good or poor practice.	Get a better understanding of current OCP issues.	Any proposed changes to methodology informed by 'real' experiences of staff.	May 2019	Monthly
4	07/02/19	Through the Strategy and Service Redesign Group examine how we manage and communicate change and how it is linked to the three year plan.	Better understanding of how we manage change.		April 2019	Monthly

Divisional Staff Survey Action Plan 2018

5	01/03/19	Giving staff a better understanding of how OCP processes work in the Division by delivering 60 minute briefing sessions.	Enables staff to get a better understanding of how OCP works.	Empowering staff to embrace values and change		
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Division / Team	Mental Health	Division Lead	Lea Marsden/Matthew Winter
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THEME (please use a separate sheet per theme)	Communications
2018 Staff Survey Performance <i>inc Question no.(s) and %</i>	<ul style="list-style-type: none"> 15a: The organisation provides me with enough information to enable me to do my job well. MHL Division 59% agreed or strongly agreed, -7 on National (Target: -3 on National) 15b: The organisation provides me with information at the right time. MHL Division 43% agreed or strongly agreed, -5 on National (Target: Equal with National) 15c: On the whole, the different parts of the organisation which relate to my role, communicate effectively with each other. MHL Division 43% agreed or strongly agreed, -5 on National (Target: Equal with National) 15d: I am aware of the organisation's long term goals. MHL Division 41% agreed or strongly agreed, -13 on National (Target: -7 on National)

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	18/01/19	Examine data further to establish areas to investigate in more detail.	Better understanding of topics and areas to focus on.	Staff better informed and motivated.	March 2019	Monthly
2	22/01/19	Establish what forms of communication staff want	Better use of new Technology		March 2019	Fortnightly
3	07/02/19	Examine existing forms of communication-do we communicate too much or duplicate information?	Ascertain best ways of communicating	Staff better informed	May 2019	Monthly

Divisional Staff Survey Action Plan 2018

4	07/02/19	Get feedback on 'staff briefing' sessions to ascertain why they didn't work. Launch of BCUHB Staff App in January 2019.	Better understanding of what form of communication staff want.		April 2019	Monthly
5	21/02/19	Ensure the feedback from the 3D events is fed into the Quality Improvement and Governance Plan.		Empowering staff to learn and share knowledge.	March 2019	Monthly
6	01/03/19	Development of a monthly TODAYICAN blog written by the Director of MH Nursing detailing progress made in implementing the TODAYICAN change methodology. 'Wonderwall' initiative to recognise best practice across the MH&LD Division.	Improved means of communicating with staff.			

Division / Team	Mental Health	Division Lead	Lea Marsden/Matthew Winter
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THEME (please use a separate sheet per theme)	Values
2018 Staff Survey Performance <i>inc Question no.(s) and %</i>	<ul style="list-style-type: none"> 1: My organisation has a clear set of values which I understand. MHL Division 80% agreed or strongly agreed, -2 on National (Target: Equal to National) 05a: I would recommend my organisation as a place to work. MHL Division 58% agreed or strongly agreed, -8 on National (Target: -4 on National) 05c: I am proud to tell people I work for my organisation. MHL Division 64% agreed or strongly agreed, -9 on National (Target: -5 on National) 06a: Care of patients / service users is my organisation's top priority. MHL Division 65% agreed or strongly agreed, -10 on National (Target: -6 on National)

Divisional Staff Survey Action Plan 2018

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	18/01/19	Examine data further to establish areas to investigate in more detail.	Better understanding of topics and areas to focus on.		March 2019	Monthly
2	22/01/19	Examine how staff are informed of the Values of the Organisation by examining recruitment and induction processes.	Further development of values based recruitment.		March 2019	Fortnightly
3	01/02/19	Interview a selection of staff that have been recruited in the last 12 months to ascertain their knowledge of BCUHB's values.	Get a better understanding of how values are communicated across the Organisation.	Any proposed changes to methodology informed by 'real' experiences of staff.	May 2019	Monthly
4	07/02/19	Ensure staff are aware of 'TODAY I CAN' methodology and the Division's three year plan.	Better understanding of values		April 2019	Monthly

Division / Team	Mental Health	Division Lead	Lea Marsden/Matthew Winter
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THEME (please use a separate sheet per theme)	Visibility of senior staff/Executive Team
2018 Staff Survey Performance <i>inc Question no.(s) and %</i>	<ul style="list-style-type: none"> 14a: I know who the Executive Team are. MHL Division 26% agreed or strongly agreed, -17 on National (Target: -10 on National) 14b: The Executive Team have a clear vision of where the organisation is going. MHL Division 19% agreed or strongly agreed, -15 on National (Target: -7 on National) 14c: The Executive Team will act on the results of this survey. MHL Division 17% agreed or strongly agreed, -7 on National (Target: -3 on National)

Divisional Staff Survey Action Plan 2018

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	18/01/19	Examine data further to establish areas to investigate in more detail.	Better understanding of topics and areas to focus on.		March 2019	Monthly
2	22/02/19	Rapid 3D events Information email with 3D questions and methodology to be sent to key Managers to arrange mini events to gain staff feedback.	To gain information on how staff would like to be made aware of who the Senior Team are..		March 2019	Fortnightly
3	01/02/19	Interview a selection of staff that have been recruited in the last 12 months to ascertain if they have met or are aware of Senior Managers and the Executive Team.	Get a better understanding of the visibility of senior staff.	Any proposed changes informed by 'real' experiences of staff.	May 2019	Monthly
4	On-going	Continue with the ' Divisional Directors' visiting sites as a Team on a regular basis.	Better visibility of Executive Team.		December 2019	Monthly
5	01/03/19	Discuss and organise more 'senior Team' Leadership 'Walkabouts'	Better visibility of Senior Staff.	Improved Staff Morale.	December 2019,	
6	01/03/19	Leadership Days with Divisional Directors and Triumvirates. Quarterly Planning days with wider staff.	Enhanced communications		October 2019	

Divisional Staff Survey Action Plan 2018

Division / Team	West Area	Division Lead	Ffion Johnstone
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THEME (please use a separate sheet per theme)	Work Related Stress
2018 Staff Survey Performance <i>inc Question no.(s) and %</i>	<ul style="list-style-type: none"> 21: During the last 12 months have you been injured or felt unwell as a result of work related stress? West Area 31% said yes, -3% on National (Target: -5% on national) 17: In the last three months have you ever come to work despite not feeling well enough to perform your duties? West area 65% said yes +1% on National (Target: Equal with national) 16h: To what extent do you agree or disagree that your job gives you a feeling of happiness? West area: 58% agree or strongly agree, +2% on national (Target: +6% on national) 16a: To what extent do you agree or disagree that your job gives you a feeling of belonging? West area: 68% agree or strongly agree, +/- 0% on national (Target +3% on national) 20a: My organisation is committed to helping staff balance their work and home life. West area: 45% agree or strongly agree, -3% on national (Target: Equal with national)

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	12/11/2018	Drill down into survey data to establish areas to focus on and provide visual data to give evidence for needed improvement	Knowledge of topics to focus as part of an improvement plan	Direction for action plan and 3D questions in line with survey data	14/11/2018	Completed
2	30/11/2018	High proportion of staff suffering from stress Rapid 3D events Information email with 3D questions and methodology to be sent to key leaders to share with managers and ambassadors to arrange mini events to gain staff feedback.	Knowledge of staff views and ideas around stress and how to prevent it – knowledge of key trigger points	Ability to act on staff concerns and formulate further actions based on this.	30 th December	Events have taken place and comments matched against the actions in the action plan.

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		<p>Maria Roberts – Ologies Lowri - Matrons Sandra Jones– District nursing Louise Davies– Community hospitals Stuart Harmes– Therapies Liz Fletcher– Childrens Sue Murphy – Pharmacy</p>				
3	30/11/2018	<p>Communication with line management to further understanding of the availability and use of wellbeing tools for use with staff. Link with Occupational Health to send a link to tools for line management use as well as booklets to provide to all staff.</p>	<p>Line managers to be empowered to work with their staff to improve their wellbeing and reduce stress.</p>	<p>A more resilient workforce and lower sickness levels.</p>	<p>March '19</p>	<p>Collaborative working with occupational health to discuss ways of promoting existing services in the West. The first health and wellbeing information will be included in the first newsletter in March.</p>
4		<p>Consider provision of wellbeing corners (modelled on those provided in secondary care libraries)</p> <p>Use feedback from rapid 3D sessions and also comments from survey for review</p>	<p>Staff to be able to make more meaningful use of breaks or rest time to reduce stress.</p>	<p>Staff feeling that the pressure of their work is appreciated and recognised</p> <p>Lower stress and sickness levels</p>	<p>April '19</p>	<p>We have investigated these areas and will be working in collaboration with mental health champions to develop these on a smaller scale. We will support them with Awyr Las funding bids.</p>

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Division / Team	West Area	Division Lead	Ffion Johnstone
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THEME (please use a separate sheet per theme)	Bullying / Harassment / Abuse
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	<ul style="list-style-type: none"> 22a: In the last 12 months have you personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public? West area: 20% said yes, -2% on National. (Target: -5% on national) 22b: In the last 12 months have you personally experienced harassment, bullying or abuse at work from a manager/line manager / team leader or other colleagues? West Area: 19% said yes, +1% on National (Target: Equal with national) 23: If you were to experience harassment, bullying or abuse at work, would you know how to report it? West area: 43% said yes, definitely, -3% on national (Target: Equal with national) 24a: My organisation takes effective action if staff are bullied, harassed or abused by patients / service users, their relatives or other members of the public. 52% agreed or strongly agreed, -1% on National (Target: Equal with national) 24b: My organisation takes effective action if staff are bullied, harassed or abused by other members of staff. West area: 43% agreed or strongly agreed, -4% on national (Target: Equal with national)

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	12/11/2018	Drill down into survey data to establish areas to focus on and provide visual data to give evidence for needed improvement	Knowledge of topics to focus as part of an improvement plan	Direction for action plan and 3D questions in line with survey data	14/11/2018	Completed
2	30/11/2018	High proportion of staff suffering from bullying, harassment and abuse Rapid 3D events Information email with 3D questions and methodology to be sent to key	Knowledge of staff views and ideas around bullying and harassment and how to prevent it – knowledge of key trigger points	Ability to act on staff concerns and formulate further actions based on this.	30 th December	Events have taken place and comments matched against the actions in the action plan.

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		<p>leaders to share with managers and ambassadors to arrange mini events to gain staff feedback.</p> <p>Maria Roberts – Ologies Lowri - Matrons Sandra Jones– District nursing Louise Davies– Community hospitals Stuart Harmes– Therapies Liz Fletcher– Childrens Sue Murphy – PharmacyA</p>				
3	December 2018	<p>Line management engagement and education around bullying and harassment including bottom-up bullying. Information on where bullying, abuse and harassment is most likely to occur. Information on what does and does not constitute bullying or harassment.</p>	<p>Better awareness from line managers on bullying and harassment or all types and the procedures to follow if/when it occurs to work with both perpetrator and victim. Earlier intervention to resolve dignity at work issues before they escalate.</p>	<p>Supported and happier staff with lower stress and sickness rates.</p> <p>More empowered line management better able to lead and create a team culture.</p> <p>Staff are able to address issues in a comfortable and safe way which leads to quicker resolution.</p>	June 2019	<p>A number of sessions are held by Area West Workforce in relation to Dignity at Work.</p>
4	December 2018	<p>Staff suffering abuse or harassment from patients / members of the public.</p>	<p>Increase awareness of reporting structures and staff support for those who have been the situation.</p>	<p>Staff feel supported and safe in the workplace and are able to carry out their role safely</p>	June 2019	<p>Mandatory training levels are reviewed and targeted interventions from workforce when levels drop. Under continuous review.</p>

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			Continue to review mandatory training levels and promote Violence and aggression sessions. Localised sessions for those 'hot spot' areas. Increase use of datix for those incidents so that support interventions can be offered.			Local intervention and health and safety promotion is also in place. Datix review pending
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Division / Team	West Area	Division Lead Ffion Johnstone
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THEME (please use a separate sheet per theme)	Executive Team Visibility and Engagement
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	<ul style="list-style-type: none"> 14a: I know who the Executive Team are. West area: 31% agreed or strongly agreed, -12% on national (Target: -8% on national) 14b: The Executive Team have a clear vision of where the organisation is going. West area: 22% agreed or strongly agreed, -12% on national (Target: -8% on national) 14c: The Executive Team will act on the results of this survey. West area: 19% agreed or strongly agreed, -5% on national (Target: Equal with national)

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	12/11/2018	Drill down into survey data to establish areas to focus on and provide visual data to give evidence for needed improvement	Knowledge of topics to focus as part of an improvement plan	Direction for action plan and 3D questions in line with survey data	14/11/2018	Completed

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2		<p>Staff do not know who the Executive Team are</p> <p>Rapid 3D events Information email with 3D questions and methodology to be sent to key leaders to share with managers and ambassadors to arrange mini events to gain staff feedback.</p> <p>Maria Roberts – Ologies Lowri - Matrons Sandra Jones– District nursing Louise Davies– Community hospitals Stuart Harmes– Therapies Liz Fletcher– Childrens Sue Murphy - Pharmacy</p>	To gain feedback on how staff would like to be made aware of who the executive team are and their vision for the organisation	Staff to be more engaged with the organisation and the faces behind the vision for the organisation.	30 th December 2018	Events have taken place and comments matched against the actions in the action plan. Comments outside the gift of west area will be forwarded to workforce.
3		<p>Posters to be created to show a 'who's who of the Executive Team'</p>	Staff (including those not present at engagement events) to be aware of who the executive team are.	Staff to be more engaged with the organisation and the faces behind the vision for the organisation.	January 2019	Posters have arrived from Comms Team as of 21 st Feb. Accuracy to be checked before releasing to west area sites.
4		<p>Staff don't know if the executive team will act on the results of this survey.</p> <p>You said – We did documents</p>	Staff to be aware of the steps being taken as a result of the survey	Staff to feel listened to and appreciated – job satisfaction increased and staff more connected and loyal to organisation.	February 2019	Links to Corporate Staff survey Action plan.

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THEME (please use a separate sheet per theme)	Senior Leadership
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	<ul style="list-style-type: none"> 13a: Senior managers lead by example. West area 39% agree or strongly agree, -3% on national (Target: Equal with national) 13b: Senior managers understand what it is like to work on the front line. West area: 31% agree or strongly agree, -4% on national (Target: equal with national) 13c: Communication between senior managers and staff is effective. West area 29% agree or strongly agree, -3% on national (Target: equal with national)

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	12/11/2018	Drill down into survey data to establish areas to focus on and provide visual data to give evidence for needed improvement	Knowledge of topics to focus as part of an improvement plan	Direction for action plan and 3D questions in line with survey data	14/11/2018	Completed
2	30/11/2018	<p>Lack of knowledge around who senior leadership are and what they do:</p> <p>Rapid 3D events</p> <p>Information email with 3D questions and methodology to be sent to key leaders to share with managers and ambassadors to arrange mini events to gain staff feedback.</p> <p>Maria Roberts – Ologies Lowri - Matrons Sandra Jones– District nursing</p>	Gain information on how staff would like to become more aware of their Senior Leadership team and a better understanding of roles away from the front line.	Staff engaged with organisation structure. Senior leadership to have a human face in the organisation	30 th December 2018	Events have taken place and comments matched against the actions in the action plan.

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		Louise Davies– Community hospitals Stuart Harmes– Therapies Liz Fletcher– Childrens Sue Murphy - Pharmacy				
3	December 2019	Staff not agreeing that senior leaders understand what it is like to work on the front line. Staff believing that communication between senior leaders and staff is poor Newsletter - acknowledging staff achievement in the West area, linking to good news stories and a shared sense of achievement across the West locality.	Greater visibility of senior leadership team Staff to be thanked for their contribution	Staff to better understand work of the senior leadership team and its connection to frontline services. Staff to feel appreciated and recognised by the senior leadership team.	Newsletter to be issued March 2019	Articles ready for translation in order to release the first newsletter 22/02/2019
4	December 2019	A Day in the life of a senior leader or senior leaders to work on engagement and understanding of senior roles	Greater visibility of senior leadership team Appreciation of decision making and accountability levels	Accessibility of senior leaders is increased and better understanding of strategic objectives and where frontline staff fit into the BCUHB 'picture'	April 2019	Senior leader to be identified for first article
5	January 2019	High proportion of staff suffering from stress Launch of ' Proudrol ' in different areas.	Staff and teams to celebrate achievements	Greater engagement and satisfaction in workforce. Lower stress and sickness levels	Starting from January 2019	Will launch in different areas, beginning with Bryn Beryl as part of staff engagement and culture work
6	January 2019	Senior Leadership Team 'Walkabouts' – extended	Increased visibility of SLT and more opportunities for on the spot engagement	Teams actively engage with SLT and also use opportunity to resolve unresolved issues,	Review calendar and promote visit days wider team	Ongoing

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Division / Team	West Area	Division Lead	Ffion Johnstone
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THEME (please use a separate sheet per theme)	Change
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	<ul style="list-style-type: none"> 26f: Change is well managed here. West area: 24% agree or strongly agree, -4% on national (Target: Equal with national) 26e: Senior managers clearly communicate the reasons for change. West area: 27% agree or strongly agree, -6% on national (Target: -1% on national)

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	12/11/2018	Drill down into survey data to establish areas to focus on and provide visual data to give evidence for needed improvement	Knowledge of topics to focus as part of an improvement plan	Direction for action plan and 3D questions in line with survey data	14/11/2018	Completed
2	30/11/2018	<p>Only 24% of staff agree that change is well managed in the organisation. Staff disagree that the reasons for change well communicated</p> <p>Rapid 3D events Information email with 3D questions and methodology to be sent to key leaders to share with managers and ambassadors to arrange mini events to gain staff feedback.</p> <p>Maria Roberts – Ologies Lowri - Matrons Sandra Jones– District nursing Louise Davies– Community hospitals</p>	A better understanding of where perceived poor management of change lies and ideas for positive action, informed by real staff experience.	A workforce that feels respected and empowered to effect change in the organisation	30 th December 2018	Events have taken place and comments matched against the actions in the action plan.

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		Stuart Harmes– Therapies Liz Fletcher– Childrens Sue Murphy - Pharmacy				
3	30/11/2018	Rapid 3D events Information email with 3D questions and methodology to be sent to key leaders to share with managers and ambassadors to arrange mini events to gain staff feedback. Maria Roberts – Ologies Lowri - Matrons Sandra Jones– District nursing Louise Davies– Community hospitals Stuart Harmes– Therapies Liz Fletcher– Childrens Sue Murphy - Pharmacy Newsletter – to include key points for reasons behind change	A better understanding of where perceived poor communication of change lies and ideas for positive action, informed by real staff experience.	A better-informed workforce motivated to effect change for the good of the service and patients.	30 th December 2018	Events have taken place and comments matched against the actions in the action plan.
4	22/02/2019	Newsletter – Promote the use of the staff app.	Better communication with all levels of staff.	Change is clearly communicated in an accessible way to all staff.	March 19	Newsletter to roll out in March 2019

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THEME (please use a separate sheet per theme)	General
2018 Staff Survey Divisional Performance	

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inc Question no.(s) and %

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	November 2018	Cultural Survey at Bryn Beryl	Culture at Bryn Beryl will improve	Better staff engagement and lower sickness absence and staff stress	November 2018	Completed
2	Ongoing	Safe clean care	Staff to work together to create a safe clean environment	Healthier, happier staff, lower sickness absence and staff stress.	Ongoing	Ongoing
3	January 2019	PADR rates – linked to staff engagement and Pay Deal	PADR rates to improve	More meaningful PADR conversations – engaged workforce	March 2019	Ongoing
4	November 2019	Promotion of Listening Leads – between area and Secondary Care	Improved engagement and message sharing.	Listening leads able to cascade information to wider team	Ongoing	Ongoing

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THEME (please use a separate sheet per theme)	Change in the Organisation
2018 Staff Survey Performance <i>inc Question no.(s) and %</i>	<p>26c I am involved in discussions/decisions on change introduced in my work / department / team. Central Area 60% said strongly agree/agree, +4% on National (Target +7% on National)</p> <p>26e Senior Managers clearly communicate the reasons for change. Central Area 35% said strongly agree/agree, +1% on National (Target +4% on National)</p> <p>26f Change is well managed here. Central Area 33% said strongly agree/agree, +5% on National (Target +8% on National)</p> <p>** These targets have been set by WOD and needs final approval by the Division**</p>

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	14/11/2018	Drill down into survey data to establish areas to focus on and provide visual data to give evidence for needed improvement	Knowledge of topics to focus on as part of an improvement plan.	Direction for action plan and 3D questions in line with survey data	23/11/2018	Completed
	07/03/2019	Interview staff that have been through the 'OCP' process in the last two years to get live data and examples of good or poor practice.	Get a better understanding of current OCP issues.	Any proposed changes to methodology informed by 'real' experiences of staff.	May 2019	Monthly
	07/03/2019	Giving staff a better understanding of how OCP processes work in the Division by delivering 60 minute briefing sessions in areas where change is likely/imminent	Enables staff to get a better understanding of how OCP works.	Empowering staff to embrace values and change	Summer 2019	Monthly
	07/03/2019	Ensure the staff are involved in and aware of the need for change	Managers discuss the need for change with staff prior to consultation. Staff	Increased engagement and better outcomes. Change is delivered in a more timely manner.	Ongoing	Link with Comms

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			identify needs for change and raise with managers.			
	07/03/2019	Formalise protocol of how change is done and how we talk to staff involved in change, and what form that takes	Staff understand what the changes are and why they have happened. Staff owning the change	Greater buy in from all levels of staff in terms of understanding justification for change. Reduced stress and anxiety around uncertainty.	June	Monthly, link with WOD.
	07/03/2019	Creation and utilisation of local tool to understand changes that are proposed and how those changes will impact on the bigger systems. <ul style="list-style-type: none"> 10 sessions over the next 12 months Ensure collaboration with finance 	Greater understanding of the change itself and the potential impacts on scenario based planning. Operational plan would be more robust and related to deliverables with informed decision making tools evidenced. Help to revise Stryd Ni Strategy	Robust plan provides assurance Staff engaged in planning process and more able to effect change within planning cycle.	April 2020	Next 12 months will be used to develop the product in order to provide 8-12 sessions. Test sessions to be undertaken.

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THEME (please use a separate sheet per theme)	Communication
2018 Staff Survey Performance <i>inc Question no.(s) and %</i>	15a. The organisation provides me with enough information to enable me to do my job well. Central Area 64% strongly agree/agree, -2% on National (Target equal with National) 15b. The organisation provides me with information at the right time. Central Area 47% strongly agree / agree, -1% on National (Target equal with National)

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15dramrawarofrtherorganisation'srlongtermgoals.rCentral Area 52% strongly agree / agree. -2% on National (Target equal with National).

** These targets have been set by WOD and needs final approval by the Division**

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	14/11/2018	Drill down into survey data to establish areas to focus on and provide visual data to give evidence for needed improvement	Knowledge of topics to focus on as part of an improvement plan.	Direction for action plan and 3D questions in line with survey data	23/11/2018	Completed
	07/03/19	Get feedback on 'staff briefing' sessions to ascertain why they didn't work. Launch of BCUHB Staff App in January 2019.	Better understanding of what form of communication staff want.	Staff have access to information relevant to them in an accessible manner	May 2019	Monthly
	07/03/2019	Staff to be made aware of key departmental changes and team objectives, through service management meetings, newsletter, staff engagement events, utilisation of listening leads and 3D ambassadors	Shared understanding of the need for change and the actions being undertaken to improve patient care	Greater involvement and engagement. Improved patient care.	Ongoing	Continuous review
	07/03/2019	Staff are released to attend face to face team briefing with senior managers (to follow board messages or one Board, one Local.	All staff to attend a briefing at least once a quarter	Sharing organisational messages and key information. Opportunities for staff to question and provide suggestions.	June 2019	Directive for team brief to be reinstated.
	07/03/2019	Continuation of regular newsletters (Stryd Ni)	Awareness of staff changes across the area. Awareness of areas of best practice and	Greater engagement and awareness. Opportunities to share professional and personal achievements.	Ongoing, next edition Spring 2019 (Quarterly thereafter)	Completed

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			individual achievements of staff.			
	07/03/2019	Ensure the feedback from the 3D events is fed into the Quality Improvement and Governance Plan.		Empowering staff to learn and share knowledge.	May 2019	Monthly
	07/03/2019	Continue to promote good practice on social media – specific hashtag #BetsiCentral or #BCUHBcentral (to be decided) Include in signature blocks to promote branding.	Increased public awareness of innovations and developments.	Greater recognition of staff and their role in patient care.	April 2019	Commencing promotion that everyone who tweets from Central Area will use that #tag

Division / Team	Central Area	Division Lead	Bethan Jones
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THEME (please use a separate sheet per theme)	Resources
2018 Staff Survey Performance <i>inc Question no.(s) and %</i>	<p>25a I can meet all of the conflicting demands on my time at work. Central Area 45% strongly agree/agree, -5% on National (Target equal with National)</p> <p>25c There are enough staff at this organisation for me to do my job properly. Central Area 55% strongly disagree/disagree, -5% on National (Target equal with National)</p> <p>** These targets have been set by WOD and needs final approval by the Division**</p>

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
	08/03/2019	Assess current vacancies throughout area and determine how those roles need to be filled and the effect it is having on the team	Arrange recruitment campaign for 'hot spots'	Roles are filled in an organised timely manner	May 2019	Monthly

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08/03/2019	Delays in vacancy process; will arrange for colleagues from WOD to support with development of adverts, JD PS's, undertake localised recruitment training for new and existing managers, encompassing pre- and post recruitment activity	Ensuring positions are filled effectively with minimal delay	Reduction of stress Increased time available to support patients due to staff being aware of their roles and responsibilities	March 2020	Monthly
08/03/2019	Empower patients family/friends to support patients while in hospital, home discharge and to remain at home	Shorter hospital stays with happier patients	Responsibility for patients social wellbeing remains with family and friends	March 2020	Monthly
08/03/2019	Ensure technological advances are introduced to support frontline staff	Reduced frustration and smarter working. Able to meet demands for patient care in a more timely manner	Increased patient time Less duplication Reduce stress levels Improved health and wellbeing Reduced travel	September	Further liaising with Informatics necessary

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THEME (please use a separate sheet per theme)	Senior Managers & Executive Team
2018 Staff Survey Performance <i>inc Question no.(s) and %</i>	<p>13b Senior managers understand what it is like to work on the front line. Central Area, 35% strongly agreed/agree +0% on National (Target +1% on National)</p> <p>14a I know who the Executive Team are. Central Area, 33% strongly agree/agree, -10% on National (Target equal with National)</p> <p>14b The Executive Team have a clear vision of where the organisation is going. Central Area, 27% strongly agree/agree, -7% on National (Target equal with National)</p> <p>** These targets have been set by WOD and needs final approval by the Division**</p>

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No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	14/11/2018	Drill down into survey data to establish areas to focus on and provide visual data to give evidence for needed improvement	Knowledge of topics to focus on as part of an improvement plan.	Direction for action plan and 3D questions in line with survey data	23/11/2018	Completed
	07/03/2019	Senior Managers to participate in back to the floor activities	Greater awareness from all parties of the challenges facing staff at all levels	Managers will understand the pressures and challenges facing staff Greater engagement		
		Organised drop-ins/meet the managers sessions	Greater visibility of senior leadership team and understanding of the challenges facing staff	Greater engagement and shared understandings of the challenges		
		Celebration of success	Staff invited to attend coffee mornings recognition events with area director	Promotion of good practice. Recognition of staff achievements. Promotion of innovative ideas.		
		Organisation chart to be visible across the area	Staff able to recognise senior managers	Increased visibility and accessibility to staff		
		Area Leadership Team meetings – rotate around venues in Central Area and ALT commit to spending the whole day.	To feedback and report what was seen etc.	Understand the day to day pressures on specific areas	May 2019	
		Good Practice Conference. Look at whether holding annual/bi-annual good practice conference across health economy will incentivise and encourage staff to share good practice and help identify and inform planning and service level changes required.	Greater staff involvement. Staff feel empowered to share good practice and challenge the system	Promotion of good practice. Recognition of staff achievements. Promotion of innovative ideas. Increased management visibility.	April - June	New – will need to scope out appetite for this and practicalities

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Division / Team	Central Area	Division Lead	Bethan Jones
THEME (please use a separate sheet per theme)	Staff Wellbeing		
2018 Staff Survey Performance <i>inc Question no.(s) and %</i>	<p>17 In the last three months have you ever come to work despite not feeling well enough to perform your duties? Central Area, 61% said yes, -3% on National (Target -5% on National)</p> <p>22 During the last 12 months have you been injured or felt unwell as a result of work related stress? Central Area, 35% said yes, +1% on National (Target equal with National)</p> <p>22a In the last 12 months have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public? Central Area, 24% said yes, +3% on National (Target equal with National)</p> <p>22b In the last 12 months have you personally experienced harassment, bullying or abuse at work from a manager / line manager / team leader or other colleagues? Central Area, 17% said yes, -1% on National (Target -3% on National)</p> <p>** These targets have been set by WOD and needs final approval by the Division**</p>		

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	14/11/2018	Drill down into survey data to establish areas to focus on and provide visual data to give evidence for needed improvement	Knowledge of topics to focus on as part of an improvement plan.	Direction for action plan and 3D questions in line with survey data	23/11/2018	Completed
2		High proportion of staff suffering from stress Rapid 3D events to be sent to key managers with methodology to arrange mini events and gain feedback	Knowledge of staff views and ideas around stress and how to prevent it – knowledge of key trigger points	Ability to act on staff concerns and formulate further actions based on this.	May 2019	Request for management support to be sent in ALT

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3		Communication with line management to further understanding of the availability and use of wellbeing tools for use with staff. Link with Occupational Health to send a link to tools for line management use as well as booklets to provide to all staff.	Line managers to be empowered to work with their staff to improve their wellbeing and reduce stress.	A more resilient workforce and lower sickness levels.	April	Collaborative working with occupational health to discuss ways of promoting existing services in the Central
4		Consider provision of 'wellbeing hours' Use feedback from rapid 3D sessions and also comments from survey for review	Staff to be able to make more meaningful use of breaks or rest time to reduce stress.	Staff feeling that the pressure of their work is appreciated and recognised Lower stress and sickness levels	April	Staff suggested action
5		Protected time to attend away days and team development events and consider where training may support this	Invitations extended to front line staff at all levels	Greater engagement with team objectives		
6		Wellbeing and resilience sessions to be made available to teams	Greater awareness of how staff can improve their health and wellbeing and those of their colleagues	Decline in stress related illness and improved attendance	June	
7		85% of staff to have an agreed PADR with a personalised development plan	Staff to be aware of the organisational objectives and how their role and team fits into the overall plan	Increased feelings of engagement and belonging	March	
8		Continuation of the annual Betsi Games	Greater engagement with colleagues and opportunity to meet colleagues from other areas	Increased feelings of engagement and belonging	August	

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9	December 2018	Line management engagement and education around bullying and harassment including bottom-up bullying. Information on where bullying, abuse and harassment is most likely to occur. Information on what does and does not constitute bullying or harassment.	Better awareness from line managers on bullying and harassment of all types and the procedures to follow if/when it occurs to work with both perpetrator and victim. Earlier intervention to resolve dignity at work issues before they escalate.	Supported and happier staff with lower stress and sickness rates. More empowered line management better able to lead and create a team culture. Staff are able to address issues in a comfortable and safe way which leads to quicker resolution.	June 2019	A number of sessions are held by Area Central Workforce in relation to Dignity at Work.
10		Staff suffering abuse or harassment from patients / members of the public.	Increase awareness of reporting structures and staff support for those who have been the situation. Continue to review mandatory training levels and promote Violence and aggression sessions. Localised sessions for those 'hot spot' areas. Increase use of datix for those incidents so that support interventions can be offered.	Staff feel supported and safe in the workplace and are able to carry out their role safely	June 2019	

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THEME (please use a separate sheet per theme)	General
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
	Ongoing	Safe clean care	Staff to work together to create a safe clean environment	Healthier, happier staff, lower sickness absence and staff stress.	Ongoing	Completed
	January 2019	PADR rates – linked to staff engagement and Pay Deal	PADR rates to improve	More meaningful PADR conversations – engaged workforce	March 2019	Ongoing
	November 2019	Promotion of Listening Leads – between area and Secondary Care	Improved engagement and message sharing.	Listening leads able to cascade information to wider team	Ongoing	Ongoing
	Marc 2019	Assurance that Staff Survey has been 'heard' and will be acted upon; Refreshed 'You Said We Did' Communicate action plan and ask for feedback to a specific inbox/address	Further staff engagement to create ideas and proposals	Generate confidence that the staff surveys are beneficial and will result in change Ongoing staff engagement	August	Ongoing
		Consider where there may be appropriate use of funds to encourage specific training relevant to team	Better able to develop team members to provide for needs of patients	Staff feel valued and more engaged	June	Ongoing

Divisional Staff Survey Action Plan 2018

Division / Team	East Area	Division Lead	Rob Smith
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THEME (please use a separate sheet per theme)	COMMUNICATION (AND STAFF ENGAGEMENT)
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	15b The organisation provides me with information at the right time, East area 50% of staff strongly agree/agree, +2% on National (Target: +8% on national) 15d I am aware of the organisations long term goals, East area 48 % Strongly agree/agree, -8% on National , (target: to equal national)

No	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	We will write a local Team Brief to add to the corporate Team Brief and it will be cascaded to teams either through scheduled Team Brief meetings or added to other regular meetings To ensure success/achievements are celebrated (individuals, teams, projects)	Improved Communication between managers and staff, and between departments/teams within the area	There will be a feedback mechanism for staff and they will be asked to rate how useful Team Brief information is and what issues they would like to receive more information on	31 January 2019	On-going
2	Organise a campaign to further improve and promote the uptake of staff ambassadors and listening leads, targeting areas without leads, further encourage two way dialogue	Improve two way communication between staff/management	Increasing number of leads will mean that more staff will hear information in a timely manner and improves dialogue between staff/managers	End September 2019	On-going

Divisional Staff Survey Action Plan 2018

3	Invite staff to attend 3D events, gain feedback in Team Brief and ask staff for ideas on how to improve communication between staff and senior managers	Engagement with staff is improved and staff feel involved in influencing decision-making	Engagement with staff is improved and staff feel involved in influencing decision-making	28 February, 2019	? poor uptake ? try again ??
4	To continue and develop area social groups and plan events. Lunch on the Lawn events currently held in preswylfa.	Promote engagement and communication, bringing together different teams in an informal way	To improve engagement and involvement in a range of activities.	Throughout 2019	On-Going

Division / Team	East Area	Division Lead	Rob Smith
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THEME (please use a separate sheet per theme)	STAFF WELL-BEING
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	Q 21. During the last 12 months have you been injured or felt unwell as a result of work related stress? East area 30% said yes, -4% on national (Target: 8% on national) Q22a. In the last 12 months have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public? East area 24% said yes +3% on national (Target: -8% on national)

No	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	Listening Leads is already well embedded within the Area. Use improved Team Brief, Listening Leads feedback and senior management 'walk the jobs' to	Improve communication and engagement	More timely and appropriate information given to staff, improve morale and engagement	End June 2019	On-going

Divisional Staff Survey Action Plan 2018

	understand from staff how to better support staff well-being				
2	<p>Improve staff well-being by regular promotion of well-being tools and information and promote a healthy workplace</p> <p>Promotion and training of New All Wales Attendance Policy</p> <p>To continue to monitor absences rates and patterns. To regularly audit to ensure compliance</p> <p>To work with Occupational Health and OD where appropriate to promote staff wellbeing and improve engagement</p>	To improve employee wellbeing and increase attendance at work	<p>To ensure managers are fully aware of all wellbeing tools and are trained to support staff wellbeing</p> <p>To engage and support staff, to achieve lower absence rates, particularly those relating to stress at work</p>	End October 2019	On-going
3	Organise workshops in partnership with OHU to better understand causes and look to support staff who feel stressed by work.	Increase knowledge of wellbeing tools and support	Staff and Managers better equipped to cope with stress and information taken from workshops to consider patterns of stress, key root causes and possible solutions	30 October 2019	On-going
4	To drill down in to survey results with regards to dignity at work issues and to look at Workforce data and OH information to identify areas where there may be issues.	<p>To ensure staff feel supported such issues arise and that managers know how to manage such issues</p> <p>To support a culture of openness</p>	<p>Supported and happier staff</p> <p>Reduce absence levels</p> <p>Staff feel supported and safe in work</p>	30 September 2019	On-going

Divisional Staff Survey Action Plan 2018

	To work with appropriate departments to put in place preventive measures and deal with any issues that arise To roll out appropriate training as required.	To proactively manage potential ER issues			
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Division / Team	East Area	Division Lead	Rob Smith
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THEME (please use a separate sheet per theme)	SENIOR LEADERSHIP
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	13a Senior managers lead by example, East area 50% strongly agreed/agreed +8% on national (Target: +10% on national) 13b Senior managers understand what it is like to work on the front line, East area 45% strongly agreed /agreed +10% on National (Target +15% on national) 13c Communication between senior managers and staff is effective, East area 42% strongly agreed/agreed +10% on National (Target: +18% on national)

No	Action to Address	Expected outcomes	Benefit/Impact	Target Completion Date	Progress / Review
1	Senior Managers each to have a timetabled programme of site visits.	Improve viability of senior managers within the area team	Staff will feel senior managers are interested in their job roles and they are involved in improving communications	28 February, 2019	On-going

Divisional Staff Survey Action Plan 2018

2	Staff feedback will be added to the Area Management Group and managers will report issues raised and actions taken	Improve communication channels, Improve Employee Voice	Greater communication between management and members of staff	31 January 2019	Completed
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Division / Team	East Area	Division Lead	Rob Smith
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THEME (please use a separate sheet per theme)	EXECUTIVE TEAM VISIBILITY (AND CORPORATE VISION)
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	<p>14a I know who the Executive Team are, East area 32% strongly agreed/agreed -11% on national. (Target equal to national)</p> <p>14b The Executive Team have a clear vision of where the organisation is going, East area 23% strongly agreed/agreed -11% on National (target equal to national)</p> <p>14c The Executive Team will act on the results of this survey. East area 22% strongly agreed/agreed -2% on National. (target: + 10% on National)</p>

No	Action to Address	Expected Outcomes	Benefit/Impact	Target Completion Date	Progress / Review
1	Use the revised East Team Brief system to provide names of Executive Team and their portfolios	Improve staff knowledge of who is who in the Executive Team.	Staff will know who the Executive Team are and will be aware of the overall vision of BCU	Linked to the Team Brief action above	On-going
2	Use the new electronic copy of the Executive Team poster when ready to circulate to community staff	Improve, share and engage staff with the vision of the organisation.			
3					

Divisional Staff Survey Action Plan 2018

	<p>Work with Executive Team to produce a brief vision document to share across teams</p> <p>Provide area updates on actions taken following survey results</p>				
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Divisional Staff Survey Action Plan 2018

Division / Team	Cancer	Division Lead	Geraint Roberts
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THEME (please use a separate sheet per theme)	Team Working
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	<ul style="list-style-type: none"> 9a: Team members have a set of shared objectives, Cancer area: 76% agreed or strongly agreed, -6% on national (Target: equal with national) 9b: Team members trust each other, Cancer area: 71% agreed or strongly agreed, -3% on national (Target: equal with national) 9c: Team members trust each other's contribution, Cancer area: 71% agreed or strongly agreed, -3% on national (Target: equal with national) 9g: Team members work well with people in other teams, Cancer area: 67% agreed or strongly agreed, -8% on national (Target: equal with national) <p>** These targets have been set by WOD and needs final approval by the Division**</p>

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1		Trust and shared objectives within teams. <ul style="list-style-type: none"> Review communication and engagement plan/ process and adapt to address key priorities from staff survey. Develop communication strategy which will include open staff meeting within all depts.. Staff given opportunity to tell management what they want 	<ul style="list-style-type: none"> All roles have clearly defined accountabilities and responsibilities that are measureable and people are managed to them. Develop a dynamic culture that facilitates team working: all staff feel empowered and valued. 	<ul style="list-style-type: none"> Excellent communication occurs within the local and wider teams so that the current position is understood and issues can be proactively raised and actioned quickly. High profile leadership and management creates a clearly defined structure in which staff can work 	July 2019	April 2019

Divisional Staff Survey Action Plan 2018

		<ul style="list-style-type: none"> Regular and visible senior team visits to all areas 	<p>Similarly the culture encourages team working and staff to challenge the status quo appropriately, in order to innovate and move the service forwards.</p> <ul style="list-style-type: none"> Information is shared with people whenever possible, to help build understanding and innovation. 	<p>efficiently and effectively.</p> <ul style="list-style-type: none"> Staff are flexible and willing to provide discretionary effort. Information is shared with people whenever possible, to help build understanding and innovation. Staff are treated fairly and understand what is required of them, the boundaries in which they should work and are openly monitored 		
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Divisional Staff Survey Action Plan 2018

Division / Team	Womens Directorate	Division Lead	Heledd Jones
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THEME (please use a separate sheet per theme)	Developing Capability
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	<ul style="list-style-type: none"> 25a) I can meet all the conflicting demands on my time and work- Women's: 42% -7% on national (BCU & N: 49%) 4% Target increase 33c) I am able to make improvements in my area of work- Women's: 69% (BCU: 74%; N: 75%) -6% on national 4% Target increase 30a) Did the appraisal/review help you to improve how to do your job- Women's: 45% -9% on national (BCU & N: 54%) Target Increase 5% 30c) Did the appraisal/review leave you feeling that your work is valued by your organisation-Women's: 52% (-13% on national) (BCU: 66%; N: 65%) Target Increase 5% 31 The values of my organisation were discussed as part of the appraisal review process – Women's: 76% (-3% on national) (BCU: 84%; N: 79%) Target Increase 5% 12c) How often would you say your line manager demonstrates a positive approach to work and leads by example Women's: 63%; -6% on National (BCU: 68%; N: 69%) Target Increase 4% 27a) There are opportunities for me to progress in my job- Women's: 43% -1% on national (BCU: 43%; N: 44%) Target Increase 4% 15a) The organisation provides me with enough information to enable me to do my job well- Women's: 67% x% to national (BCU: 63%; N: 67%) Target Increase 2%

Divisional Staff Survey Action Plan 2018

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	7.12.2018	Capability amongst staff across the Womens Directorate	Building capability to enable staff to meet future challenges	Strong and capable work-force	September 2019	
2	7.12.2018	Train line managers to carry out PADR to include helping individuals achieve their maximum potential	Staff PADR's to add value to individuals roles	Staff to feel valued and to have clear direction in their roles	September 2019	
3	7.12.2018	Line managers to act as role models for personal and professional development	To identify what goals individuals have and how line managers can help them to achieve their goals	Staff to be clear about the pathway of reaching their individual goals.	September 2019	
4	7.12.2019	Development opportunities- regular communication about opportunities	All staff to have equal opportunities in terms of professional and personal development in the workplace	Clear pathway for succession planning	April 2019	

Division / Team	Womens Directorate	Division Lead	Heledd Jones
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THEME (please use a separate sheet per theme)	Holding to Account
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	<ul style="list-style-type: none"> 9a) Team members to have a set of shared objectives- Women's: 86% +4% on National (BCU & N: 82%) Target increase 1% 10b) My line manager makes clear what is expected of me- Women's: 76% -1% on national (BCU: 75%; N: 77%) Target increase 1% 9c) Team members often meet to discuss the teams' effectiveness- Women's: 58% -1% on national(BCU & N: 59%) Target increase 1% 10c) My line manager gives me clear feedback on my work- Women's: 64% -1% on national (BCU: 63%; N: 65%) Target increase 1%

Divisional Staff Survey Action Plan 2018

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	7.12.2018	Agreeing clear performance and quality indicators	Launch of an accountability framework	Communicating a compelling and clear vision of the future in an achievable manner	January 2019	
2	7.12.2018	Supporting individuals and teams to take responsibility for results	All team members know what is expected of them in their roles	Staff to feel proud of their achievements and to be autonomous in their success	March 2019	
3	7.12.2018	Providing balanced feedback	Constructive feedback received and accepted by all team members	Engaged workforce	March 2019	

Divisional Staff Survey Action Plan 2018

Division / Team	Ysbyty Gwynedd, Secondary Care	Division Lead	Hospital Director
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THEME (please use a separate sheet per theme)	Leadership / Management approach.
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	<ul style="list-style-type: none"> 10b: My line manager makes clear what is expected of me. YG 65% agreed or strongly agreed, -12% on national (Target: equal to national) 10c: My line manager gives me clear feedback on my work. YG 49% agreed or strongly agreed, -16% on national (Target: equal to national) 10d: My line manager takes a positive interest in my health and wellbeing. YG 60% agreed or strongly agreed, -10% on national (Target: equal to national) 10f: My line manager is supportive in a personal crisis. YG 65% agreed or strongly agreed, -13% on national (Target: equal to national) 11: How satisfied are you with the support you get from your immediate managers. YG 62% satisfied or very satisfied, -8% on national (Target: equal to national) 12a: How often would you say your line manager shows genuine care and concerns for employees?. YG 58% said often or always, -11% on national (Target: equal to national) 12c: How often would you say your line manager demonstrates a positive approach to work and leads by example? YG 58% said often or always, -11% on national (Target: equal to national) 13c: Communication between senior managers and staff is effective. YG 22% agreed or strongly agreed, -10% on national (Target: equal to national) <p>** These targets have been set by WOD and needs final approval by the Division**</p>

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	25/10/2018	Results of staff survey for YG (believed to relate to secondary care) shared with senior team for initial response to first results.	Increased awareness of the outcome of the survey and discourse on the results.	Engagement and involvement of senior team.	30/10/18	Discussion held, with subsequent focusing in on 5 greatest positive areas of difference with National results and 5 most negative.

Divisional Staff Survey Action Plan 2018

2	01/12/18	OD facilitated engagement event held at Ysbyty Gwynedd site.	<p>Staff contribution to key questions of:</p> <ul style="list-style-type: none"> - What can we do to support staff with stress, building on what is already available? - What strategies can we use to tackle and reduce bullying, harassment and abuse from patients/service users? - What strategies can we use to tackle and reduce bullying, harassment and abuse from managers and colleagues? - What would you like the Executive Team to be doing to demonstrate that they are acting on the results of this survey? - Share your ideas / examples on how we can build on and improve trust and confidence to make BCUHB a great place to work. 	Involvement of selection of staff in shaping responses.	10/12/18	Results collated within internal assessment paper on staff survey, which has helped inform actions.
3	03/01/2019	Appoint to management structures to remove acting up arrangements and vacancies	This intervention will provide greater certainty on line management arrangements.	Building of improved relationships and adoption of engaging leadership style. This will assist in making improvements in:	31/01/2019	

Divisional Staff Survey Action Plan 2018

				<ul style="list-style-type: none"> a) Evidencing and communicating the need for change (Staff survey Q 26d). b) Support at times of personal crisis (Staff survey Q10f). c) Engagement for opinions before making decisions (Staff survey Q26b). d) On site management cover for a greater proportion of the day through extended cover by Matrons and Clinical Site Managers (Staff Engagement event) 		
4	03/01/2019	Support improvements in staff experience of line management through management development programme that helps individuals understand their personal personality profiles and the likely interactions of these preferences with those of others. To include, subject to OD support and funding - Facet 5 personality profiling and teamscape work at Head of Service, Matron and Clinical Site Management levels.	This intervention will aim to influence performance against those areas of line management style and approach that may be adversely affecting staff satisfaction.	<p>This will assist in making improvements in:</p> <ul style="list-style-type: none"> a) Evidencing and communicating the need for change (Staff survey Q 26d). b) Support at times of personal crisis (Staff survey Q10f). c) Engagement for opinions before making decisions (Staff survey Q26b). 	Conditional on OD support and funding.	

Divisional Staff Survey Action Plan 2018

5	03/01/2019	Support improvements in staff experience of line management through management development facilitated through coaching support.	This intervention will aim to influence performance against those areas of line management style and approach that may be adversely affecting staff satisfaction.	This will assist in making improvements in: a) Evidencing and communicating the need for change (Staff survey Q 26d). b) Support at times of personal crisis (Staff survey Q10f). c) Engagement for opinions before making decisions (Staff survey Q26b).	Conditional on OD support and potentially funding.	
6	03/01/2019	<i>Renewed commitment to PADRs and associated processes.</i> Secondary care services at Ysbyty Gwynedd reported that just under 30% of Agenda for Change staff having had a PADR at the end of November '18.	This intervention will support a trajectory of maintaining the position at the end of December '18 with 11% improvements thereafter to 41% at the Jan '19, 53% at Feb '19 and 65% at Mar' 19 have been proposed as part of wider targets for quarter 4 '18/19. The completion rate for medical and dental appraisals at both Consultant and Staff Doctor level are higher at 99% at the end of November '18. This level will be maintained or improved. The level of completed job plans stood at 71% at the end of	This will assist in making improvements in: a) Managers making it clear to staff what is expected of them (Staff survey Q10b). b) Giving staff clear feedback on their work (Staff survey Q10c).	31/03/2019	

Divisional Staff Survey Action Plan 2018

			November '18. A trajectory for further improvement has been set; with targeted levels of 75% at the end of Dec '18, 80 % at Jan '19, 82.55 at Feb '19 and 85% at March '19.			
7		<p>Communication and recognition. The feedback from the staff survey engagement event highlighted the need for the organisation as a whole to improve communication and engagement activities.</p> <p>The Ysbyty Gwynedd site has 8 staff ambassadors and 4 listening leads. There is an update event planned for January 2019. The opportunity for staff to become ambassadors or listening leads will be reiterated with a view to increasing the number further.</p> <p>The 'West's got talent' night was identified during the staff engagement event as a successful vehicle for engagement. Similarly, the best decorated Christmas ward generated a competitive spirit and it has been proposed that similar competitions are scheduled across the year for notable diary dates.</p>	Improved sense of recognition	These interventions will aim to contribute to the measures that address the feedback from staff within the engagement event on ' <i>how we can build on and improve trust and confidence to make BCUHB a great place to work</i> '.	30/08/2019	

Divisional Staff Survey Action Plan 2018

		Work is already being progressed on a site clinical recognition award which would be built around the safety huddle; a penguin emblem would be adopted for the award.				
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Division / Team	Ysbyty Gwynedd, Secondary Care	Division Lead	Hospital Director
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THEME (please use a separate sheet per theme)	Stress at Work
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	<ul style="list-style-type: none"> 16c: To what extent do you agree or disagree that your job gives you a feeling of achievement? YG 65% agreed or strongly agreed, -5% on national (Target: equal to national) 16d: To what extent do you agree or disagree that your job gives you a feeling of opportunity? YG 47% agreed or strongly agreed, -6% on national (Target: equal to national) 18: Have you felt pressure from your manager to come to work? YG 30% said yes, +7 on national (Target: equal to national) 19: Have you felt pressure from your colleagues to come to work? YG 24% said yes, +7% on national (Target: equal to national) 20a: My organisation is committed to helping staff balance their work and home life, YG 36% agreed or strongly agreed, -12% on national (Target: equal to national) 21: During the last 12 months have you been injured or felt unwell as a result of work related stress? YG 36% said yes +2% on national (Target: equal to national) 22a: In the last 12 months have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public? YG 28% said yes +7% on national (Target: equal to national) 22b: In the last 12 months have you personally experienced harassment, bullying or abuse at work from a manager / line manager / team leader or other colleagues? YG 23% said yes, +5% on national (Target: equal to national) <p>** These targets have been set by WOD and needs final approval by the Division**</p>

Divisional Staff Survey Action Plan 2018

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	25/10/2018	Results of staff survey for YG (believed to relate to secondary care) shared with senior team for initial response to first results.	Increased awareness of the outcome of the survey and discourse on the results.	Engagement and involvement of senior team.	30/10/18	Discussion held, with subsequent focusing in on 5 greatest positive areas of difference with National results and 5 most negative.
2	01/12/18	OD facilitated engagement event held at Ysbyty Gwynedd site.	<p>Staff contribution to key questions of:</p> <ul style="list-style-type: none"> - What can we do to support staff with stress, building on what is already available? - What strategies can we use to tackle and reduce bullying, harassment and abuse from patients/service users? - What strategies can we use to tackle and reduce bullying, harassment and abuse from managers and colleagues? - What would you like the Executive Team to be doing to demonstrate that they are acting on the results of this survey? - Share your ideas / examples on how we can build on and improve 	Involvement of selection of staff in shaping responses.	10/12/18	Results collated within internal assessment paper on staff survey, which has helped inform actions.

Divisional Staff Survey Action Plan 2018

			trust and confidence to make BCUHB a great place to work.			
3	03/01/19	<p>Support of staff after traumatic events. The feedback from the staff survey engagement event highlighted the importance of compulsory debriefs to support staff after a traumatic event. This was further highlighted by the experiences of staff following the recent loss of nursing colleagues.</p> <p>Staff at Ysbyty Gwynedd are working with colleagues in Health at Work regarding how the information that Health at Work hold on support agencies might be more widely available to the hospital. Clearly, this will have an application more widely across BCUHB. Despite the scope for some improvement, feedback on recent events suggest that internal and peer support mechanisms worked well.</p>	This intervention will aim to support staff in their management of stressful situations and may have an intangible benefit on sickness absence rates.	This will assist in demonstrating a response to views expressed in staff engagement event in respect of 'what we can do to support staff with stress'.	31/03/2019	
4	03/01/19	Implementation of the Just Culture guide – NHS Improvement. The secondary care services at the Ysbyty Gwynedd site will look to adopt the NHS Improvement 'A just culture guide' as a tool to be used before	This intervention will aim to contribute to the measures that address the feedback from staff within the engagement event on ' <i>what strategies can we use to</i>	This will assist in making improvements in those measures that relate to the experience of staff in respect of both relationships with line	30/08/2019	

Divisional Staff Survey Action Plan 2018

		formal management action is directed at an individual member of staff. This guide supports a conversation between managers about whether a staff member involved in a patient safety incident requires specific individual support or intervention to work safely. The guide highlights that action singling out an individual is rarely appropriate as most patient safety issues have deeper causes and require wider action. The tool has been supported within NHS England by trade union partners including the BMA, RCN, UNISON and Unite.	<i>tackle and reduce bullying, harassment and abuse from patients / service users'.</i>	management and bullying & harassment.		
5	03/01/19	Protected space and time for staff meals. Questions have been posed to colleagues within Estates and Facilities as to whether the main dining area is a staff canteen or public restaurant. Whilst it is recognised that the Health Board will be looking to raise income from sales, the confused status of the dining area leads to staff experiencing delays in accessing their meals and the potential of sitting next to a table occupied by members of the public. Staff members have raised questions as to whether the dining area should only be accessible to staff at key times, given that alternative provision is made for	Increased ease of access to staff canteen and break away from ward duties.	This intervention will aim to contribute to the measures that address the feedback from staff within the engagement event on ' <i>how we can build on and improve trust and confidence to make BCUHB a great place to work</i> '.	Dependent on response of Estates and Facilities.	

Divisional Staff Survey Action Plan 2018

		visitors and outpatients by means of the WVS café area. These matters will continue to be discussed with colleagues in the Division of Estates and Facilities who manage catering services on site.				
6	03/01/19	<p>Communication and recognition. The feedback from the staff survey engagement event highlighted the need for the organisation as a whole to improve communication and engagement activities.</p> <p>The Ysbyty Gwynedd site has 8 staff ambassadors and 4 listening leads. There is an update event planned for January 2019. The opportunity for staff to become ambassadors or listening leads will be reiterated with a view to increasing the number further.</p> <p>The 'West's got talent' night was identified during the staff engagement event as a successful vehicle for engagement. Similarly, the best decorated Christmas ward generated a competitive spirit and it has been proposed that similar competitions are scheduled across the year for notable diary dates.</p>	Improved sense of recognition	These interventions will aim to contribute to the measures that address the feedback from staff within the engagement event on ' <i>how we can build on and improve trust and confidence to make BCUHB a great place to work</i> '.	30/08/2019	

Divisional Staff Survey Action Plan 2018

		Work is already being progressed on a site clinical recognition award which would be built around the safety huddle; a penguin emblem would be adopted for the award.				
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Division / Team	Ysbyty Gwynedd, Secondary Care	Division Lead	Hospital Director
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THEME (please use a separate sheet per theme)	General
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1		Car parking at the Ysbyty Gwynedd site. Difficulties with access to car parking at the Ysbyty Gwynedd site have been highlighted by a number of staff. Whilst access may not be a satisfaction factor, the absence of easy access is causing dissatisfaction. Discussions have commenced with an external company on support with understanding existing traffic flows,	Increased ease in respect of travelling to the Ysbyty Gwynedd site.	Reduction in stress and an intangible contribution towards managing sickness absence.	There will be resource implications which are yet to be determined or funded.	

Divisional Staff Survey Action Plan 2018

		use made of public transport, signage and re-marking of existing car parks with a view to securing improvements.				
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Divisional Staff Survey Action Plan 2018

Division / Team	Ysbyty Glan Clwyd/Abergele	Division Lead	Ellen Greer
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Date Action Plan saved on SharePoint	08.03.19
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THEME (please use a separate sheet per theme)			Common threads relating to communications and engagement contained within staff survey			
2018 Staff Survey YGC/ABH Performance <i>Inc question number(s) and %</i>			<ul style="list-style-type: none"> 14.c: The Executive Team will act on the results of this survey. 15% of YGC said strongly agree or agree = -9% than national figure (Target: equal with national) <i>NB Target is set for YGC HMT being seen to act on results</i> 13.c: Communications between senior managers and staff is effective. 20% of YGC said strongly agree or agree = -12% than national figure (Target: equal with national) 16.a: To what extent do you agree or disagree that your job gives you a feeling of belonging? 62% of YGC said strongly agree or agree = -6% than national figure (Target: equal with national) 26.e: Senior managers clearly communicate the reasons for change. 26% of YGC said strongly agree or agree = -7% than national figure (Target: equal with national) 			
No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	24.01.19	Generic email to staff on YGC/ABH to advise staff that senior HMT and staff ambassador have meet to discuss results of staff survey, including highlights from the themes of the survey and how these will be taken forward	Provide re-assurance to staff that the results have been 'heard' and will be acted upon	Generate confidence that completion of staff surveys are beneficial and will result in positive actions/change	25.01.19	Completed
2	24.01.19	Merge actions arising from latest staff survey with existing actions contained in current 3D action plans created by 3D ambassadors from previous staff engagement events	One inclusive action plan for YGC/ABH and ensuring on-going engagement with staff ambassadors/listening leads	Stronger action plan ensuring previously identified actions are not lost and embedded in overarching plan	08.02.19	Completed

Divisional Staff Survey Action Plan 2018

3	24.01.19	After completion of actions 1 and 2 above, create time limited in box for comments on full action plan and seek additional ideas from staff	Further staff engagement to generate ideas/actions	On-going staff engagement	08.03.19	
4	24.01.19	Monitoring of action plan via site Workforce and OD Group	Regular monitoring of progress with achieving actions/removing any barriers/forum for escalating to HMT	Transparent process for monitoring progress with action plan	On-going via monthly site Workforce and OD Group – initial action plan on agenda for next meeting 29.01.19	
5	01.02.19	To promote and communicate using the Staff Connect App	Improve communication with all staff	Ability to communicate to staff who do not have easy access to the intranet	Ongoing	
6	01.02.19	Staff engagement boards	Improve staff engagement	To promote staff good news stories, practice and share engagement events. To include proud of group, 3D ambassadors, listening leads and Seren Betsi award work.	31.03.19	
7	01.02.19	Set up a staff engagement group	To improve staff moral and engagement.	To have more engagement sessions, enhance staff wellbeing and moral.	End of April 2019	
8	01.02.19	To create/maintain a you said we did staff plan	To keep having 3D ambassadors at YGC facilitating engagement sessions and embed the action plans	To let staff have a voice and share their good ideas!	Ongoing	

Divisional Staff Survey Action Plan 2018

THEME (please use a separate sheet per theme)			Values/Staff Well Being/Senior Managers/Line Managers			
2018 Staff Survey YGC/ABH Performance <i>Inc question number(s) and %</i>			<ul style="list-style-type: none"> 1: My organisation has a clear set of values which I understand. 75% of YGC strongly agreed or agreed = -7% than national figure (Target: Target: equal with national) 2: I believe and share in my organisation's values. 75% of YGC strongly agreed or agreed = -6% than national figure ((Target: equal with national) 12.c: How often would you say your line manager demonstrates a positive approach to work and leads by example? 57% of YGC said often or always = -12% than national figure ((Target: equal with national) 			
No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	24.01.19	Host a Living Values Workshop for senior officers/line managers/staff ambassadors/listening leads and linking in with work being done for medical staff via chair of SMDSC – how do we turn BCU values into reality for ourselves and our staff	Clear expectations around behaviours and how 'poor' behaviours are acted upon	Greater dignity and respect at work for all	Host workshop June 2019	

Divisional Staff Survey Action Plan 2018

THEME (please use a separate sheet per theme)			Senior Managers			
2018 Staff Survey YGC/ABH Performance <i>Inc question number(s) and %</i>			<p>13a: Senior managers lead by example. 31% of YGC strongly agreed or agreed = -11% than national figure (Target: equal with national)</p> <p>13.b: Senior managers understand what it is like to work in the front line. 24% of YGC strongly agreed or agreed = -11% than national figure (Target: equal with national)</p>			
No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	24.01.19	All senior officers of HMT to ensure they spend time every week on wards/departments (8A and above) – diary commitment to ensure this happens	Improved visibility of senior staff	Increased Opportunity for staff to talk directly with senior officers to raise concerns/good ideas	Start from mid Feb 2019 and on-going	
2	24.01.19	Create opportunities for staff to shadow senior managers and senior manager to also spend time in the life of the staff member (reverse shadowing)	Shared learning and understanding	Greater sense of team working and improved mutual understanding	Commence by April 2019	

Divisional Staff Survey Action Plan 2018

THEME (please use a separate sheet per theme)			Line Managers/Learning and Development/Team Working			
2018 Staff Survey YGC/ABH Performance <i>Inc question number(s) and %</i>			<ul style="list-style-type: none"> 10.c: My line manager gives me clear feedback on my work. 50% of YGC strongly agree or agree = -25% than national figure (Target: equal with national) 10.d: My line manager takes a positive interest in my health and well being. 60% of YGC strongly agree or agree = -10% than national figure ((Target: equal with national) 11: How satisfied are you with the support you get from your immediate line manager? 62% of YGC strongly agree or agree = -18% than national figure (Target: equal with national) 25.d: My line manager enables me to make the best use of the skills I have. 57% of YGC strongly agree or agree = -10% than national figure (Target: equal with national) 26.b: My line manager/supervisor asks me for my opinion before making decisions affecting my work. 48% of YGC strongly agree or agree = -7% than national figure (Target: equal with national) 			
No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	24.01.19	Survey all line managers (clinical and non-clinical) ascertain what training and when they have had to support their line management of staff	Understand training and support needs of all line managers to inform meaningful training plan	Meaningful and up to date information to inform action 2	By end of March 2019	
2	24.01.19	Work with W and OD to create a tailored programme for line managers (clinical and non-clinical)) where they have not had recent training/support and develop this as multi-disciplinary training to support stronger team working Agree which groups that starts with and then rolls out	Line managers feel empowered and confident in their roles, staff feel themselves to be well managed and supported and increased understanding across departments	Improved staff leadership and management; empowered line managers; more consistent application of W and OD policies and improved multi-disciplinary team working	By end of June 2019	
3	26.02.19	Holding regular CPD workshop for managers.	Line managers feel empowered and confident in their roles.	To allow managers to receive consistent and up to date evidence based research.	To commence April and continue throughout the year	

Divisional Staff Survey Action Plan 2018

THEME (please use a separate sheet per theme)			Staff Well Being			
2018 Staff Survey YGC/ABH Performance <i>Inc question number(s) and %</i>			<ul style="list-style-type: none"> 20.a: My organisation is committed to helping staff balance their work and home life. 34% of YGC strongly agree or agree = -14% than national figure (Target: 4% lower than national) 22.a: In the last 12 months, have you personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public? 33% of YGC said yes = +12% than national figure (Target: equal with national) 22.b: In the last 12 months, have you personally experienced harassment, bullying or abuse at work from a manager/line manager/team leader or other colleague? 24% of YGC said yes = +4% than national figure (Target: 4% lower than national) 24.a: My organisation takes effective action if staff are bullied, harassed or abused by patients/service users, their relatives or other members of the public. 44% of YGC strongly agree or agree = -9% than national figure (Target: equal with national) 24.b: My organisation takes effective action if staff are bullied, harassed or abused by other members of staff. 40% of YGC strongly agree or agree = -7% than national figure (Target: 3% higher than national) 29: In the last 12 months, have you had a Personal Appraisal and Development review? 77% of YGC said yes = -6% than national figure (Target: 5% higher than national) 			
No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	24.01.19	Ensure all staff have a PADR every 12 months, commencing with all those with no recorded PADR or a PADR which is recorded as being out of date (as per agreed quarter 4 improved trajectory for YGC/ABH)	All staff clear about their role and contribution to patient care and supported with on-going development	Increased sense of feeling valued and belonging and increased pride in working at YGC/ABH	End of March 2019 and then on rolling basis	
2	24.01.19	With support of W and OD and staff side, staff ambassadors/listening leads, agree a specific set of actions to address bullying/harassment of staff by patients/families and by each other	Safer and more dignified working environment for all staff	Improved staff morale and development of a culture of zero tolerance of bullying/harassment	Start discussion at next site Workforce and OD group and agree actions for inclusion in this	

Divisional Staff Survey Action Plan 2018

					action plan by end of March 2019	
3	24.01.19	<p>As part of ongoing existing work including the SMDSC complete a survey of medical staff for their views/ideas on the support they would welcome as well as improvements to their working conditions.</p> <p>Spread learning to other staff groups if outcomes are different from feedback to other actions</p>	More supportive working environment for medical staff	Support recruitment and retention of medical staff	On-going with AMD and Chair SMDSC	

Divisional Staff Survey Action Plan 2018

Division / Team	Ysbyty Wrexham Maelor	Division Lead	Maureen Wain/ Naomi Holder
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THEME	Bullying, harassment and abuse
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	<ul style="list-style-type: none"> • Q22a In the last 12 months have you personally experienced harassment, bullying at work from patients/services users etc. 36% said yes – (+15% on national) – (target: Equal to national) • Q22b In the last 12 months have you personally experienced harassment, bullying at work from line managers/colleagues 23% said yes – (+5% on national) – (target: Equal to national) • Q24a My organisation takes effective action if staff are bullied, harassed etc by patients/service users 20% disagreed/strongly disagreed (+6% on national) – (target: Equal to national) <p>** These targets have been set by WOD and needs final approval by the Division**</p>

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No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	January 2019	Promote BCHUB values at all opportunities	Improved role modelling	Increase in staff perception of the importance of values and behaviours.	Immediate (and ongoing)	
2	January 2019	Engage with listening leads to promote role across Wrexham site to encourage escalation of concerns	Evidence of areas of concerns to be highlighted	Ability to target interventions	April 2019	
3	January 2019	Programme of walkabouts for HMT to visit different areas to promote open and honest communications	Increased engagement and ability to speak out	Reduction in staff feeling bullied/harassed	April 2019	

Divisional Staff Survey Action Plan 2018

4	January 2019	Improve compliance with conflict resolution training	Staff feel confident in recognition and de-escalation of unacceptable behaviours	Staff feel safe at work	January 2020	
5	January 2019	Review incident trends and themes to identify hotspot areas for staff experiencing violence and aggression to target training, education and support	Staff feel supported in the recognition and treatment of unacceptable behaviour	Staff feel safe at work Site is aware of high risk areas resulting in better risk assessment	August 2019	
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Division / Team	Ysbyty Wrexham Maelor	Division Lead	Maureen Wain/ Naomi Holder
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THEME	HMT engagement
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	<ul style="list-style-type: none"> Q13a Senior managers lead by example – 27% strongly agreed/agreed (-15% on national) (target: Equal to national) Q13b Senior managers understand what it is like to work on the front line – 23% strongly agreed/agreed (-12% on national) – target: Equal to national Q13c Communication between senior managers and staff is effective 21% strongly agreed/agreed (-11% on national) – target: Equal to national <p>** These targets have been set by WOD and needs final approval by the Division**</p>

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Divisional Staff Survey Action Plan 2018

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	January 2019	Develop work annual work programme of HMT visits	Improved visibility of HMT to all site employees	Staff feel engaged	April 2019	
2	January 2019	Implement a quarterly HMT update for Wrexham Maelor Acute Site	Improved communication	Staff feel stronger links to HMT	April 2019	

Division / Team	Ysbyty Wrexham Maelor	Division Lead	Maureen Wain/ Naomi Holder
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THEME	Workplace stress
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	<p>Q16f To what extent do you agree/disagree that your job gives you a feeling of progress – 37% strongly agreed/agreed (-12% on national) – target: Equal to national</p> <p>Q17 In the last 3 months have you ever come to work despite not feeling well enough to perform your duties – 72% said yes – (+8% on national) – target: Equal to national</p> <p>Q20a My organisation is committed to helping staff balance their work and home life – 27% strongly agreed/agreed (-21% on national) – target: Equal to national</p> <p>Q21 In the last 12 months have you been injured or felt unwell as a result of work related stress – 38% said yes (+4% on national) – (target: Equal to national)</p> <p>** These targets have been set by WOD and needs final approval by the Division**</p>

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No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
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Divisional Staff Survey Action Plan 2018

1	January 2019	Ensure all staff have a PADR	PADR compliance	Staff are all provided opportunity for one to one conversation with line manager	August 2019	
2	January 2019	Implement proactive recruitment meetings that will track and action the recruitment plan to reduce vacancies	Reduced ward based vacancies	Better working environment for staff and manageable workloads	August 2019	
3	January 2019	Ensure that all leavers have the opportunity to have an exit interview to understand the key drivers for staff leaving	Ability to develop a meaningful retention strategy	Increased retention/Reduced turnover	December 2019	
4	January 2019	All staff who are sighting they are experiencing workplace stress to have an individual stress risk assessment led by their line manager	Increased use of risk assessment to profile individual action	Staff feel supported to recognise stress drivers and that appropriate plans are in place	August 2019	
5	January 2019	Review absence data to identify hotspots for work related stress and consult with WOD to develop specific support plans for these areas	Reduction in workplace stress being reported	Staff feel supported	August 2019	
6	January 2019	Further explore BCHUB health and wellbeing strategy and promote across site	Improved health and wellbeing of staff	Staff have access to local health and wellbeing events and initiatives that assist in managing and coping with stress	August 2019	

Divisional Staff Survey Action Plan 2018

Division / Team	Estates and Facilities Division	Division Lead	Rod Taylor, Director of Estates and Facilities
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THEME (please use a separate sheet per theme)	COMMUNICATION
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	13c Communication between senior managers and staff is effective 20% agree (-4% below national) to Target Improvement 50%

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	20.12.18	Effective communication between senior managers and staff	Improved communication between senior managers and staff	<p>Improved patient outcomes</p> <p>Improved staff experiences (health and well-being)</p> <p>Improved overall performance</p> <p>Improved financial performance</p> <p>Financial efficiencies can be achieved as a result of high levels of staff engagement</p> <p>Positive impact</p>	March 2019	<p>Monthly Corporate/Divisional Local Team Brief</p> <p>Operational Meetings (Facilities/Operational Estates)</p> <p>Staff Side partnership/Communication Meetings</p> <p>Site Visits</p>

Divisional Staff Survey Action Plan 2018

Division / Team	Estates and Facilities Division	Division Lead	Rod Taylor, Director of Estates and Facilities
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THEME (please use a separate sheet per theme)	LEARNING AND DEVELOPMENT
2018 Staff Survey Divisional Performance inc Question no.(s) and %	Did the appraisal / review leave you feeling that your work is valued by your organisation? Agree 42% +7% above national to Target Improvement 50%

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
2	20.12.18	Work is valued by the organisation	Recognition that the organisation values the work of its staff.	Increase effectiveness and provide opportunities for individuals to progress and can help staff to feel valued by the organisation	March 2019	Annual BCUHB Staff Achievement Awards Seren Betsi Staff Awards CEO On the Spot Recognition Divisional Staff Achievement / Good News Stories Charity Sponsorship Recognition Long Service Awards PADR programme for all staff

Divisional Staff Survey Action Plan 2018

Division / Team	Estates and Facilities Division	Division Lead	Rod Taylor, Director of Estates and Facilities
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THEME (please use a separate sheet per theme)	CHANGE IN THE ORGANISATION
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	26f Change is well managed here Agree 17% (-6% below National) to Target Improvement 50%

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
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Divisional Staff Survey Action Plan 2018

3	20.12.18	Change in the Organisation is well managed	Improve how change is managed	<p>Involving the right people in the development and implementation of change, ensures the right changes are made</p> <p>Assessing and addressing how change will affect staff via Equality Impact Assessments</p> <p>Staff are kept informed in order to adapt to the change, by ensuring they have the right information, training and support</p>	March 2019	<p>Compliance with the Organisational change Policy (OCP)</p> <p>Local consultations on service change</p> <p>Listening Leads</p> <p>3D Ambassadors</p> <p>Staff Side Partnership / Communication meetings</p> <p>Statutory and Mandatory Training Programme</p> <p>Professional Development Programmes</p> <p>Career Development Plans</p> <p>Workforce Plans</p> <p>Staff Coaching and Mentoring</p>
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Divisional Staff Survey Action Plan 2018

Division / Team	North Wales Managed Clinical Services	Division Lead	David Fletcher, DGM
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THEME (please use a separate sheet per theme)	Staff Survey: Directorate priority ranked themes – deep dive and identification of solutions
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	<p>Q9g Team members work well with people in other teams 70% agree/strongly agree (-5% on national) – (target equal to national).</p> <p>Q13b Senior managers understand what it is like to work on the front line – 27% strongly agreed/agreed (-8% on national) (target equal to national)</p> <p>Q32b I feel comfortable challenging disrespectful behaviour in my team – 59% agree/strongly agree (-4% on national) – (target equal to national)</p> <p>16f To what extent do you agree/disagree that your job gives you a feeling of progress – 42% strongly agreed/agreed (-7% on national) (target equal to national)</p> <p>Q18 Have you felt pressure from your manager to come to work – 29% said yes (+6% on national) (target equal to national)</p> <p>Q19 Have you felt pressure from your colleagues to come to work – 21% said yes (+4% on national) (target equal to national)</p> <p>Q20a My organisation is committed to helping staff balance their work and home life – 38% strongly agreed/agreed (-10% on national) – (Target equal to national)</p> <p>30a Did the appraisal help you to improve how you do your job – 46% said yes (-8% on national) (target equal to national)</p> <p>** These targets have been set by WOD and needs final approval by the Division**</p>

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	11/2018	Results of staff survey for NWMCS shared with senior team for initial response.	Increased awareness of the outcome of the survey.	Engagement and involvement of senior team.	12/2018	Disseminated at Directorate meeting 11/2018.

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2	01/2019	Facilitated 3D engagement events across Directorate. To focus on priority areas identified from staff survey (below 3-6).	Broad engagement events across all Departments, with deeper facilitated events across 3 Departments.	Staff involvement in shaping responses.	03/2019	Results collated within internal assessment paper on staff survey, which has helped inform actions.
3	01/2019	Team working	Improved feedback		03/2019	
4	01/2019	Line / Senior Managers	Improved feedback		03/2019	
5	01/2019	Diversity	Improved feedback		03/2019	
6	01/2019	Other	Improved feedback		03/2019	
7	01/2019	Staff Wellbeing	Improved feedback		03/2019	
8	01/2019	Sustained improvement in PADR rates.	Sustained delivery of 85% PADR rate across Directorate.	This will assist in making improvements in: a) Managers making it clear to staff what is expected of them (Staff survey Q10b). b) Giving staff clear feedback on their work (Staff survey Q10c).	04/2019	

Divisional Staff Survey Action Plan 2018

Division / Team	Medical & Dental	Division Lead	
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THEME (please use a separate sheet per theme)	Values
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	<p>1. My organisation has a clear set of values which I understand 58% positive -24% on National TARGET = 63%</p> <p>2. I believe and share in my organisation's values – 62% positive -20% on National TARGET = 67%</p> <p>5a I would recommend my organisation as a place to work 55% positive score -11% on National TARGET= 60%</p> <p>5b If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation 58% positive score -15% on National TARGET = 65%</p> <p>5c I am proud to tell people I work for my organisation 55% positive score -17% on national TARGET= 60%</p> <p>6a Care of patients / service users is my organisation's top priority 60% positive score -15% on National TARGET= 65%</p> <p>** These targets have been set by WOD and needs final approval by the Division**</p>

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1		Following recent meetings between OMD and WOD, a decision has been made to include organisational values within all job descriptions and adverts to make sure there is sufficient promotion through the recruitment process to attract staff	To complete job planning include meaningful objectives will require further training of clinical leads and managers. Currently job planning compliance is 80%. We have little indication of the inclusion of meaningful objectives in current job planning despite extensive training	Move job planning from a transactional process to one which motivates teams to carry out meaningful objectives	2 years	We will need to sample and monitor job planning on a continuing basis to ensure quality

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2		To review the recruitment process to attract and improve recruitment and retention	A review of recruitment is on going and will require cooperation between WOD and the OMD on a continuing basis. There is currently a process to improve generic job planning. There is likely to be a delay in implementation due to restructuring in WOD	It is hoped that there will be improved co-ordination between WOD and OMD and the clinical teams. This is a priority for the Health Board	1 year	Feedback required from exit interviews and from clinical teams. There is current anxiety and lack of buy in to WOD reorganisation by clinical teams especially in the West
3		Promoting BCUHB by better use of social media	Ongoing requires resources	Improved recruitment and improved 'buy in' by BCUHB medical staff	1 year	Participation in social media
4		Through job planning training reinforce the values of the organisation	Ongoing	Improved job planning brings many benefits in terms of staff engagement and support	All job plans and job descriptions to include health Board values by end of 2019	Feedback from WOD and OMD
5		Through appraisal and job planning, address standards of care and how as an organisation and by individual doctors this is provided	Individual appraisals and appraisal training is including this, however the role of the individual and teams are subject to mixed messages from the organisation	Including PDP in job planning	The organisation needs to be clearer in translating strategic direction into objectives that can be incorporated into job planning and that set standards in appraisal . Time line not defined	Surveys and engagement meeting feedback

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6		By using the engagement process, we are developing a more positive approach to the culture within the organisation. Arranging regular meeting with Clinical Leads to update and improve their effectiveness through regular updates and education meetings (next one is arranged Tuesday 4 th June)	This process is on going	Improved engagement which will lead to better outcomes	This needs to be a continuous process	Regular surveys, first survey is due to be sent out this month.
		As part of the engagement process, OMD are fully supporting the "Proud of " campaign, together with our steps to improve quality of care however this question has wider issues that needs addressing by the organisation as a whole and should be dealt with in appraisals	Ongoing process, however requires a culture change in the organisation from a command and control management culture to a supportive and developmental culture. This in turn requires a realistic approach to what can be done within existing resources	Formal introduction of proud of campaign in OMD	End of 2019	Pulse survey to test this
		Doctors replied negatively that the organisation had not fully propagated and supported its care strategies and as care of patients is their top priority along with supporting team-work, OMD is fully supportive to work together with the Health Board and Senior Managers to change this perception	Requires culture change in organisation training of clinical leads can help support this culture change	Ongoing	Discussion in Board or separate workshop on disseminating culture ?by end of 2019	Test of change of culture if workshop happens

Divisional Staff Survey Action Plan 2018

THEME (please use a separate sheet per theme)	Line Managers
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	<p>Question ref 10a,b,c,d,e,f, 11, 12a,c</p> <p>10a I can approach my line manager to talk openly about flexible working 68% positive score -8% on National TARGET = 63%</p> <p>10b My line manager makes clear what is expected of me 65% positive score -12% on National TARGET = 70%</p> <p>10c My line manager gives me clear feedback on my work 45% positive score -20% on National TARGET= 50%</p> <p>10d My line manager takes a positive interest in my health and wellbeing 55% positive score -15% on National TARGET= 60%</p> <p>10e My line manager appreciates the pressure I come under in my job 61% positive score -7% on National TARGET = 66%</p> <p>10f My line manager is supportive in a personal crisis 68% positive score -10% on National TARGET=73%</p> <p>11 How satisfied are you with the support you get from your immediate manager? 63% Positive score -8% on National TARGET =68%</p> <p>12a How often would you say your line manager shows genuine care and concern for employees? 63% positive score - 5% on National TARGET =68%</p> <p>12c How often would you say your line manager demonstrates a positive approach to work and leads by example? 66% on Positive score -3% on National TARGET = Equal to national</p> <p>** These targets have been set by WOD and needs final approval by the Division**</p>

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1		OMD has had a meeting to encourage the promotion of flexible working within existing medical staff and highlighting this in job descriptions and welcome packs for future medical packs	All job descriptions to include option of flexible working . This will require a re-think of the nature of posts to account for changes in work life balance values of doctors	Improved recruitment and retention	End of 2019	Requires monitoring

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2		There is an abundance of mixed messages conveyed to local staff of what is expected of them. This pressure has been highlighted from medical staff as a whole and noted by GMC within the publication 'The State of Medical Education and Practice in the UK'. A recent discussion which Professor Rees chairs there was an in depth discussion which dealt with supply, recruitment and retention of doctors and their attitude to pressure in practice. The GMC has asked for this document to be widely circulated for discussion.	Circulation and discussion of GMC document	Increased understanding of the changes required to meet work/life balance aspirations of medical staff	April 2019	Internal to OMD
3		Training of line and senior managers needs to be clearer in support of medical staff and this along with other aspects as well as GMC report will be discussed at Clinical Lead meeting which is being held on Tuesday 4 th June.	There are two actions from this segment a) The first will be addressed in the meeting on the 4 th June b) Ongoing training of line managers required	Improved training of line managers, currently training is infrequent and support sporadic	There is no completion date	Ongoing monitoring of training
4		Feedback which is given in medical appraisals needs to be encouraged and developed, this will also be noted at the Clinical Lead meeting in June	Discussion at meeting in 4 th June	Having better understanding of inclusion of PDP outside of appraisal	Ongoing	Monitoring of appraisal and job planning quality by use of engagement meetings and surveys

Divisional Staff Survey Action Plan 2018

5		There will be a discussion around attendance at work policies with LNC to try and obtain a clear approach to health and well being within medical workforce	There needs to be acceptance by the organisation that AfC agreements do not apply to medical staff unless specifically agreed with the BMA	Less conflict over policies	Discussion required in WOD and in organisation	Monitored by LNC
6		We are hoping to change the interaction between doctors and line managers to ensure a more supporting approach is generated by discussing the GMC report which deals extensively with pressures at work, all to be discussed in the upcoming Clinical Leads meeting.	This has to be an ongoing and developmental process. There will be points in formal meetings to take the opportunity to discuss how the organisation can change in order to meet what the GMC has called a 'staffing crisis'	Improved recruitment and retention	Accurate vacancy data and regular monitoring. Feedback from establishment control	Regular reports on vacancies and results from exit interviews

THEME (please use a separate sheet per theme)	Senior Managers
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	Question ref 13a,b,c 13a Senior managers lead by example 35% positive score -7% on National TARGET = Equal to national 13b Senior managers understand what it is like to work on the front line 34% on Positive score -1% on National TARGET = 40% 13c Communication between senior managers and staff is effective 25% on positive score – 7% on National TARGET = 30% ** These targets have been set by WOD and needs final approval by the Division**

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
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Divisional Staff Survey Action Plan 2018

1	We will raise a discussion of how senior medical managers can be better informed and trained to respond to this aspect of the staff survey in upcoming OMD meeting and feedback those discussions and recommendations to Executive team.	Improved training of medical managers	Improved training of medical managers	Ongoing	Feedback from managers on their training and support
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THEME (please use a separate sheet per theme)	Communication
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	<p>Question ref 15 a,b,c,d,e)</p> <p>15a The organisation provides me with enough information to enable me to do my job well 58% on positive score -7% on National TARGET= 63%</p> <p>15b The organisation provides me with information at the right time 44% on positive score -4% on National TARGET =50%</p> <p>15c On the whole, the different parts of the organisation which relate to my role, communicate effectively with each other 37% on National score -11% on national TARGET=42%</p> <p>15d I am aware of the organisation's long term goals 36% on positive score -18% on National TARGET=45%</p> <p>15e I / the team I work in is able to provide services in Welsh when this is the preference of the service user 59% on positive score -8% on National TARGET= equal to national</p> <p>** These targets have been set by WOD and needs final approval by the Division**</p>

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
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Divisional Staff Survey Action Plan 2018

1		It seems clear that a great deal of work still needs to be done with regard to communication with medical staff and promotion of the Health Board strategy objectives among medical staff. Within OMD there is a specific dedicated group there to improve communication. The underlying issue which the questions address is the whether internal communication is effective and if the front line medical staff consider messages are unclear or conflicting, clearly there is room for improvement as a whole, in clarity of communication in order that staff can carry out their work effectively	There needs to be improvement in communication and consistency of message. This should go together with a reduction/elimination of conflicting instructions to staff and a greater degree of self determination of medical staff priorities through agreeing objectives and strategic priorities	Improved communication	Ongoing	Sample communication by survey and engagement meetings
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THEME (please use a separate sheet per theme)	Staff
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	Question ref 16h, 20a 22a,b, 23, 24 a,b 16h To what extent do you agree or disagree that your job gives you a feeling of happiness? 54% positive score -2% on National TARGET= Equal to national 20a My organisation is committed to helping staff balance their work and home life 36% positive score -12% on National TARGET=45% 22a In the last 12 months have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public? 22% Yes +1% on National TARGET=Equal to national 22b In the last 12 months have you personally experienced harassment, bullying or abuse at work from a manager / line manager / team leader or other colleagues? 19% Yes +1% on National TARGET= equal to national

Divisional Staff Survey Action Plan 2018

23 If you were to experience harassment, bullying or abuse at work, would you know how to report it? 89% positive score **-5% on National TARGET= equal to national**
24a My organisation takes effective action if staff are bullied, harassed or abused by patients / service users, their relatives or other members of the public 42% positive score **-9% on National TARGET=Equal to national**
24b My organisation takes effective action if staff are bullied, harassed or abused by other members of staff 40% positive score **-7% on National TARGET=Equal to national**

**** These targets have been set by WOD and needs final approval by the Division****

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1		<ul style="list-style-type: none"> Within the Health Board we need to find a clearer way to address to improve working life of many doctors to improve this response 	As stated	Improvement of work/life balance	Ongoing	Survey results
2		Work life balance is clearly a priority for most if not all doctors both locally and on national basis and we need to undertake urgent steps to improve this in order to recruit and retain doctors. Some of measures we are undertaking have been answered within other questions	As stated	Improved initiatives to increase satisfaction with work/life balance	Ongoing	Survey results
3		A number of questions deal with bullying and harassment within this section. There is clearly an issue that needs to be addressed within the organisation and the	This is major problem which has been taken by staff to the BMA in Cardiff. Prof Rees has started a process	Reduction in bullying and consequent staff sickness	This will be a long project with no 'quick wins' and	Survey results , meeting BMA concerns reduction in complaints and sickness

Divisional Staff Survey Action Plan 2018

		<p>OMD is undertaking to work with professional organisations to including the BMA to reduce bullying and harassment within their daily work. This has to be through a process of support and education of those responsible, together with measures to relieve pressures and circumstances which may lead to adverse encounters and making more use of mechanisms of mediation of disputes and tackling disputes and difficult relations at an earlier stage in an appropriate manner. This should be a priority for organisation</p>	<p>to deal with bullying in conjunction with Dr Banfield and others. He is hoping the Health Board will adopt the BMA anti bullying measures for medical staff. OMD to strengthen involvement in mediation</p>		<p>requires local and system work</p>	
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THEME (please use a separate sheet per theme)	Resources
<p>2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i></p>	<p>Question ref 25a,b,c,d,e) 25a I can meet all of the conflicting demands on my time at work 33% positive score -16% on national TARGET=40% A5b I have adequate supplies, materials and equipment to do my work 48% positive score -9% on national 25c There are enough staff at this organisation for me to do my job properly 16% positive score -16% on national TARGET= 20% 25d My line manager enables me to make the best use of the skills I have 50% positive score -15% on national TARGET= 55% 25e I am encouraged to work in a way that protects the environment 28% positive score -17% on national TARGET=35%</p>

Divisional Staff Survey Action Plan 2018

** These targets have been set by WOD and needs final approval by the Division**

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1		It is clear that positive work being undertaken to make the function of the Health Board more environmentally friendly however there is a considerable amount of work to be done on safe staffing, conflicting demands and making best use of medical staff skills - all of these issues are interrelated	Reduction of conflicting demands. Better discussion and support of facilities to get the job done, improvements in accommodation	Improved well being and reduced sickness, improved recruitment and retention	No time limit possible	Survey/engagement outcomes

THEME (please use a separate sheet per theme)	change
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	<p>Question ref 26a,b,d,e,f,g</p> <p>26a I can influence what goes on in my work area 53% positive score -2% on National TARGET =</p> <p>26b My line manager / supervisor asks me for my opinion before making decisions affecting my work 52% positive score -3% on National TARGET = equal to national</p> <p>26d I understand why there is currently so much change within my organisation 44% positive score -13% on National TARGET = 50%</p> <p>26e Senior managers clearly communicate the reasons for change 24% positive score -9% on National TARGET =Equal to national</p> <p>26f Change is well managed here 17% positive score -12% on National TARGET =25%</p>

Divisional Staff Survey Action Plan 2018

26g I support the need for change 75% positive score -2% on National TARGET =equal to national

** These targets have been set by WOD and needs final approval by the Division**

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1		Whilst doctors have shown a slight positive response to being involved in discussions and changes which undoubtedly reflects their status in the organisation, all other responses in this section are more negative than general responses of other staff. There is a very clear perception of lack of stability in organisation and constant change together with lack of involvement of doctor's opinions in decision making regarding the organisation's strategic priorities. This is being partly corrected by wide spread engagement exercises undertaken by OMD however this needs to be supported by giving medical staff enough time to have reflection on their practice and also to ensure that their engagement processes within the Health Board are undertaken in a way that fully	Engagement exercise are a partial solution. The widespread perception is the Health Board being out of touch and remote. The OMD can and should spend more time in engaging with frontline staff. However the main issue here is engagement by the Health Board which means spending less time in Carlton Court	Improved engagement brings about a series of benefits which are cumulative.	None possible	Survey results

Divisional Staff Survey Action Plan 2018

		involves the opinion of medical staff.				
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THEME (please use a separate sheet per theme)	Learning and Development
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	<p>Question ref 27e, 28c and 29, 30c and 31</p> <p>27e My line manager encourages me to continuously develop new skills 50% positive score -6% on national TARGET = Equal to national</p> <p>28c I have sufficient time at work to complete any statutory and mandatory training 41% positive score -2% on national TARGET = equal to national</p> <p>29 In the last 12 months, have you had a Personal Appraisal and Development Review (PADR)? 82% positive score -1% on national TARGET = 85%</p> <p>30c Did the appraisal / review leave you feeling that your work is valued by your organisation? 54% positive score -11% on national TARGET = 60%</p> <p>31 The values of my organisation were discussed as part of the appraisal / review process 54% positive score -11% on national TARGET = 60%</p> <p>** These targets have been set by WOD and needs final approval by the Division**</p>

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1		Responses to these questions show a mixture of positive and negative. The positive responses are related to educational resources and support for training and the negative focus on need for more encouragement from line managers with regard to	The educational budget is underspent steps should be taken to ensure this money is spent in order to support Health Board strategic objectives	Improved staff morale and better work/work balance	Report to OMD on educational spend by end of financial year 2019/20. Regular attendance of MD for education at OMD	

Divisional Staff Survey Action Plan 2018

		training and development and time for these elements of work and discussion of a more supportive nature around appraisal and job planning.			and engagement meetings	
2		The OMD is working hard to correct these negatives by ensuring that appraisal is carried out in constructive and supportive manner allowing doctors to reflect and discuss their practise and that job plans are also constructed in a supporting manner. Particularly in making sure development plans are within job plans and more emphasis on objective setting rather than conversations are detailed.	Linking strategic plan to job planning	Improved objective setting	End of 2019	Survey of job planning

Divisional Staff Survey Action Plan 2018

Corporate Divisions

Division / Team	Finance Department	Division Lead	Nigel McCann
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Summary of Finance Department Results	
Total BCU Response Rate	31%
Finance Department Response Rate	83%

Finance Department Results : Key Positive Response Areas (<i>Strongly Agree & Agree or equivalent</i>)			
Question	National %	BCU Wide %	Finance %
I would recommend my organisation as a place to work	66%	61%	72%
Team members have a set of shared objectives	83%	82%	88%
Team Members trust each other	74%	75%	86%
Team Members trust in each other's contributions	74%	75%	85%
Team Members take time out to reflect and learn	60%	60%	62%
My Line Manager gives me clear feedback on my work	65%	63%	73%
My Line Manager takes a positive interest in my health & wellbeing	70%	68%	82%
My Line Manager appreciates the pressures of my job	68%	67%	83%
My Line Manager is supportive in a personal crisis	78%	76%	90%
Does your job give you a feeling of belonging	68%	68%	74%
Have you felt pressure to come in work when unwell (YES)	23%	23%	7%
Have you suffered from work related stress (YES)	34%	34%	19%
Have you experienced harassment or bullying from a manager (YES)	18%	19%	9%
I am involved in discussion and decisions on changes being introduced	55%	54%	65%
I am encouraged to keep up to date with my training and development	63%	63%	78%
I feel comfortable challenging disrespectful behaviour in my team	63%	63%	72%

Divisional Staff Survey Action Plan 2018

I am happy to go the extra mile at work when required	94%	94%	97%
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Finance Department Results : Key Negative Response Areas (<i>Strongly Disagree & Disagree or equivalent</i>)			
Question	National %	BCU Wide %	Finance %
I look forward to coming to work (Rarely) : whilst the % is low, it is 10 staff	12%	11%	9%
I am enthusiastic about my job (Never / Rarely) : the % is low, but it is 4 staff	6%	5%	4%
I am proud to tell people that I work for my organisation	7%	12%	10%
My Line Manager is Fair (Never or Rarely) : whilst the % is low it is 6 staff	7%	7%	5%
My Line Manager leads by example (Never or Rarely) : low % but still 5 staff	12%	12%	4%
The Executive Team have a clear vision of where the organisation is going	19%	26%	25%
Have you suffered from work related stress (YES) % is low but still 22 staff	34%	34%	19%
Have you experienced harassment or bullying from a manager (YES) : 10 staff	18%	19%	9%
My line manager enables me to make the best use of my skills (NO) : 9 staff	14%	14%	8%
Change is well managed here (Strongly disagree / Disagree)	37%	40%	42%
In the last 12 month have you had a PADR (NO)	17%	20%	27%
Did the PADR help you to improve how you do your job (NO)	46%	46%	38%
On the whole different parts of the Organisation communicate effectively	24%	25%	23%

Divisional Staff Survey Action Plan 2018

THEME (please use a separate sheet per theme)	Cross-Cutting – all themes
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No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion	Progress / Review
1	25/02/19	PADR : follow up and remind ALL staff of the importance of PADRs and the need to complete asap	100% completion rate And importantly, meaningful PADRs	PADR's to clearly set out objectives, and training needs	31/03/19	PADR rates reviewed quarterly
2	25/02/19	Undertake local / targeted Finance survey	Understand the specific issues for Finance staff and to set the Agenda for the Finance Staff "Away Day"	Clear objectives and vision, set and shared by all Finance Staff	30/04/19	Review in July at Away Day
3	25/02/19	Finance Staff Away Day – already confirmed as 12/7/19	Fully engaged Finance Team : shared goals, vision, culture and behaviours. Focus also on Change Management	Fully engaged Finance Team : shared goals, vision, culture and behaviours	12/07/19	Follow up Finance Away Day in 6 months
4	25/02/19	Monthly Team Brief – focus in March on the Staff Survey	Open discussion about the positive and not so positive results	Staff engaged in the results and in owning the solution	31/03/19	Monthly Team Briefs
5	25/02/19	Team Briefs – FLM Member to stay on site for drop-in chats. Also TB to include more FLM and Exec Team feedback	Staff can discuss on a 1:1 basis their concerns with the FLM member	Improved staff engagement and communication	31/03/19	Ongoing monthly thereafter

Divisional Staff Survey Action Plan 2018

6	25/02/19	New Training Policy & Staff Induction Policy	Consistency and clarify of approach and support for training & development for all	Improved learning & development	31/03/19	Ongoing
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Whilst feedback in the next Staff Survey result should be improved across the wide range of headings and themes, there are a number of specific areas that Finance Management expect to see material improvement in, following the Action Plan set out in the above table:

Question	Finance %	National%	March 2020 Improvement %
Team Members take time out to reflect and learn	62%	60%	Above 75%
Have you felt pressure to come in work when unwell (YES)	7%	23%	Under 5%
Have you suffered from work related stress (YES)	19%	34%	Under 10%
Have you experienced harassment or bullying from a manager (YES)	9%	19%	Under 5%
I am involved in discussion and decisions on changes being introduced	65%	54%	Above 75%
I am encouraged to keep up to date with my training and development	78%	64%	Above 85%
I look forward to coming to work (Rarely)	9%	9%	Under 5%
I am proud to tell people that I work for my organisation	10%	12%	Above 25%
Have you suffered from work related stress (YES)	19%	34%	Under 10%
Have you experienced harassment or bullying from a manager (YES)	9%	19%	Under 5%
In the last 12 months have you had a PADR (YES)	73%	80%	90%
Did the PADR help you to improve how you do your job (YES)	62%	54%	Above 85%

Divisional Staff Survey Action Plan 2018

Division / Team	Research and Development	Division Lead	Lynne Grundy
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THEME (please use a separate sheet per theme)	Change in the organisation
2018 Staff Survey Performance <i>inc Question no.(s) and %</i>	26a 33% of staff agree that they can influence what goes on in their work area -10% on national = 60% TARGET 26c 37% of staff felt they were involved in discussions about change. -19% on National – 75% TARGET 26e 23% agreed that senior managers clearly communicate the reasons for change. -10% on National = 60% 26f 11% reported change is well managed. -12% on National = 60% TARGET

Date Action Plan saved on SharePoint	
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No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	28/1/19	Regular full team meetings Listening leads in place in each team Regular feedback to teams Senior presences at local team meetings 3D event to improve communications	Staff feel they have a voice and can influence in their workplace Staff feel involved and contribute to discussions about change Better engagement and communication Ideas generation to generate better ways of working	Better engagement, improved change management, happier staff	February 2019 January 2019 Immediate Immediate June 2019	Completed Review 6 months
2		Improve management of change	Scope with staff through staff meetings and events good and not good experiences of change to	Improve change management process in future	September 2019	

Divisional Staff Survey Action Plan 2018

			identify lessons learnt from change process			
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Division / Team	Research and Development	Division Lead	Lynne Grundy
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THEME (please use a separate sheet per theme)	Senior managers
V2018 Staff Survey Performance <i>inc Question no.(s) and %</i>	13b Understand what it is like to work on the front line 38% agreed or neither agreed or disagreed. -14% on national TARGET = 60% 13c Effective communication 31% agreed or neither agreed or disagreed. -22% on National TARGET = 70%

Date Action Plan saved on SharePoint	
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No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	28/1/19	Ensure effective communication between senior managers and staff by regular meetings with shared notes accessible to all, regular team meetings and encouragement to ask and challenge at all levels	Better communication between senior managers and staff, promoting a culture of transparency	Improved communication happier staff	Immediate	Review 6 months
2		Ensure visibility of senior managers and understanding of front line working by regular shadowing Celebrate success of teams regularly	Improved visibility of senior team	Improved staff morale	September 2019	

Divisional Staff Survey Action Plan 2018

Division / Team	Research and Development	Division Lead	Lynne Grundy
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THEME (please use a separate sheet per theme)	Other
V2018 Staff Survey Performance <i>inc Question no.(s) and %</i>	33a I always know what my work responsibilities are 15% disagreed. +11% on national TARGET = 5% 33c I am able to make improvements in my area of work 33% disagree. +26% on National TARGET = 20%

Date Action Plan saved on SharePoint	
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No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	7/3/19	Ensure all staff are aware of their responsibilities in the new structure	Regular team meetings Managers to ensure direct reports aware of responsibilities	Improved communication happier staff	Immediate	Review 6 months
2	7/3/19	Regular opportunities for staff to suggest improvements Develop a staff suggestion process All staff to complete IQT Bronze as minimum Encourage staff to complete IQT Silver	Capture ideas for improvement Ensure staff feel able to make improvements	Improved staff morale Improvement culture	September 2019	Review 6 months

Divisional Staff Survey Action Plan 2018

Division / Team	Research and Development	Division Lead	Lynne Grundy
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THEME (please use a separate sheet per theme)	Staff Wellbeing
V2018 Staff Survey Performance <i>inc Question no.(s) and %</i>	<p>16e To what extent do you agree or disagree that your job gives you a feeling of progress? 48% disagree or strongly disagree. +22% on National TARGET = 20%</p> <p>16f To what extent do you agree or disagree that your job gives you a feeling of job satisfaction? 34% disagree or strongly disagree. +19% on National TARGET = 15%</p> <p>21 During the last 12 months have you been injured or felt unwell as a result of work related stress? 56% YES. +22% on National TARGET = 20%</p>

Date Action Plan saved on SharePoint	
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No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	28/2/19	Protected time to attend away days and team development events	Invitations extended to all staff	Greater engagement with team objectives	Immediate	Monthly
2	28/2/19	Wellbeing sessions to be made available to teams	Greater awareness of how staff can improve their health and wellbeing and those of their colleagues	Decline in stress related illness and improved attendance	September 2019	Quarterly
	28/2/19	Greater recognition of team achievements and what is going well	All staff to be aware of success and achievements	Increased feelings of achievement and job satisfaction	September 2019	Monthly
	28/2/19	All staff to have an agreed PADR with a personalised development plan	All staff have progress reviewed and development plan in place	Staff to be aware of the department objectives and how their role and team fits into the overall plan	May 2019	Monthly

Divisional Staff Survey Action Plan 2018

Division / Team	Medical Education	Division Lead	Emma Woolley
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THEME (please use a separate sheet per theme)	Change in the organisation
2018 Staff Survey Performance <i>inc Question no.(s) and %</i>	26e 28% agreed that senior managers clearly communicate the reasons for change. -5% on National – TARGET = 50% (BCU 29%) 26f 23% agreed that change is well managed. 0/-% on National – TARGET = 50% (BCU 26%)

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	6/3/19	Regular full team meetings Regular feedback to teams Senior presences at local team meetings	Staff feel they have a voice and can influence in their workplace Staff feel involved and contribute to discussions about change Better engagement and communication Ideas generation to generate better ways of working	Better engagement, improved change management, happier staff	February 2019 January 2019 Immediate	Monthly Monthly Review 6 months
2		Well managed change processes	Scope with staff through staff meetings and events good and not good experiences of change to	Improve change management process in future	September 2019	Review bi-monthly

Divisional Staff Survey Action Plan 2018

			identify lessons learnt from change process			
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Division / Team	Executive Nursing Directorate	Division Lead	Gill Harris
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THEME (please use a separate sheet per theme)	Providing a clear career structure for nursing, educational and development opportunities for staff at a senior level
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	21/2/19	All senior staff should have an annual PADR which is meaningful and supports personal development	Senior staff are valued and supported and have opportunities to develop	Career progression, succession planning and stable workforce	31 st May 2019	

Division / Team	Executive Nursing Directorate	Division Lead	Gill Harris
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THEME (please use a separate sheet per theme)	Providing a Vision, Strategy and Direction for the Nursing Workforce and improving visibility of the senior team
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	

Divisional Staff Survey Action Plan 2018

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	21/2/19	Senior team away day to discuss priorities and work plans for 2019/20	To set strategic direction for Nursing with key objectives for the next 12 months	Setting a strategy and direction for Nursing in BCU	5 th April 2019	
2	21/2/19	Communicating the key objectives for Nursing to the Organisation	All staff aware of the direction and objectives for the Nursing workforce	Clear communication and direction	30 th April 2019	
3	21/2/19	New senior nursing structure not clear or visible to the nursing workforce	All staff know who their senior nursing leaders are and what they do	Good for career progression, stability of workforce and accountability	30 th April 2019	
4	21/2/19	Senior managers know what it feels like and I have an opportunity to tell them	Staff feel that senior team listen and understand their concerns and can help to address them	Confidence of workforce, trust in senior team and voice listened to	31 st May 2019	

Division / Team	Executive Nursing Directorate	Division Lead	Gill Harris
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THEME (please use a separate sheet per theme)	Ensuring that there is a peer support structure for senior nurses with regards to workload, pressure and emotional wellbeing
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	

Divisional Staff Survey Action Plan 2018

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	21/2/19	Senior nurses feel valued, supported and are able to manage their work life balance	Senior nursing staff function well and are supported	High functioning and supported workforce	31 st May 2019	

Division / Team	Office of the Board Secretary	Division Lead	Grace Lewis-Parry, Board Secretary
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THEME (please use a separate sheet per theme)	Values
2018 Staff Survey Performance with improvement target	<ol style="list-style-type: none"> My organisation has a clear set of values which I understand: OBS – 21% strongly agree. -7% on National Target – 28%, equal to national I believe and share in my organisation's values: OBS – 27% strongly agree. -5% on National Target – 32%, equal to national Do you know what the NHS Core Principles are? OBS – 24% strongly agree -9% on National Target – 33%, equal to national 04a. I look forward to going to work: OBS – 9% always -7% on National Target – 16%, equal to national 04b. I'm enthusiastic about my job: OBS – 15% always -19% on National Target – 20%.

Divisional Staff Survey Action Plan 2018

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	23.1.19	Ensure that all team members are aware of the values and NHS Core Principles – managers to issue reminders to team members, to 'walk the walk' in terms of demonstrating the values, and to ensure that this topic is covered during PADRs.	The values will be enshrined within day to day work practices, and recognised by all team members.	<p>Better team working.</p> <p>Improved staff experiences (which will in turn impact positively on health and well-being).</p> <p>Improved overall performance.</p>	June 2019	<p>Reminder of values and principles scheduled on agenda for team meetings in January.</p> <p>PADRs completed or scheduled in diaries.</p> <p>OBS Managers are keeping their own personal / professional development, and therefore ability to 'walk the walk', up to date by attending leadership training sessions.</p>

Division / Team	Office of the Board Secretary	Division Lead	Grace Lewis-Parry, Board Secretary
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THEME (please use a separate sheet per theme)	Team working
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Divisional Staff Survey Action Plan 2018

2018 Staff Survey Performance with improvement target	<p>09a. Team members have a set of shared objectives: OBS – 19% strongly agree – 8% on National Target – 27%, equal to national</p> <p>09f. Team members have to communicate closely with each other to achieve the team's objectives: OBS - 22% strongly agree -12% on National Target – 28%</p>
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No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
2	23.1.19	<p>Ensure that all OBS Staff feel part of a team – via use of inclusive emails, connecting team members via social media, drawing team members together for at least monthly meetings and also encouraging social get-togethers outside work in order to forge stronger team spirit and camaraderie.</p>	<p>Staff will have a greater sense of colleague support, well-being and enjoyment in the workplace.</p>	<p>Improved attendance and performance.</p>	<p>June 2019</p>	<p>Team emails already in use e.g. Carlton Court distribution list, OBS distribution list and local team lists.</p> <p>Social media contacts and social events outside work are taking place on a regular basis.</p> <p>Schedule of all Team meetings in place.</p> <p>Further development of 'buddy system' so that everyone is clear who will cover their work during periods of leave.</p>

Divisional Staff Survey Action Plan 2018

Division / Team	Office of the Board Secretary	Division Lead	Grace Lewis-Parry, Board Secretary
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THEME (please use a separate sheet per theme)	Staff well-being
2018 Staff Survey Performance with improvement target	<p>16b. To what extent do you agree or disagree that your job gives you a feeling of purpose? OBS – 18% strongly agree -7% on National Target – 25%, equal to national</p> <p>16c. To what extent do you agree or disagree that your job gives you a feeling of achievement? OBS – 15% strongly agree -6% on National Target – 21%, equal to national</p> <p>16e. To what extent do you agree or disagree that your job gives you a feeling of fulfilment? OBS – 15% strongly agree -3% on National Target – 18%, equal to national</p> <p>To what extent do you agree or disagree that your job gives you a feeling of job satisfaction? OBS – 15% strongly agree -4% on National Target – 19%, equal to national.</p>

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
3	23.1.19	Utilise team-working and whole team events, provision of targeted training, recognition and celebration of achievements, work-life balance arrangements and an approachable, fair management style to engender a culture of well-being.	Happier staff, who feel more valued and respected, and know that they can talk to managers who will listen and do all they can to resolve any problems.	Good attendance and performance; less stress	June 2019	Achievements are noted and celebrated at team meetings as part of standard staffing agenda item, and potentially via initiatives such as Seren Betsi, Long Service Awards and Staff Achievement Awards.

Divisional Staff Survey Action Plan 2018

						<p>The Board Secretary has communicated the results of the Staff Survey 2018 at a recent OBS whole team event, making it clear that there is zero tolerance of bullying and harassment. As part of the event, a presentation was given on resilience and well-being.</p> <p>Listening Leads, Coaching and 3D Ambassadors are in place and participation is encouraged.</p> <p>One to one meetings are held with team members who have work / home life problems. Practical support and professional counselling is offered.</p> <p>Flexible working arrangements are in place, helping to reduce stress.</p>
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Divisional Staff Survey Action Plan 2018

Division / Team	Office of the Board Secretary	Division Lead	Grace Lewis-Parry, Board Secretary
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THEME (please use a separate sheet per theme)	Change in the organisation
2018 Staff Survey Performance with improvement target	<p>26c. I am involved in discussions/decisions on change in my ward/department/team: OBS – 6% strongly agree -9% on National Target – 15%, equal to national</p> <p>26q. I support the need for change: OBS – 9% strongly agree -15% on National Target – 16%</p>

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
2	23.1.19	Ensure that all OBS Staff feel included in change – by consulting on and keeping them informed (face to face wherever possible) of forthcoming changes, allowing input, suggestions and inviting feedback, and by ensuring that relevant policies such as the OCP are followed as appropriate.	Staff will have a greater sense of control over their own career, and will not feel that they have been 'done unto' – leading to more shared commitment to making necessary change happen.	Improved performance and more effective change management and embedding of improvements.	June 2019	<p>Policies are being followed.</p> <p>Staff are consulted on/notified of necessary changes e.g. the Board Secretary recently informed staff at Carlton Court face to face about the need to revise some line management arrangements. Although this change will result in some colleagues leaving the OBS structure, plans are in hand to ensure they continue to attend admin meetings and training</p>

Divisional Staff Survey Action Plan 2018

						events so that they still feel part of the wider team.
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Division / Team	Office of the Board Secretary	Division Lead	Grace Lewis-Parry, Board Secretary
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THEME (please use a separate sheet per theme)	Learning & Development
2018 Staff Survey Performance with improvement target	<p>27a. There are opportunities for me to progress in my job: OBS – 6% strongly agree -4% on National Target – 10%, equal to national</p> <p>27d. There is still strong support for training in my area of work: OBS – 9% strongly agree – 6% on National Target – 15%, equal to national</p> <p>28a. My training, learning & development has helped me to do my job better: OBS – 7% strongly agree -13% on National Target – 15%.</p>

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
2	23.1.19	Ensure that all staff have the opportunity to learn and develop – utilising mandatory training, e learning, courses, study towards further qualifications and shadowing / buddy systems.	Staff will be better equipped to undertake their role and will be well placed for career progression.	Improved performance; better retention of staff within the Health Board.	June 2019	All staff are required to complete their mandatory training and compliance is closely monitored via standard template agenda items and during one to ones.

Divisional Staff Survey Action Plan 2018

						<p>Several OBS staff members are currently having time released to take advantage of learning and development opportunities e.g. Master's degree course, Senior Leadership Masterclasses, project management course, and formulation of a buddy system for PAs.</p> <p>PADRs are used as a tool to support future learning and development.</p>
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Divisional Staff Survey Action Plan 2018

Division / Team	Planning & Performance	Division Lead	Sally Baxter
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THEME (please use a separate sheet per theme)	COMMUNICATION
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	February 2019	Review of communication via team briefing and senior management team for cascade	Improve communications across teams	Better awareness and engagement with overall HB and Directorate matters	June 2019	
2	February 2019	Communications across the Directorate since revisions to portfolio – to review at staff awayday	Improve communications across teams	Better awareness and engagement within the Directorate	June 2019	

THEME (please use a separate sheet per theme)	TEAM WORKING
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	February 2019	Staff awayday being planned to address team working across the Directorate given changes to portfolio	Improved team working across the Directorate	Better engagement across and within teams, effective team working, increased sense of ownership	June 2019	

Divisional Staff Survey Action Plan 2018

THEME (please use a separate sheet per theme)	RESOURCES, LEARNING AND DEVELOPMENT
2018 Staff Survey Divisional Performance <i>inc Question no.(s) and %</i>	

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	February 2019	Review of Planning & performance Directorate functions and staffing & capacity to deliver these – workshop session 15 February 2019	Increased understanding of core functions internally and across the HB, any gaps or opportunities	Better engagement across and within teams, effective team working, increased sense of ownership	15 February 2019	Workshop completed; follow up work underway to develop the outputs
2	March 2019	Development of business model canvas for the Directorate to set out core functions and priority areas	More effective communication and delivery within Directorate and across HB	More effective use of resources and identification of any shortfalls	June 2019	

Divisional Staff Survey Action Plan 2018

Division / Team	Workforce & OD		Division Lead			
THEME (please use a separate sheet per theme)	Management of Change					
2018 Staff Survey Performance inc Question no.(s) and %	Question	National Score	BCU Score	WOD Score	Target	
	Change is well managed here	29%	26%	34% <div>+5% to national</div>	50%	
	Senior managers clearly communicate the reasons for change	33%	29%	38% <div>+5% to national</div>	50%	

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	18/2/19	Introduction of a process, structure or Model to be used for work streams, projects and research	Use models; Objectives, mechanisms, aim and expected outcome process to be use uniformly in all work processes.	To identify risks, issues prior to commencement of work. Create clear communication to teams on the reasons, rational and method for change.	Q2 2019/20	
2	18/2/19	Use 3D model for all changes within WOD prior to the change	Staff Engagement using 3D model to support decision process from staff on floor	Communication improvement. Higher level of engagement within change.	Q1 2019/20 and ongoing	
3	18/2/19	Produce a "how to" guide for WOD managers for divisional change management	Give a transparent process to change. Staff are aware of each stage of process. Produce a flow chart of the change process	Higher levels of staff engagement, lowered Stress levels, higher retention.	Q1 2019/20	
4	18/2/19	Store OCP documents	Review and include our findings to create a lessons learnt and success portfolio.	Demonstrate to staff a clear and fair OCP process and reduction in common barriers within OCP	Q2 2019/20	
5	18/2/19	Review current change management training for Managers	Research new change management theories and processes to include in updates training. Incorporate lessons learnt	Support staff with their individual support requirements through organisational change through equipping mangers with new tools and training.	Q1 2019/20	

Divisional Staff Survey Action Plan 2018

			and real case study scenarios			
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THEME (please use a separate sheet per theme)	Improve Trust and make BCUHB a great place to work (Values Theme)				
2018 Staff Survey Performance inc Question no.(s) and %	Question	National Score	BCU Score	WOD Score	Target
	I would recommend my organisation as a place to work	66%	61%	78% (+12% to national)	85%
	If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation	73%	67%	73%(= to national)	75%
	I am proud to tell people I work for my organisation	72%	65%	77% (+5% to national)	85%
	Senior managers lead by example	42%	39%	52% (+10% to national)	60%

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	18/2/19	Improve Senior Management Visibility	Senior Leadership Drop in Sessions Monthly opportunities for staff to speak to senior leaders within their department.	Improved trust visibility & communication	Q2 2019/20	
2	18/2/19	Learning and Development Mentor programme	Create Guidance for team on how to develop a mentor development programme for Staff	Improve knowledge and experience. Develop individuals within team. Enable progression.	Q3 2019/20	
3	18/2/19	Coaching / Peer supervision	Create guidance and provide research on developing a Peer supervision programme to staff using coaching techniques	Benefit staff wellbeing, retention, reduce workplace stress.	Q1 2019/20	

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4	18/2/19	Lesson Learnt Log	Lessons learnt process for all projects within WOD	To benefit change management of future projects. Development of WOD service delivery	Q4 2019/20	
5	18/2/19	Staff Survey Action Plans outcome communication	Communication of Division Action plans – Internal comm’s Celebrate success on achievement of staff survey actions via video or infographic	Demonstrate “You said, we did”.	Q1 2019/20	
	18/2/19	Leadership & Management Development	Improved compassionate leadership within WOD.		Q2 2019/20	
	18/2/19	Development of monthly WOD Team Brief	Introduce regular team briefs to all areas of WOD. Face to face Improves communication – feel part of the team and valued.	Improved team interactions & reduces concerns.	Q1 2019/20	
	18/2/19	Develop interaction possibilities between WOD teams – work streams.	Invite speakers from difference departments to team meetings to share good practice, developments and barriers.	More awareness and transparent of department in WOD.	Q1 2019/20	
	18/2/19	A WOD conference for WOD staff only.	Recognition of achievements and awards.	Positivity – recognised for doing a good job & update of knowledge.	Q4 2019/20	
	18/2/19	Create and internal safe feedback process for WOD	To allow staff to air issues within safe environment. Create a no blame culture	Zero tolerance policy to be achieved.	Q2 2019/20	

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THEME (please use a separate sheet per theme)	I feel that my role makes a difference to patients / service users				
2018 Staff Survey Performance inc Question no.(s) and %	Question	National Score	BCU Score	WOD Score	Target
	I feel that my role makes a difference to patients / service users	87%	89%	85% (-2% to national)	90%

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	18/2/19	Develop evaluation process for WOD services	Included questions in evaluation work to "impact on patient care"	Evidence on the impact of WOD work to patient care.	Q3 2019/20	
2	18/2/19	Create Team Profiles	Each team to have Team Profiles with Aims, objectives and purpose	Communicate to organisation and create link to Patient care	Q3 2019/20	
3	18/2/19	Recruit listening leads to all areas within WOD	Share and promote WOD work with wider divisions.	Highlight best practice in relation to improved patient care	Q1 2019/20	
4	18/2/19	WOD Good news / Achievement Newsletter	To highlight how WOD directly support staff to improve patient care	Highlight best practice in relation to improved patient care	Q1 2019/20	
5	18/2/19	Share Data with staff – the creation of our actions and the success	To highlight how WOD directly support staff to improve patient care		Q2 2019/20	
6	18/2/19	Videos on staff connect app?? No further info on paper.				

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THEME (please use a separate sheet per theme)	Resources				
2018 Staff Survey Performance inc Question no.(s) and %	Question	National Score	BCU Score	WOD Score	Target
	I have adequate supplies, materials and equipment to do my work	57%	55%	57% (= to national)	60%

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	19/2/19	Pool Car booking	To prevent members of pre bookings being cancelled last minute. Pool Car Wrexham – Car booking to be made in advance (7 days) to ensure booking of car is guaranteed.	Staff without cars or daily transport when required for work	Q1 2019/20	
2	19/2/19	Training Rooms – Appearance of all training rooms to be addressed.	Decoration and updating of environment	Training environment to be conducive to learning	Q2 2019/20	
3	19/2/19	Training Rooms – all presentation equipment to be updated and cables to comply with Health and Safety.	Updating of presentation equipment	Reliability of presentation equipment and safe environment for learners and presenters.	Q1 2019/20	
4	19/2/19	Sharing Recourses – Directory of resources from all department within WOD (Staff and Equipment)	Sharing experience and supporting each department within WOD teams. Use WOD resources efficiently.		Q3 2019/20	
5	19/2/19	Admin Equipment	For admin staff to have to possibility of having 2 screen at their desk	Efficiency, accuracy and effectiveness of administration duties and reduction in photocopying.	Q2 2019/20	

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6	19/2/19	Single point of access for materials and Stationary	To use resources more efficiently and log when resources are being used by who, when and where	Reduce cost.	Q1 2019/20	
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THEME (please use a separate sheet per theme)	Senior Leadership Communication				
2018 Staff Survey Performance inc Question no.(s) and %	Question	National Score	BCU Score	WOD Score	Target
	Communication between senior managers and staff is effective	32%	29%	33%(+1 to national)	40%
	I know who the Executive Team are	43%	34%	64%(+21% to national)	74%
	The Executive Team have a clear vision of where the organisation is going	34%	24%	51%(+17% to national)	61%
	The Executive Team will act on the results of this survey	24%	20%	48% (+24% to national)	58%

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1	19/2/19	Senior Leadership Drop in Sessions.	Monthly opportunities for staff to speak to senior leaders within their department.	Improved visibility and communication	Q2 2019/20	
2	19/2/19	Senior Leadership attendance at Team meetings	Frequent attendance at Team meetings. (Planned)	Improved visibility and communication	Q1 2019/20	
3	19/2/19	Senior Leadership availability at Staff engagement events	Attendance at Key engagement event concerning WOD	Improved visibility and communication	Ongoing	

Divisional Staff Survey Action Plan 2018

4	19/2/19	Senior Leadership monthly communication	Monthly e-mail / communication on Team progress, to date, focus for next month, day in the life of, monthly newsletter (my month) etc.	Improved visibility and communication	Q1 2019/20	
5	19/2/19	Improve planning for Staff Engagement events – forward plan for year	Greater numbers of participation	Better engagement more views more solutions	Ongoing	
	19/2/19	Senior Leadership Shadowing opportunities.	Better knowledge and understanding of work streams.	Shared knowledge	Q2 2019/20	
	19/2/19	WOD operating principles	Work to set principles, values for all staff within WOD	Happier team less reports of dignity at work issues	Q2 2019/20	

Health Board 28.3.19	 <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div> <p><i>To improve health and provide excellent care</i></p>
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Report Title:	Workforce Strategy 2019 - 2022
Report Author:	Mrs Sue Green, Executive Director of Workforce and Organisational Development
Responsible Director:	Mrs Sue Green, Executive Director of Workforce and Organisational Development
Public or In Committee	Public
Purpose of Report:	<p>This report submits the Final Draft Workforce Strategy 2019 – 2022 for consideration by and approval of the Health Board.</p> <p>This is the first Workforce Strategy for the Health Board and its aim is to provide a clear direction upon which the organisation can plan.</p> <p>It sets out the challenges and opportunities faced by the Health Board and provides the context/parameters to enable significant improvement in our service models and delivery as a Health Board as well as a key partner across North Wales.</p>
Approval / Scrutiny Route Prior to Presentation:	The Draft Strategy has been discussed informally by the Local Partnership Forum; Health Board and subsequently been approved for recommendation to the Board by the Strategy, Partnerships and Population Health Committee
Governance issues / risks:	<p>The absence of a workforce strategy increases the risk of planning being undertaken without understanding the workforce impact i.e. planning based on traditional roles/hard to fill roles etc. This is likely to increase costs and reduce effectiveness of the delivery of the plan.</p> <p>Aligning our workforce is crucial in bringing our strategic priorities to life and delivering them. Whilst the workforce strategy alone will not achieve this alignment, achievement of the priorities within it should.</p>
Financial Implications:	No direct implications
Recommendation:	The Board is asked to approve the Health Board's first Workforce Strategy.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper Engagement http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment Appended			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board



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CYMRU
NHS
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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

2019/ 22

Workforce Strategy

Enabling our workforce to improve health and
provide excellent care



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1. Introduction

Our organisation employs in the region of 17,000 people, the majority of whom are members of communities across North Wales and are, as such, part of the communities we serve. In addition to ensuring that we employ the right people to provide the right services in the right place, we are committed to building upon the work undertaken to date to further contribute to improving health and reducing inequalities through employment and social interaction either directly or with our partners as well as through the services we provide or commission.

In the context of the increasing and changing health needs of our population, together with the operational and financial challenges we face, we are clear that our ability to deliver the long term strategy Living Healthier, Staying Well is predicated upon the health of our organisation. In essence, do we have the ability to align our people around a clear vision, strategy, and culture; to execute with excellence; and to renew our focus over time by responding to changes in our environment?

The purpose of our three year Workforce Strategy is

“To enable the delivery of the long term strategy for the Health Board through aligning the workforce using the key ingredients of organisational health and performance”

The model underpinning it is based on the nine outcome measures of ¹organisational health as illustrated below:



¹ McKinsey - Beyond Performance – The hidden value of organisational health – and how to capture it. Aaron De Smet, Bill Schaninger, and Matthew Smith

The Workforce Strategy is informed by our current position, our model for the future and it outlines the steps needed to take us forward over the next three years and beyond.

Critical to delivery of our plans for the future will be working with our employees to create the changes we need to see.

Strategic Internal Direction – direction, culture and climate

Since its creation, the structure and organisational design of our Health Board has changed many times. Whilst there are many examples of development and modernisation, significant influencers on the workforce challenges we face are the service models for delivery of care across our expansive geography.

Our current environment and culture is focused on the challenges of delivering what we do in the here and now rather than looking forward to how this could be better. This impacts on our ability to protect time and empower people to focus on improvement together with our appetite for investment in new ways of working, new roles, and new services.

The Living Healthier, Staying Well Strategy provides a long term vision for our organisation and, importantly, a vision to align our staff to. The development of this three year plan provides a real opportunity to be clear about the way we will work towards delivery of the Strategy. It describes the role that our staff will undertake, how this contributes to delivery and how we will support and empower individuals, teams and services to identify and make the changes we need to make.

We will identify a smaller number of higher impact improvement objectives and align our values, behaviours and performance measures to them.

Quality of execution – accountability, co-ordination and control, leadership, capabilities and motivation

Our current service configuration is largely focused on a secondary care medicalised “illness service” model for both physical and mental health. Due to increasing demands on services, additional capacity on both a long and short term basis is needed.

We currently replicate hospital services across three or more sites and face recruitment challenges in moving towards new models of primary care. We only deliver a small number of specialist services which attract professionals to work in North Wales. This has resulted in significant gaps in our medical and nursing workforce. In order to provide services, we are reliant on temporary staff which attract higher costs. This is against a backdrop of national shortages across the UK. However, there is much we can do to improve and this needs to be our focus at this stage.

Where we have delivered changes in service model, or introduced a new service, there is evidence of subsequent improvements in benefits to the workforce. For example, the development of the SuRNICC; a new vascular specialist centre and a new primary care model as part of the Healthy Prestatyn lach project has led to filling traditionally hard-to-recruit to posts.

We will need to balance the management of safe care in the here and now with planning effectively to realise our ambitions to develop services that are fit for purpose, affordable and sustainable. We are currently overspending and must change our service and workforce models to align with plans to operate more efficiently, reducing waste and increasing value. This is not necessarily a case of doing more with less, but more getting it right first time for our patients and communities, improving healthcare value and outcomes and reducing unnecessary expenditure.

We also recognise the challenges we are likely to face in light of our workforce demographics. The age, health and socio economic demographic of our staff correlates with that of our community. For instance, our proportion of staff aged over 56 years is higher and continues to increase whilst the proportion of staff aged below 30 years, continues to decrease.

The majority of our staff who work longer and beyond normal retirement age are employed in lower band roles undertaking manual and ancillary roles. We have higher numbers of nurses working beyond the age of 55 than comparable organisations.

As we develop a greater understanding of the reasons behind these statistics is clear we will only deliver the improvements required by working with our partners. These partners are both National e.g. Health Education and Improvement Wales and local i.e. Higher and Further education and in health and social care. We must work together to create seamless pathways of education, training, and employment across professional and organisational boundaries.

In 2018/2019 we have focused on establishing a range of systems to provide greater clarity and oversight of our workforce performance. Our progress is reported into the Finance and Performance Committee and reports are publicly available on our website.

We have developed systems, such as establishment control and roster and temporary workforce improvement that will enable us to identify where particular issues develop and devise plans to address the root causes.

This will be important as we move towards shifting the balance of our resources in line with our organisational priorities, for example providing more Care Closer to Home.

We need to make it easy for people across the organisation to help us to deliver our organisational objectives. This includes the way we describe who is accountable for what; where authority for decision making rests within and

outwith the organisation; and how we measure, recognise and reward performance and improvement. We will review how we lead and manage, focusing on what matters to and what will inspire and motivate our staff.

Key to this is developing our leaders at all levels to practice compassionate leadership, living the values of the organisation and exhibiting the expected behaviours consistently and authentically. A Leadership Development Programme is underway across our key senior leadership teams using the principles of Compassionate Leadership. This will form a thread running through all education and learning provided and will be a core element of outcome objectives for all development activity.

Another fundamental element of ensuring people are aligned is to ensure that they are and feel engaged and involved in moving the organisation forward. The deployment of the 'ByddwchYnFalch/BeProud' engagement tool to augment and support the 3D listening leads will help us to understand the temperature of the organisation or particular teams/services in a more timely way. This will give us a rich source of intelligence to support timelier support/intervention and to then measure the impact of this activity.

We will develop an overarching improvement system for the Health Board. This will provide staff with the skills and opportunities to make improvements and will be central to our organisation's development. This will build on the progress made through the improvement methodology and the Quality Improvement Hub. This system will be supported by a core of improvement specialists bringing together the traditional service improvement, programme management and organisational development expertise. A comprehensive skills development plan will be produced, complimented by specific modules in our leadership, management and induction training and incorporated into our systems for performance and development review (PADR).

Capacity for Renewal – external orientation, innovation and learning

As we move forward in the formulation of our transformation plans, we will explore different models for delivery and employment and opportunities to create career pathways across organisational boundaries. Building on the foundations set out within A Healthier Wales and linking with the National and Regional Workforce Strategies.

We will also explore shared learning and innovation opportunities to further develop our understanding of the wider determinants of health as well as the most effective ways to deliver our core services.

We will continue to develop our safety and learning culture, encouraging greater focus on learning from and preventing adverse events, empowering people to test improvements/changes and reinforcing the importance of reflective practice.

2. Why do we need a Workforce Strategy?

A talented and aligned workforce is crucial for bringing our strategic priorities to life and ensuring we deliver on our objectives.

Direct people costs make up 50 per cent of the Health Board's expenditure. The cost of getting it wrong can therefore be significant.

Getting it right delivers significant improvements, including:

- better quality and outcomes and less avoidable harm through a more skilled and innovative workforce;
- better productivity – through workforce alignment to the common purpose and operating model;
- value improvement and cost reduction – through ensuring the workforce is the right size;
- higher quality and timeliness of customer delivery, greater staff engagement, retention and lower levels of stress; and
- assurance that the organisational objectives can be delivered.

3. How did we develop the Strategy?

This is the first Workforce Strategy developed by the Health Board and we have worked closely as a Workforce team to understand our current position. We have explored the challenges faced by the organisation over the years since its inception as well as more recently linked to impact of being placed in Special Measures by Welsh Government.

We have listened to leaders, staff, Trade Union colleagues and our stakeholders and have heard their views on the challenges facing the organisation over the next three years, and how the workforce might need to adapt to meet these challenges.

We have reviewed key feedback from our Staff Survey; Welsh Government; Wales Audit Office and other external partners and regulators. We have reviewed A Healthier Wales, the Regional Workforce Strategy and have contributed to the development of a National Workforce Strategy. We have considered how best to bring all of these views together to identify our priorities for the next three years.

We recognise that changing our culture will take time and resilience and as such we have made judgements about what we think the priorities should be.

The aim of this strategy is to provide a clear direction upon which we can plan. It will be important to maintain focus on this direction and avoid being distracted whilst remaining alive to changes in our environment and agile enough to adapt.

This strategy will be reviewed on an annual basis to ensure that it remains fit for purpose and is delivering the intended impact.

4. Our Strategic Direction

4.1 Our 10 Year Strategy – Living Healthier, Staying Well



Living Healthier, Staying Well (LHSW) is our long term strategy that describes how health, wellbeing and healthcare in North Wales might look in 10 years' time and how we are working towards this now. Our future organisational model, together with our key priorities for the period 2019/22 is described in our Three Year Plan.

5. A Health Board-wide approach

5.1 Our Strategy

This is the first organisation-wide Workforce Strategy and provides a clear direction of travel for the future. It brings together multiple separate plans including staff engagement, leadership and management development; health and wellbeing; and equality and human rights.

5.2 Our organisational design

The structure of the organisation has been changed a number of times since the Health Board was formed in 2009. The current structure for operational delivery has been in place for around three years and is similar to many health systems across the UK. The main difference is that we have Divisions where there would be separate organisations elsewhere:

- Secondary Care;
- Mental Health and Learning Disabilities; and
- Primary Care and Community Services.

There are some services that span the boundaries between Divisions for example Care of the Elderly, paediatrics and North Wales Managed Clinical Services. In the main, services are managed where they are delivered with accountability for the associated performance, workforce and budgets resting with the relevant Division.

Alongside operational services there are a number of corporate departments such as Public Health; Finance; Planning and Performance; Workforce and Organisational Development; Estates and Facilities; Informatics; Corporate Governance; Corporate Nursing; Therapies and Healthcare Scientists; and Office of the Medical Director.

Each Division has an accountable Executive and following a review in 2018, a number of changes were made to better align services with the most appropriate Executive and to improve the focus on demonstrating collective leadership.

5.3 Our resources

Our workforce is spread across multiple sites. We employ over 15,500 whole time equivalents (WTE) (17,000 people) and spend more than £700m a year – half our budget - on pay.

Our model of delivery is, in the main, traditional, medicalised and separate across Divisions as well as areas and hospitals.

We have significant gaps between budgeted establishment and actual staff in post. This is a variance of around 1400 WTE across all areas. We spend approximately £35m on non-core temporary workforce and around 70 per cent of this is on agency workers.

Our turnover of staff is high at 9 per cent but it is not evenly spread with around 20 per cent of recruits leaving our employment in the first two years of service.

We have a long serving workforce but the age imbalance is growing. 19 per cent of our workforce is aged over 56 years and a growing number are over 65 years. Only 13 per cent of our staff are below the age of 30 years and the numbers in this age group continue to decline.

While our sickness absence level is not the highest in Wales, it is still too high at 4.9 per cent overall, with 70 per cent of this due to long term absence.

We have a number of key areas over budget largely due to pay, namely Secondary Care and Mental Health and Learning Disabilities.

There are systems in place to manage resources but they are labour intensive and not optimised. Data production and analysis is also labour intensive and is patchy in utilisation.

Cost reduction/improvement has been a challenge historically, yet there are opportunities for improving productivity and efficiency according to benchmarking and internal review findings.

5.4 People management and development

There have been significant improvements made in terms of staff engagement as a result of a clear and focussed plan. This is evidenced by the National Staff Survey Reports 2013, 2016 and 2018.

A leadership and management training needs analysis has taken place and development programmes commissioned accordingly.

Leadership structures are in place and clinical leaders across specialities appointed.

Our management capacity is low in a number of areas but is improving following recruitment and restructuring.

There are a number of positive examples of innovative approaches to development and working with our communities for example Step into Work, a programme to support people to gain experience and employment in healthcare in North Wales.

There are education plans and provision in place across professional groups, however, these are largely separate for clinical professional groups compartmentalising medical, nursing and midwifery, and therapies and health sciences.

There are consistent workforce policies and procedures in place, however, they are not all user friendly and as such not always applied in a people centred way.

We have a forward thinking Health and Wellbeing service in place, with external validation and assurance. Improvement plans underpinning achievement of health improvement and health inequalities priorities as well as workforce priorities are in place.

Health and safety provision is patchy with significant improvement required to reduce harm and days lost due to accidents.

We have a highly regarded Equality and Human Rights service, which works with stakeholders and staff to ensure that the principles of equality guide our work. We have a strong Welsh Language support service in place and are making good progress against the standards.

5.5 Key challenges

5.5.1 Secondary Care

- Care is provided across three District General Hospitals as well as a number of other sites for some services.
- There are significant numbers of vacancies at consultant; middle grade and trainee doctor levels, some of which are long standing.
- Challenges in recruiting and retaining clinical staff is impacted by a range of factors, not least the model and environment of delivery, which could be considered outmoded in some areas.
- Sustainability of a number of services and rotas is high risk due to the level of vacancies within existing models.
- There are significant numbers of staff nurse vacancies across hospitals and specialities. Compliance with the requirements of the Nurse Staffing Act is high risk and not cost effective within our existing model.
- There are significant issues with recruitment and retention in a number of areas. There are challenges in attracting new recruits and in converting applications into appointments in a streamlined way. Furthermore, as described earlier, retention of new staff in the first two years of service is poor in a number of specialities.
- There is a significant level of “unfunded” capacity e.g. escalation Beds and the impact of this is effectively “stretching” the workforce to cover both in terms of nursing staff but also medical staff.
- Most services are replicated across hospitals with only a small number of networked models and teams.
- Workforce planning is limited and predominantly undertaken on a hospital basis rather than across secondary care or across the health economy (including primary/community and Mental Health).
- Performance against key quality and access standards is challenged and the link between understanding demand, understanding capacity and workforce planning and deployment is patchy.

5.5.2 Primary Care and Community Services

- There are a significant and increasing number of GP practices managed by the Health Board due to gaps in GP numbers and vulnerable independent practices needing support.
- There are challenges in consistent provision of Dental Services due to capacity gaps.
- Primary Care Clusters are in place but at different levels of development and effectiveness.
- A proportion of our community facilities and estate is old and not fit for purpose in delivering modern, integrated services.
- New services and models have been developed in a number of areas and are demonstrating positive impact.
- Workforce planning is mainly undertaken on an Area team basis rather than across areas or across the health economy (including Secondary Care and Mental Health).

5.5.3 Mental Health and Learning Disabilities (MHL D)

- Services are delivered over range of units and locations.
- There are a high number of vacancies at consultant and other levels which is contributing to our challenging financial position, as this necessitates the use of agency cover.
- There are a high number of mental health nurse vacancies and the establishment templates are based on traditional models which have evolved over time so require rebasing.
- Pay expenditure is high mainly due to high non-core spend driven by medical and nursing vacancies and low optimisation of the systems in place.
- An improvement strategy is in place but needs to incorporate robust workforce planning and a transformational approach across our whole system.
- Workforce planning is limited and is predominantly undertaken across Mental Health and Learning Disabilities rather than with other divisions or wider health economy.

6. What does the organisation need to look like in three years' time?

We have set an ambitious plan for improving the way we deliver services; work with our partners and manage our resources within a context of increasing demand and limits on the people and resources available.

We will need to be focussed on prioritising where we put our efforts and how we spend our budgets. We know that we will not achieve this unless we think and behave differently.

Our workforce will need to be:

Understanding of and aligned to our strategic priorities – our staff must be very clear about the direction of the organisation and understand how they can contribute to achieving our priorities;

Outcome focussed and high performing – whatever we do, we need to have identifiable outcomes and meet the needs of our population. All staff will need to work to the best of their ability and give 100 per cent and be able to see the impact of their hard work;

Delivering efficient value based healthcare – We need to reduce waste and avoidable/unnecessary additional or variable expenditure. We need to ensure we can demonstrate value for money and responsible use of public funds

Engaged, motivated and resilient – our staff need to feel well informed, involved and have the resilience to meet the challenges ahead;

Flexible, adaptable and innovative – finding innovative ways to deliver services in a changing environment. Acting in a more agile way, using technology to deliver services differently and reducing reliance on traditional ways of working;

Personally accountable – operating in a way that we would if this was our business, home or family and loved ones;

Customer focussed – ensuring patients, partners, contractors and colleagues receive the best service at all times and are treated with respect and inclusivity;

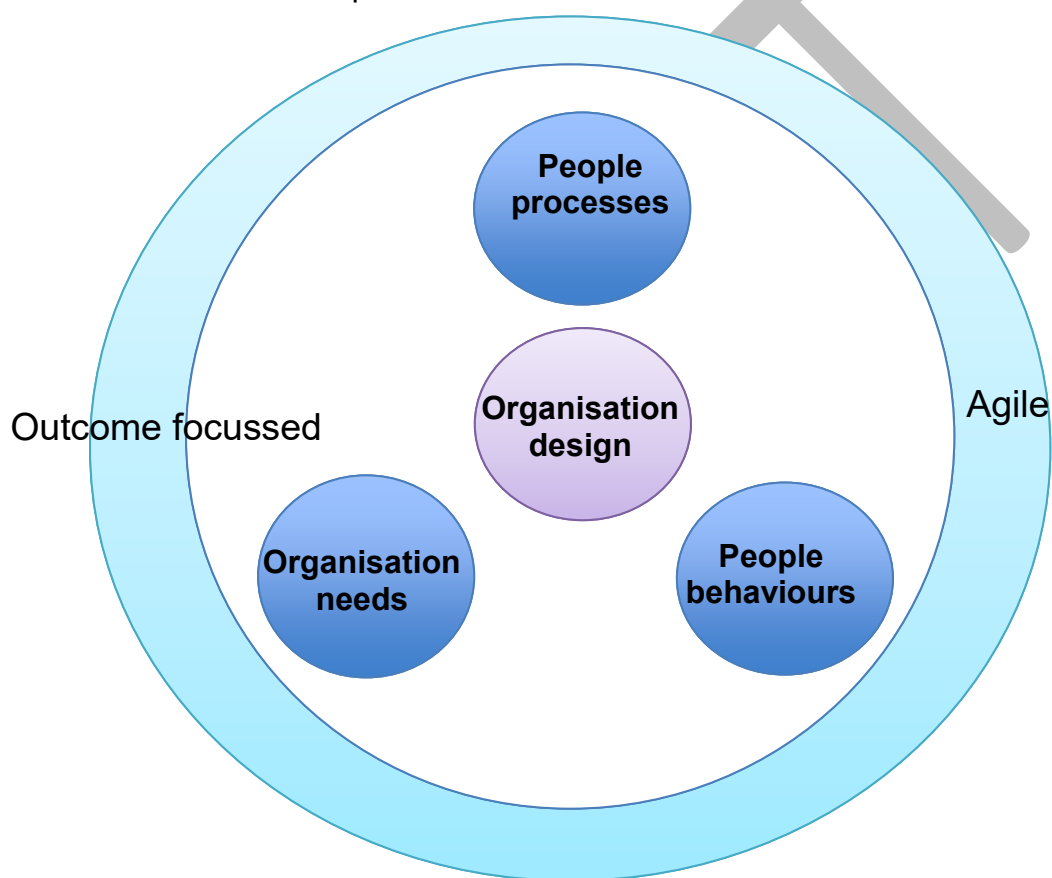
Demonstrating leadership – managers demonstrate visible, fair and compassionate leadership ensuring staff are supported and empowered to give their best and where poor performance or conduct is identified it is managed effectively; and

Working in a safe, healthy and supportive environment – ensuring our staff are safe at all times and work in a healthy supportive environment enabling them to be at their best.

7. How do we get there?

7.1 Organisational design and the 'Five Rights'

It is important to understand what makes an organisation work effectively. There are many different models of effective organisation design. This model looks at three components:



7.2 How do we ensure these three components are aligned?

It is important that these components are aligned at all times to achieve organisational priorities.

People Processes and Behaviours (the how and the who) must be aligned with the organisation needs (the what). If the people elements are not aligned, then the organisation needs will not be met.

7.3 Framework for alignment

The Framework below will support this alignment:

1. Staff Engagement – making sure that our staff know what the organisation’s objectives are and what is expected of them to meet those objectives. Building on progress and implementing other frameworks such as ²Together we Care and ensuring continued improvement in mainstreaming use of welsh language in our every day engagement;
2. Accountability - ensuring our structure and service, team and individual accountabilities are clear and easily described and evidenced;
3. Robust workforce planning – undertaking proactively and across pathways, services and localities wherever possible and across organisations where relevant;
4. Skills based design – exploring options to support or, where necessary, replacing traditional roles, using a patient centred assessment methodology and recognising the needs and preferences of our communities e.g. availability of welsh speaking staff at each stage of the patient journey;
5. Education and learning – consolidating and optimising our influence and impact consistent with our size and expertise. Developing a reputation for excellent educational experience, opportunities and outcomes. Creating a “return” cycle where learners come back to work and educate others;
6. Quality, productivity and efficiency – building on work to date to establish a Single Improvement System, building our “toolkit” and equipping our staff with the skills and confidence to apply them with impact i.e. reducing waste and avoidable/unnecessary additional or variable expenditure and developing efficient value based healthcare.
7. Planning for flexibility and flux – greater focus on capacity and demand in planning our temporary workforce. Operating as a business and shifting the balance and reducing what we spend on agency across all staff groups;
8. Recruitment and retention – moving from reactive to proactive and systematic. Applying an outcome focussed approach to identifying what needs to be done and then doing it;
9. Developing our leaders and managers – ensuring leaders and managers are equipped with the skills to lead and manage staff

² Together We Care – A Framework for the Development of the Medical Workforce in Wales

effectively. Enabling them to work effectively with partners both within and outside the organisation. Demonstrating visible compassionate leadership and developing leaders and managers of the future;

10. Process and pathway design – reviewing processes and the way we do things to ensure that we operate as efficiently and effectively as possible;
11. Creativity and innovation – asking staff for their ideas on how we can do things differently to ensure everything we do meets the needs of the people of North Wales;
12. Managing the changes – ensuring staff feel supported and behave in ways that are respectful of others; and
13. Train and employ with others - working with partners across North Wales to evolve new thinking and creating career pathways that span organisational boundaries and employment lifecycles. Finding ways to address barriers.

7.4 Using the 'Five Rights'

The principles of the 'Five Rights' should underpin everything that we do.

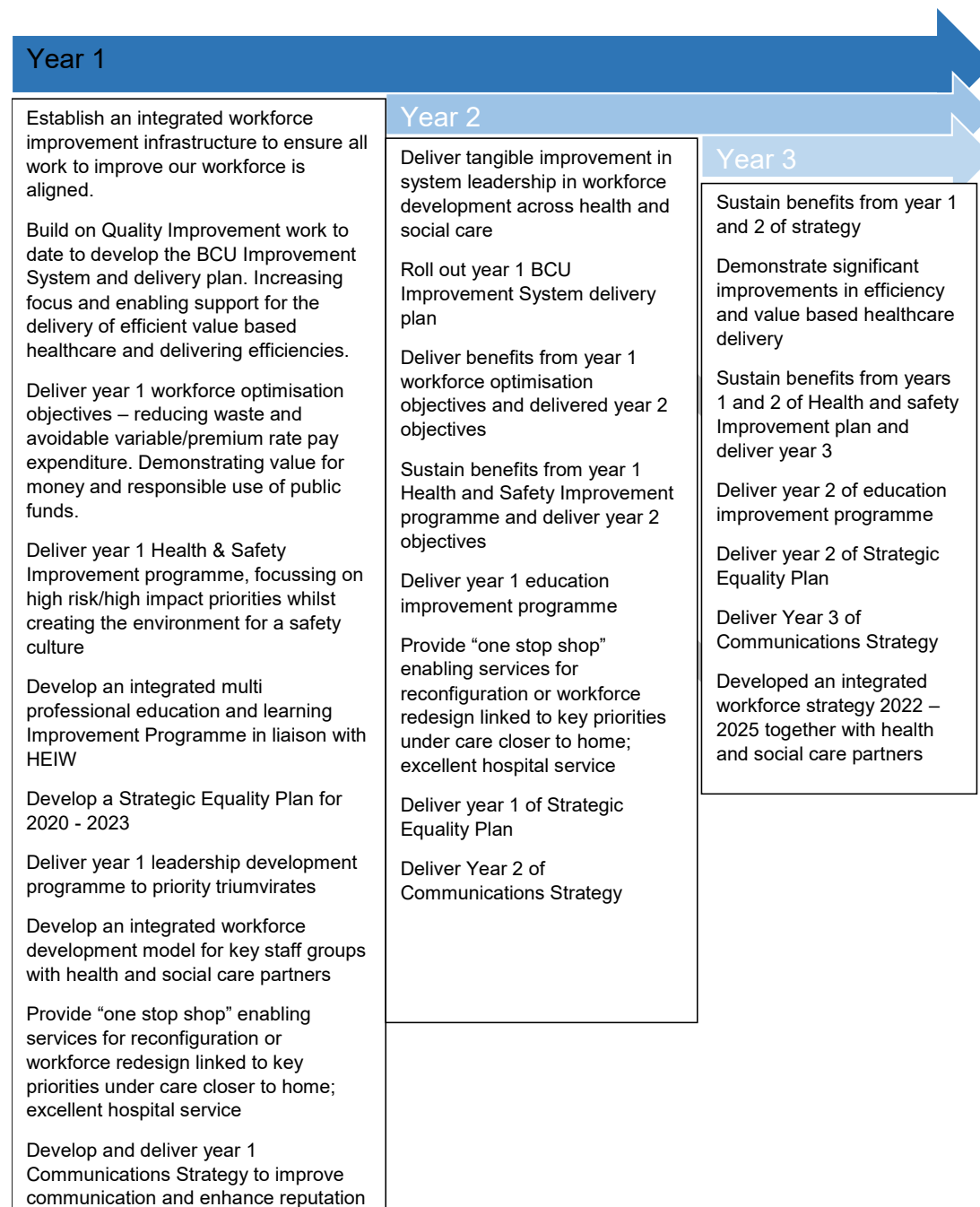
In looking at what we need in a workforce we need to ensure we constantly review the following principles to ensure our services are fit for purpose.



The application of the above will assist the planning process to embed this Workforce Strategy to make it a reality in service areas.

8. What are our priorities?

8.1 Key deliverables for 2019/22



9. How will we measure if this is working?

9.1 Annual review and performance management

A review of this Strategy will take place annually to ensure it remains fit for purpose.

The Delivery Plan will be reviewed against priorities on a quarterly basis to assess progress against key measures of success and impact. This will be supported by:

Data reporting:

- Quarterly Workforce Report
- Health Economy Accountability Reviews
- External benchmarking

Feedback:

- Managers, staff and stakeholders
- Staff engagement channels
- Staff surveys
- External reviews

Management of the Delivery Plan will be through the Workforce Improvement Programme Group chaired by the Executive Director of Workforce and Organisational Development and comprising senior accountable leaders.

10. What happens next?

The primary purpose of the Workforce Strategy is to ensure that the organisation's priorities are achieved. It should be seen as a live document, which will evolve as priorities are delivered and our workforce develops over time.

10.1 Communication of the strategy

We will communicate this Strategy and how it can support services through the most appropriate management structures and established corporate communications channels. This will form part of the communications activity undertaken around our overarching Three Year Plan 2019/22.

This will provide staff with the opportunity to discuss how it will apply to them and to explore interventions that may be needed. This will give us the

flexibility to focus on outcomes for each service upon which impact can be measured.

10.2 Planning processes

The Workforce Strategy will be embedded in our planning processes. Managers will be required to consider the contents of the Strategy and in particular consider the Five Rights when looking at what the service will need to look like in the future.

10.3 Workforce objectives, policies and programmes

Workforce teams will be responsible for delivering specific priorities identified in this Strategy and will do so through team and individual objectives.

10.4 Measurement of success

As well as the annual review and quarterly reviews, the Workforce team will monitor the priorities with Directors and Heads of Service as part of the normal cycle of business. The workforce dashboard will provide data on the health of the organisation and will inform discussions and decisions around recognition of significant progress or remedial action if progress is not where it needs to be.



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University Health Board

EQUALITY IMPACT ASSESSMENT

PARTS A and B: SCREENING AND OUTCOME REPORT

Betsi Cadwaladr University Health Board Workforce Strategy



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Part A

Form 1: Preparation

1.	What are you assessing i.e. what is the title of the document you are writing or the service review you are undertaking?	Betsi Cadwaladr University Health Board Workforce Strategy 2019 – 2022
2.	Provide a brief description, including the aims and objectives of what you are assessing.	<p>The vision or “particular purpose” of the Health Board is to create a healthier North Wales that maximises opportunities for everyone to realise their full potential.</p> <p>Our organisation employs over 16,000 people, the majority of whom are members of communities across North Wales and are, as such, part of the communities we serve. In addition to ensuring that we employ the right people to provide the right services in the right place, we are committed to building upon the work undertaken to date to further contribute to improving health and reducing inequalities through employment and social interaction either directly or with our partners as well as through the services we provide or commission. The 3 year Workforce Strategy underpins the delivery of the long term strategy Living Healthier Staying Well and the Integrated Medium Term Plan/ 3 year plan.</p> <p>We know that being in good employment is protective of health, and that a healthy workforce is beneficial for patients and for business. We have worked to compare the configuration of our local population alongside the demographic of our current workforce, this has informed our Workforce Strategy 2019 and will help us to better target workforce initiatives that support</p>

		inclusion. As a Workforce and Organisational Development function this is our collective aim.
3.	Who is responsible for the document/work you are assessing – i.e. who has the authority to agree/approve any changes you identify are necessary?	<p>Mrs Sue Green, Executive Director of Workforce & Organisational Development is the responsible Director.</p> <p>The Health Board is the scrutinising Committee.</p>
4.	Is the Policy related to, or influenced by, other Policies/areas of work?	The Workforce Strategy is an enabling strategy to deliver the Health Board's long term vision for health and health care in North Wales, Living Healthier Staying Well and its underlying principles including ' we will promote equality and rights in everything we do'.
5.	Who are the key Stakeholders i.e. who will be affected by your document or proposals?	BCUHB stakeholders including patients, staff and volunteers.
6.	What might help/hinder the success of whatever you are doing, for example communication, training etc?	In the context of the increasing and changing health needs of our population, together with the operational and financial challenges we face, we are clear that our ability to deliver the long term strategy Living Healthier Staying Well is predicated upon the health of our organisation i.e. do we have the ability to align our people around a clear vision, strategy, and culture; to execute with excellence; and to renew the organisation's focus over time by responding to changes in our environment?

Form 2: Considering the potential impact of your document, proposals etc in relation to equality and human rights

Characteristic or other factor to be considered	Potential Impact by Group. Is it:-		Please detail here, <u>for each characteristic listed on the left:-</u> (1) any Reports, Statistics, Websites, links etc. that are relevant to your document/proposal and have been used to inform your assessment; and/or (2) any information gained during engagement with service users or staff; and/or any other information that has informed your assessment of Potential Impact.
	Positive (+) Negative (-) Neutral (N) No Impact/Not applicable (N/a)	High Medium or Low	
Age	Positive (+)	L	<p>In Wales unemployment rates have fallen, with those aged 16–24 having the highest rate of unemployment EHRC “Is Wales Fairer? 2018” https://www.equalityhumanrights.com/en/publication-download/wales-fairer-2018.</p> <p>BCUHB reports support this and suggests that the age profile of staff at BCU does not reflect the age profile across North Wales, there is significant under representation in under 25s across all counties apart from Anglesey where there are fewer young people. This is most significant in Wrexham and Flintshire. Nationally in apprenticeships, strong gender segregation remains. Ethnic minorities are under-represented in apprenticeships and the representation of disabled people is particularly low.</p> <p>The Strategy promotes equality for younger and older people via a range of initiatives including the Step into Work Programme and Working Longer. As a major employer in North Wales we have the opportunity to build upon the work done to date to target recruitment initiatives and employment opportunities to support people into employment.</p>

Disability	Positive (+)	M	<p>Nationally disabled people's employment rate in Wales is less than half that for non-disabled people, evidence suggests disabled people are less likely than non-disabled people to work in managerial or professional occupations, which tend to have high pay. In apprenticeships the representation of disabled people is particularly low. EHRC "Is Wales Fairer? 2018". https://www.equalityhumanrights.com/en/publication-download/wales-fairer-2018</p> <p>BCU HB reports identify that there is continued under reporting of disability 4.01% compared to census data that indicates approximately 22% of the population in North Wales declare a disability or long term health condition. This is consistent across all six counties. Staff survey information identified that a higher proportion of disabled staff said yes when asked if they had personally experienced harassment, bullying or abuse at work from patients, their relatives or other members of the public. Higher proportions of disabled staff answered yes when asked if they had personally experienced harassment, bullying or abuse at work from a manager or work colleague. Analysis of average pay by disability status shows staff who have declared a disability earning on average approximately 9% less than staff who have stated they are not disabled. The Strategy promotes disability equality via a range of initiatives.</p> <p>BCUHB is a Disability Confident Employer: http://howis.wales.nhs.uk/sitesplus/861/page/71575</p> <p>BCUHB has established a Dyslexia Support and Interest Group in response to need identified by staff and intranet pages: http://howis.wales.nhs.uk/sitesplus/861/page/73395</p> <p>BCUHB works with Project Search a programme of school-to-work internships for disabled students.</p> <p>A commitment is made that our managers must demonstrate visible, fair and compassionate leadership ensuring staff are supported and empowered to give their best and where poor performance or conduct is identified it is managed effectively and that the health board is customer focussed, ensuring patients, partners, contractors and colleagues receive the best customer service at all times and are treated with respect and inclusivity.</p>
Gender	Positive (+)	M	<p>National evidence suggests that half of trans people (51 per cent) have hidden their identity at work for fear of discrimination. The Strategy promotes equality for trans staff via a range of initiatives as</p>

Reassignment			<p>a Top 100 employer and member of Stonewalls Diversity Champions Scheme.</p> <p>EHRC “Is Wales Fairer? 2018” https://www.equalityhumanrights.com/en/publication-download/wales-fairer-2018</p> <p>Stonewall Cymru: LGBT In Britain – Trans Report (2018) https://www.stonewallcymru.org.uk/lgbt-britain-trans-report</p>
Marriage & Civil Partnership	Positive (+)		<p>EHRC “Is Wales Fairer? 2018” https://www.equalityhumanrights.com/en/publication-download/wales-fairer-2018</p>
Pregnancy & Maternity	Positive (+)	M	<p>In Wales seven out of 10 mothers have had a negative or possibly discriminatory experience during pregnancy or maternity leave, or on returning from maternity leave EHRC “Is Wales Fairer? 2018”. https://www.equalityhumanrights.com/en/publication-download/wales-fairer-2018.</p> <p>EHRC Working Forward: https://www.equalityhumanrights.com/en/pregnancy-and-maternity-workplace/working-forward.</p> <p>Statistics from ESR at BCU for the last 4 years (to September 2018) show that out of a total of 1,450 BCUHB staff taking maternity leave, 175 (12%) of them left the Health Board within 2 years of returning to work. This compares to an overall staff turnover rate of 7.5% for 2016/17 and 7.9% for 2017/18.</p> <p>The health board promotes equality for this staff group via the EHRC Working Forward Pledge commitments.</p>
Race / Ethnicity	Positive (+)	L	<p>Nationally ethnic minorities are under-represented in apprenticeships. EHRC “Is Wales Fairer? 2018” https://www.equalityhumanrights.com/en/publication-download/wales-fairer-2018.</p>

			<p>UK Government consultation on Ethnicity Pay Gap reporting: https://www.gov.uk/government/consultations/ethnicity-pay-reporting</p> <p>Business In The Community (BITC) Race at Work scorecard survey 2018: https://race.bitc.org.uk/all-resources/research-articles/race-work-scorecard-report-2018</p> <p>The McGregor-Smith Review (2017) examined the position and progression of ethnic minorities in UK workplaces. A commitment is made with the Strategy that our managers must demonstrate visible, fair and compassionate leadership ensuring staff are supported and empowered to give their best. We will continue to publish and analyse equality employment reports annually.</p>
Religion or Belief	Positive (+)	L	<p>EHRC “Is Wales Fairer? 2018” https://www.equalityhumanrights.com/en/publication-download/wales-fairer-2018.</p> <p>We know that employment rates for Muslims in Wales are very low – they are least likely to be working of all faith groups and that between 2001 and 2011 the Muslim population in Wales doubled (EHRC Wales – Creating a Faith-Friendly Workplace for Muslims).</p> <p>BCU reports show that approximately 1.05% of our staff declare their faith as Muslim; this compares to 0.58% within the population of North Wales (2011 Census).</p>
Sex	Positive (+)	M	<p>Women continue to earn less than men on average EHRC “Is Wales Fairer? 2018” https://www.equalityhumanrights.com/en/publication-download/wales-fairer-2018.</p> <p>BCU reports show that average basic earnings are higher for men than for women across all staff groups .The proportions of staff working part time continues to be dominated by female staff ,more than 50% of female staff are employed in part time roles, and 93% of all part time posts are held by women. The current statistic published by Carers Trust UK is that 1 in 10 people have a caring responsibility. So we can estimate that around 10% of our workforce have a caring role and that this is rising.</p> <p>The Strategy includes a commitment to gender pay reporting and improvement.</p>

Sexual Orientation	Positive (+)	M	<p>EHRC "Is Wales Fairer? 2018" https://www.equalityhumanrights.com/en/publication-download/wales-fairer-2018.</p> <p>Stonewall Cymru LGBT In Wales, Work Report: https://www.stonewallcymru.org.uk/sites/default/files/stonewall_cymru_work_report_-_e-use.pdf</p> <p>Stonewall UK Top 100 Employers 2018: https://www.stonewallcymru.org.uk/sites/default/files/top_100_employers_2018.pdf.</p> <p>BCUHB reports identify only 1.37% of staff as having declared their sexuality as lesbian, gay or bisexual. The 2011 Census did not collect data on sexual orientation, however organisations such as Stonewall estimate that as many as 6% of the population may belong to these groups. The Staff Survey identifies lower proportions of staff who identify as lesbian, gay or bisexual agree that BCUHB is committed to helping staff balance their work and home life. Higher proportions of staff identifying as lesbian, gay or bisexual answered yes when asked if they had personally experienced harassment, bullying or abuse at work from a manager or work colleague. The health board promotes equality for LGB staff via a range of initiatives as a Top 100 employer and member of Stonewalls Diversity Champions Scheme. The Strategy seeks to create a fair and inclusive supportive environment, where everyone has the opportunity to be themselves at work and fulfil their potential. We will build upon best practice initiatives that raise awareness, build trust and support wellbeing to enable people to remain in work.</p>
Welsh Language			<p>A range of measures are in place to increase the number of Welsh-speaking staff at BCUHB in order to better meet the needs of Welsh-speaking patients and their relatives/carers. This includes consideration of Welsh speaking Essential or Desirable for all recruitment, and facilities to encourage existing BCUHB staff to learn to speak Welsh.</p>
Human Rights			<p>EHRC "Is Wales Fairer? 2018" https://www.equalityhumanrights.com/en/publication-download/wales-fairer-2018.</p>

			download/wales-fairer-2018.
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Guidance on completing Form 2: For each of the characteristics listed, and considering the aims and objectives you detailed in Q2 on Form 1, you need to consider whether your document or proposal likely to affect people differently, and if so, will this be in a positive or negative way? For example, you need to decide:

- will it affect men and women differently?
- will it affect disabled and non-disabled people differently?
- will it affect people in different age groups differently? - and so on covering all the protected characteristics.

Use your judgement to indicate the scale of any impact identified. The factors used to determine an overall assessment for each characteristic should include consideration of scale and proportionality as well as potential impact.

Form 3: Assessing Impact against the General Equality Duty

As a public sector organisation, we are bound by the three elements of the “General Duty”. This means that we need to consider whether (if relevant) the policy or proposal will affect our ability to:-

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity; and
- Foster good relations between different groups

1. Describe here (if relevant) how you are ensuring your policy or proposal does not unlawfully discriminate, harass or victimise	The Workforce Strategy sets out a commitment to promoting equality and human rights and as such policies, plans and proposals coming forward will be subject to EqIA this will help ensure that plans do not unlawfully discriminate, harass or victimise and opportunities to advance equality are optimised.
2. Describe here how your policy or proposal could better advance equality of opportunity (if relevant)	<ul style="list-style-type: none"> • We will increase employment opportunities. As a major employer in North Wales we have the opportunity to build upon the work done to date to target recruitment initiatives and employment opportunities to support people into employment. • We will support staff who are in work. The Strategy seeks to create a fair and inclusive supportive environment, where everyone has the opportunity to be themselves at work and fulfil their potential. We will build upon best practice initiatives that raise awareness, build trust and support wellbeing to enable people to remain in work. • We will identify and take action to address gender, ethnicity and disability pay differences • We will develop the organisation. The Strategy seeks to cultivate a climate of compassionate and inclusive leadership.
3. Describe here how your policy or proposal might be used to foster good relations between different groups (if relevant)	<ul style="list-style-type: none"> • The Strategy seeks to cultivate a climate of compassionate leadership that will nurture a culture of inclusion and high-quality care for all

Part B:

Form 4 (i): Outcome Report

Organisation:	BETSI CADWALADR UNIVERSITY HEALTH BOARD
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1. What is being assessed? (Copy from Form 1)	Betsi Cadwaladr University Health Board Workforce Strategy
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2. Brief Aims and Objectives: (Copy from Form 1)	<p>The vision or “particular purpose” of the Health Board is to create a healthier North Wales that maximises opportunities for everyone to realise their full potential.</p> <p>Our organisation employs over 16,000 people, the majority of whom are members of communities across North Wales and are, as such, part of the communities we serve. In addition to ensuring that we employ the right people to provide the right services in the right place, we are committed to building upon the work undertaken to date to further contribute to improving health and reducing inequalities through employment and social interaction either directly or with our partners as well as through the services we provide or commission. The 3 year Workforce Strategy underpins the delivery of the long term strategy Living Healthier Staying Well and the Integrated Medium Term Plan/ 3 year plan. We know that being in good employment is protective of health, and that a healthy workforce is beneficial for patients and for business. We have worked to compare the configuration of our local population alongside the demographic of our current workforce, this has informed our Workforce Strategy 2019 and will help us to better target workforce initiatives that support inclusion. As a Workforce and Organisational Development function this is our collective aim.</p>
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3a. Could the impact of your decision/policy be discriminatory under equality legislation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
--	------------------------------	--

3b. Could any of the protected groups be negatively affected?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3c. Is your decision or policy of high significance?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

4. Did the decision scoring on Form 3, coupled with your answers to the 3 questions above indicate that you need to proceed to a Full Impact Assessment?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	<p>Record here the reason(s) for your decision i.e. what did Forms 2 & 3 indicate in terms of positive and negative impact for each characteristic?</p> <p>The Workforce Strategy sets out a clear commitment to promoting equality and human rights and as such policies, plans and proposals coming forward will be subject to EqIA this will help ensure that plans do not unlawfully discriminate, harass or victimise and opportunities to advance equality are optimised. A commitment is made that our managers must demonstrate visible, fair and compassionate leadership ensuring staff are supported and empowered to give their best and where poor performance or conduct is identified it is managed effectively and that the health board has a customer focus, ensuring patients, partners, contractors and colleagues receive the best customer service at all times and are treated with respect and inclusivity. Equality principles are mainstreamed into a range of activity including:</p> <p>Increasing Employment Opportunities. As a major employer in North Wales we are building upon the work done to date to target recruitment initiatives and employment opportunities to support people into employment. As good quality employment is important for health and work, interventions to improve the employment opportunities and retention for disadvantaged groups is likely to contribute directly to reducing health inequalities in North Wales, there is an exciting opportunity to align BCU HB's Workforce Strategy with the health board's strategy for health improvement and health inequality</p> <p>Supporting Staff who are in Work. To create a fair and inclusive supportive environment, where everyone has the opportunity to be themselves at work and fulfil their potential. The strategy builds upon best practice initiatives that raise awareness, build trust and support wellbeing to enable people to remain in work. Including:-</p>	

	<ul style="list-style-type: none"> • Stonewall Diversity Champion Scheme a framework for creating a workplace that enables LGBT staff to reach their full potential; • Disability Confident Scheme a framework to support the successful recruitment and retention of disabled people and those with health conditions; • EHRC Working Forward Pledge a framework to make workplaces the best they can be for pregnant women and new parents, recognising flexible work and part-time work as standard patterns of work; • Employee networks to help create a trusted space for discussing issues of concern that may be hard to raise elsewhere; • Time to Change Wales tackling mental health stigma and discrimination; • Project SEARCH: providing internships for disabled young people <p>Identifying and take action to address gender, ethnicity and disability pay differences</p> <p>Organisational Development. The Strategy sets out the need to cultivate compassionate leadership that will nurture a culture of inclusion and high-quality care. Every individual, team and leader across the organisation must make comprehensive and sustained efforts to create climates of fairness, inclusion, compassion and equality. This will be driven through the Organisational Development agenda.</p>	
5. If you answered 'no' above, are there any issues to be addressed e.g. mitigating any identified minor negative impact?	Yes <input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Are monitoring arrangements in place so that you can measure what actually happens	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	How is it being monitored?	The Strategy outlines a number of priorities and key deliverables for 2019/20. Objectives are underpinned by a number of improvement plans. Progress is reported by the WOD Senior

after you implement your document or proposal?		Leadership Team to the Executive Director of Workforce and Organisational Development and the Health Board Finance and Performance Committee and other sub committees of the Board.
	Who is responsible?	The Executive Director of Workforce and Organisational Development.
	What information is being used?	Measures are set out in the underpinning improvement plans.
	When will the EqIA be reviewed? (Usually the same date the policy is reviewed)	The EqIA will be reviewed when the Strategy is updated in 2021.

7. Where will your decision or policy be forwarded for approval?	The Health Board Finance and Performance Committee and the Board
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8. Describe here what engagement you have undertaken with stakeholders including staff and service users to help inform the assessment	The LHSW strategy has been developed with many individuals and groups across North Wales. To inform our enabling WOD Strategy further evidence has been gathered from national reports, local intelligence from BCU employment reports, the Staff Survey, staff networks, and staff engagement activity. We will continue to work together with our staff to produce the detailed implementation plans that will deliver our WOD Strategy.
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9. Names of all parties	Name	Title/Role
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involved in undertaking this Equality Impact Assessment:		
	Mrs Sue Green	Executive Director of Workforce
	WOD Senior Leadership Team	Heads of Service
	Mr Mike Townson	Senior Equalities Manager
Please Note: The Action Plan below forms an integral part of this Outcome Report		

Form 4 (ii): Action Plan

This template details any actions that are planned following the completion of EqlA including those aimed at reducing or eliminating the effects of potential or actual negative impact identified.

	Proposed Actions	Who is responsible for this action?	When will this be done by?
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:			
2. What changes are you proposing to make to your document or proposal as a result of the EqlA?			
3a. Where negative impacts on certain groups have been identified, what actions are you taking or are proposed to mitigate these impacts? Are these already in place?			
3b. Where negative impacts on certain groups have been identified, and you are proceeding without mitigating them, describe here why you believe this is justified.			

	Proposed Actions	Who is responsible for this action?	When will this be done by?
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.			

Health Board 28th March 2019	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
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Report Title:	Living Healthier' Staying Well – Estates Strategy
Report Author:	Mr Neil Bradshaw – Assistant Director of Planning - Capital
Responsible Director:	Mr Mark Wilkinson – Executive Director of Planning & Performance
Public or In Committee	Public
Purpose of Report:	To seek the Boards approval for the long term estate strategy in support of Living Healthier, Staying Well.
Approval / Scrutiny Route Prior to Presentation:	<p>This strategy has been developed following discussions with the Health Board, Strategy Partnerships and Population Health committee and Executive Management Group and subject to scrutiny by the Executive Team.</p> <p>The strategy has been amended to reflect the comments and feedback received from each of these groups.</p>
Governance issues / risks:	<p>This estate strategy responds to Living Healthier, Staying Well and provides the vision and framework for the future development and utilisation of our estate and how we will work with partners to maximise the benefits of our collective property portfolios.</p> <p>It promotes a future estate that is fit for purpose and provides a safe and effective environment that meets the clinical and business needs of the Health Board. It offers the opportunity to eliminate high, significant and moderate backlog maintenance risks over the longer term.</p> <p>The implementation of the strategy will broadly align with the Health Boards three year planning cycle. The strategy indicates the priorities for the first three years. However, it should be noted that this strategy will be subject to annual review and must be flexible to respond to the changing needs and priorities of the Health Board.</p> <p>In taking forward the priority areas described in this strategy we will continue to engage with staff, communities and stakeholders and, if significant changes are proposed, will undertake formal consultation when appropriate.</p>

Financial Implications:	<p>The potential investment is significant. But the strategy is for the long term (15+ years) and the Health Board will seek alternative funding sources where appropriate and economical.</p> <p>Each of the priorities indicated will be subject to an appropriate business case for formal approval in accordance with the Health Board's Standing Financial Instructions.</p>
Recommendation:	The Board is asked to approve the estate strategy subject to formal annual review by the Health Board.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment			
<p>The estate strategy responds to the vision and future framework for health, well-being and healthcare as described in Living Healthier, Staying Well (LHSW) which was subject to formal Equality Impact Assessment.</p> <p>As individual priorities are progressed they will be subject to an equality impact assessment as appropriate.</p>			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board



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CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Estates **Strategy**

Enabling everyone to deliver excellent care



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1.0 Overview

In March 2018, the Health Board approved its long term strategy, Living Healthier, Staying Well (LHSW), setting out the vision for health, wellbeing and healthcare over the next ten years. This estate strategy responds to LHSW and provides the vision and framework for the future development and utilisation of our estate and how we will work with partners to maximise the benefits of our collective property portfolios.

The Health Board currently has one of the largest property portfolios in Wales comprising 137 properties ranging in age from Denbigh Infirmary which was founded in 1813 to the Flint Health and Wellbeing Centre opened in 2018. The existing estate poses significant challenges with respect to its age, condition, resilience and suitability to support modern care to the extent that it is not viable in the long term and is unable to support the future vision of care described within LHSW. **Our estate must therefore change** to meet the changing needs of our population.

LHSW provides the basis of the strategic framework for our future estate that will be designed to support health and wellbeing, primary and community services through a network of wellbeing centres. This network will be supported by three acute hospital campuses providing acute and specialist care together with key support services (clinical and non-clinical).

Through targeted development and rationalisation the existing property portfolio will be aligned to support the 14 clusters and three acute hospital campuses. The size and capacity of the future estate will reflect the shift in care closer to home and new models of working. It will support the development of regional facilities providing centres of clinical excellence and support services to all of North Wales. The future estate will be designed to reduce our impact upon the environment, to be sustainable and to support the wider economic, social and cultural wellbeing of North Wales.

The Health Board is committed to working with partner organisations, including local authorities and the voluntary sector, to develop integrated solutions that make the best use of our collective property assets irrespective of ownership.

The potential investment is significant. But the strategy is for the long term (15+ years) and the Health Board will seek alternative funding sources where appropriate and economical. The implementation of the strategy will broadly align with the Health Boards three year planning cycle. The strategy indicates the priorities for the first three years. However, it should be noted that this strategy will be subject to annual review and must be flexible to respond to the changing needs and priorities of the Health Board. This will be an iterative process and must reflect and respond to the financial challenges faced by the Health Board.

This Strategy promotes a future estate that is fit for purpose and provides a safe and effective environment that meets the clinical and business needs of the Health Board; enhances the care of patients; supports carers, families and visitors; and provides an appropriate working environment for staff. It offers the opportunity to eliminate high, significant and moderate backlog maintenance risks, to meet all national performance targets, to reduce the overall property portfolio and thereby significantly reduce the cost of the estate over the longer term.

2.0 Strategic context

2.1 Strategic challenges

Betsi Cadwaladr University Health Board (BCU) operates in a complex and diverse environment and faces a number of strategic challenges that may be summarised as follows:

External environment – health and wellbeing is determined by a number of complex factors over which the Health Board has relatively little direct influence, however, together with key partners we need to focus our collective resources on getting the greatest wellbeing and health gain for the population we serve.

Population need - the increasing trend in the proportion of older people within the Health Board population is set to continue for the foreseeable future. The good news is that many people stay in good health for much of their lives. However, more people will have long-term conditions such as diabetes or complex health needs and there will also be more people living with dementia. We know that more people are experiencing mental health issues with one in four of us affected at some point in our lives. Although the health status of the population of North Wales remains relatively favourable compared to the Welsh average the benefits of this are unevenly distributed across geographical areas and different groups.

Geography – North Wales is a large geographical region and approximately half of our area is officially classified as rural. The more densely populated areas in the region are situated along an urban strip roughly following the northern coast/A55 and English border. This creates a complex mix of care needs and circumstances that differ between communities.

Our people – the Health Board currently employs circa 17,000 staff. It is vital to ensure the Health Board can attract and retain a motivated, well trained and sustainable staffing establishment.

Finance – the Health Board has a plan to return to financial balance by 2020/21. We must tackle the underlying deficit and need to make sure we work efficiently and spend wisely.

2.2 Vision

The Health Board's ambition is to lead the way on integrated care, supporting health improvement for the population now and in the future.

- We will improve the health of our population, with particular focus upon the most vulnerable in our society
- We will do this by developing an integrated health service which provides excellent care delivered in partnership with the public and other statutory and third sector organisations
- We will develop our workforce so that it has the right skills and operates in a research-rich learning culture

The vision is further defined by our refreshed wellbeing objectives:

- To improve physical, emotional and mental health and wellbeing for all
- To target our resources to those with the greatest needs and reduce inequalities
- To support children to have the best start in life
- To work in partnership to support people – individuals, families, carers, communities - to achieve their own wellbeing
- To improve the safety and quality of all services
- To respect people and their dignity
- To listen to people and learn from their experiences

2.3 Living Healthier, Staying Well

Living Healthier, Staying Well (LHSW) sets out how health, wellbeing and healthcare might look in ten years' time and how we will start working towards this now. This will influence how our resources are allocated and how staff prioritise their time. The strategy is based on three overlapping major programmes within the overall portfolio:

- Improving health and reducing inequalities
- Care closer to home
- Excellent hospital care

In determining the impact upon our current and future Estate requirements we confirmed that we will:

- look at how we use the facilities that we have;
- share facilities with other services and organisations when possible;
- develop health and wellbeing centres;
- improve facilities so mothers have a comfortable birth experience;
- modernise our hospital and other facilities as needed;
- dispose of premises that are expensive to run or don't support our models of care; and
- ensure our buildings are more environmentally friendly.

2.4 Service transformation plans

The developing clinical strategies indicate the following priorities:

Improving health and reducing inequalities	Care closer to home	Excellent hospital care
Healthy lifestyles Smoking, healthy weight, alcohol Protection and prevention Oral health, Making Every Contact Count, screening Resilient communities, tackling inequalities Social prescribing, Well North Wales, health and wellbeing hubs Promoting mental wellbeing Children, young people and families People with a learning disability Maternity strategy for Wales	Secondary prevention and early intervention Stroke, diabetes, orthopaedics Children and young people Health and Social Care working together in local communities Community Resource Teams and clusters <i>Help me get home</i> – integrated health and social care Early supported discharge for stroke Primary and community mental health model Access to care in an emergency Developing the unscheduled care hub, 111 service, community resource team Crisis support – children, mental health	Sustainable planned care Orthopaedics, ophthalmology, gastroenterology Acute medical and surgical care Inpatient care & rehabilitation - mental health needs Access and waiting times Unscheduled care Emergency Department access and patient flow Specialist and complex care Urology, stroke, complete vascular services, cancer

3.0 Our current estate

3.1 Estate overview

The Health Board currently has one of the largest property portfolios in Wales amounting to approximately 456,000 square meters with a value of £426million and an annual running cost of £63million.

Our accommodation also hosts staff and services from other organisations including local authorities and the third sector.

In addition there a number of instances where Health Board staff are located within partner organisations accommodation, for example Conwy County Council Eirias Park Precinct and the Ministry of Justice HMP Berwyn.

3.2 The existing estate

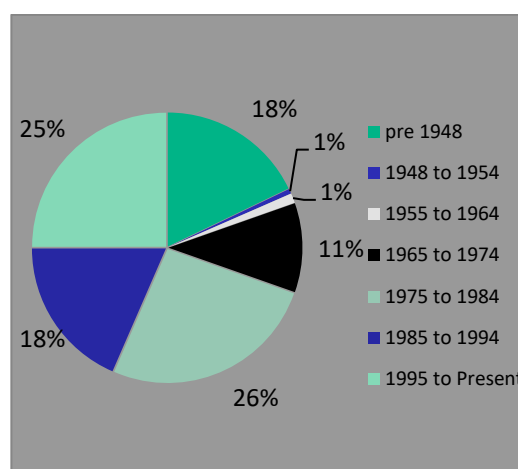
The current estate comprises 137 properties, including owned and leased, as follows:

Acute general hospitals	3
Other hospitals providing acute services (excluding Mental Health)	2
Mental Health and Learning Disabilities inpatient facilities	9
Community hospitals	15
Community facilities (incorporating direct patient care)	95
Support Services	13

Further details of location and function are provided in Appendix 1.

Our estate ranges in age from the Denbigh Infirmary which was founded in 1813 to the Flint Health and Wellbeing Centre which opened in 2018 and may be summarised as follows:

Age Profile	BCU	Wales (average)
Pre 1948	18%	13%
1948 to 1954	1%	1%
1955 to 1964	1%	5%
1965 to 1974	11%	17%
1975 to 1984	26%	14%
1985 to 1994	18%	15%
1994 to Present	25%	35%



3.3 Estate condition and performance

NHS Wales has developed a series of matrices to define the condition and performance of the estate as follows:

WG Indicator	Definition	BCU Performance	NHS Wales Average
Physical condition	A minimum of 90% of the estate should be sound, operationally safe and exhibit only minor deterioration	74%	81%
Statutory compliance	A minimum of 90% of the estate should comply with relevant statutory requirements.	78%	87%
Fire Safety compliance	A minimum of 90% of the estate should comply with relevant statutory requirements.	79%	90%
Functional suitability	A minimum of 90% of the estate should meet clinical and business operational requirements with only minor changes required.	85%	82%
Space utilisation	A minimum of 90% of the estate should be fully used	88%	91%
Energy performance	The estate should consume no more than 410kWh/m2	<421 kWh/m2	<409kWh/m2

3.4 Backlog maintenance

Backlog maintenance costs are a measure of the condition of a building together with its associated engineering services and equipment. It is made up of three cost components:

1. Cost to achieve an acceptable physical condition.
2. Cost to achieve statutory compliance with fire safety legislation and Firecode.
3. Cost to achieve statutory compliance with health and safety legislation.

These costs have been risk assessed to determine the prioritisation of investment as follows:

Low risk elements can be addressed through agreed maintenance programmes or included in the later years of our estate strategy.

Moderate risk elements will be addressed by close control and monitoring. They can be effectively managed in the medium term so as not to cause undue risk to healthcare delivery or safety. These items require expenditure planning for the medium term.

Significant risk elements require expenditure in the short term and need to be effectively managed as a priority so as not to cause undue concern to statutory enforcement bodies or risk to healthcare delivery or safety.

High risk elements must be addressed as an urgent priority in order to prevent catastrophic failure, major disruption to clinical services or deficiencies in safety liable to cause serious injury and/or prosecution.

Backlog costs and associated risk rankings are then combined to produce a risk-adjusted backlog figure for comparative purposes and as a driver for the eradication of high-risk sub-elements and buildings with short remaining lives.

The profile of backlog maintenance costs for the Health Board as at 2017/18 is as follows:

High Risks (£m)	Significant Risks (£m)	Moderate Risks (£m)	Low Risks (£m)	Risk Adjusted Cost (£m)
28.6	20.1	54.5	38.6	53.4

3.5 Cost of the estate – revenue and capital

The current revenue budget is **£63million**⁽¹⁾. An analysis of these costs indicates that our building and engineering cost is £30.03/m² which is above the Welsh average of £24.11/m². Further details are provided in Appendix 2. With respect to the revenue costs approximately 70% relates to the three major acute hospitals, 20% to community hospitals and the remainder to community facilities and the corporate estate.

It has been estimated that it would cost approximately **£838million**⁽²⁾ to ensure that all of our current accommodation is of a reasonable standard and:

- addresses backlog maintenance;
- meets statutory and advisory standards (i.e. compliant with Welsh Health Building Notes and Technical Memorandums);
- supports Safe Clean Care; and
- provides a “healing” environment.

Notes:

(1) Revenue budget 2018/19

(2) Capital costs are indicative to give a high level indication of the magnitude of cost and to provide a comparator of the relative investment. The costs are at a base index as at August 2018 and include all capital costs including fees and VAT.

3.6 Investment from 2008 to date

Over the past 10 years the Health Board has invested in the development of the estate. This has ranged from multi-million pound projects to minor adaptations and refurbishment. The scale and breadth of this investment may be summarised as follows:

West		Centre		East	
Project	£m	Project	£m	Project	£m
Ysbyty Alltwen	22	HM Stanley relocation	2	Heddfan Unit	25
Ysbyty Gwynedd (YG) Electrical Infrastructure	12	Llandudno Hospital Minor Injuries Unit	2	Wrexham Maelor Hospital A+E	3
YG Asceptic Unit	5	CAMHS Tier 4	12	Flint PCC	5
Tywyn Hospital	5	Bryn y Neuadd site development	5	Shotton SMS	2
YG and Alltwen Renal	2	YGC Redevelopment	172	Wrexham SMS	2
YG ED	14	SuRNICC	18	Wrexham theatres	5
Blaenau Ffestiniog Health and Wellbeing Centre	4	Llangollen Primary Care Centre (PCC)	5		
Holyhead Substance Misuse Services (SMS)	1	Hybrid Theatre	2		
		Corwen PCC	2		

3.7 Key estate risks and challenges

The major risks presented by our current estates may be summarised as follows:

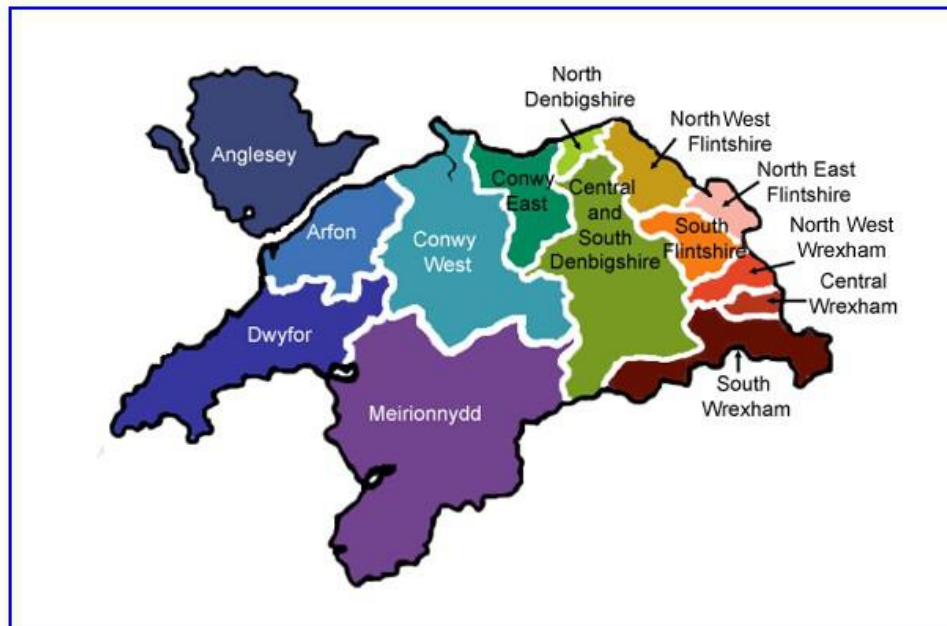
- the age and resilience of the engineering infrastructure at Ysbyty Gwynedd (YG) and Wrexham Maelor hospital (WMH);
- the design and layout of YG and WMH, which do not comply with current guidance, present risks with respect to infection prevention and do not support efficient working and new models of care;
- the ability to sustain surgical interventions at Abergele and Llandudno hospital due to the age and resilience of the engineering infrastructure;
- the design and layout of the Hergest Unit, Ablett Unit, Cefni hospital and Bryn Hesketh hospital are not considered fit for purpose and do not support new models of Mental Health care;
- the age, design and physical condition of the building and engineering infrastructure of:
 - Abergele hospital
 - Bryn y Neuadd hospital
 - Cefni hospital
 - Colwyn Bay hospital
 - Denbigh hospital
 - Eryri hospital
 - Royal Alexandra hospital
 - Ruthin community hospital;
- the design and engineering infrastructure of:
 - Bryn Beryl hospital
 - Dolgellau hospital
 - Llandudno hospital;
- the age, design and physical condition of residencies and the central laundry.

The challenges presented by the risks outlined above, together with the size of the portfolio and the expected future funding means that the current estate is not sustainable or viable in the long term and will not support the implementation of Living Healthier, Staying Well. Our estate must therefore change.

4.0 Opportunities

4.1 Strategic fit

Our strategy, Living Healthier, Staying Well, defines our future models of care delivery. 14 clusters based upon a population of approximately 50,000 will be the footprint through which care closer to home services will be provided. Within each cluster local community resource teams, GPs and mental health services will work together with local authority and the third sector partners, to offer a range of advice, assessment and treatment.



In support of enhancing our services within communities we will develop a network of local Health and Wellbeing centres. This network will comprise primary care facilities incorporating primary care, community and partner organisation services supported by Health and Wellbeing hubs providing a wider range of services including outpatient appointments, minor injuries, treatment services and inpatient services.

4.2 Working with partners

The new models of care promote an integrated approach with local authority and third sector partners. The development of community resource teams will co-locate key services to provide a seamless service to patients. The Health Board is committed to working with partner organisations, including local authorities and the voluntary sector, to develop integrated solutions that make the best use of our collective property assets irrespective of ownership.

4.3 Repatriation

A number of specialist services are currently provided to our population by providers outside of North Wales. The proposed transformation plans offer the opportunity to enhance the range and capacity of services provided within North Wales thereby repatriating patients where it is safe and economical to do so. This will include service areas such as continuing healthcare, low secure mental health care and rehabilitation services.

4.4 Managing demand: Maximising utilisation

Living Healthier, Staying Well seeks to promote new models of care that reduce our reliance on acute hospital services through:

- promoting health and wellbeing and self management;
- enhancing community services;
- proactive referral management; and
- alternative models of follow up after acute hospital care.

In parallel the strategy seeks to ensure safe, effective and sustainable acute care by:

- promoting “centres of excellence” for specialist services, such as vascular surgery,
- developing seven day working and extended hours/sessions.

Taken together, the above offer the prospect of reducing the demand on acute hospital services, increasing the utilisation of our fixed assets and reducing the requirement to replicate facilities.

4.5 New business models

New business models provide opportunities to review our reliance upon buildings to support our services. Regional solutions for support services (clinical and non-clinical) such as pathology, pharmacy, sterile services, medical records, laundry, catering etc offer the prospect of improving the quality of services and reducing the replication of assets on multiple sites. New employment practices, for example agile working, may offer the prospect of a dramatic reduction in our requirement for office accommodation. These new business models are dependent upon the development of supporting employment policies and procedures, robust informatics connectivity and resilient regional transportation networks.

Developing strategic partnerships offers the ability to create alternative delivery models for residencies and a number of non-clinical support services.

Through seeking alternative delivery models we will reduce our current reliance on leased accommodation and look to rationalise the current owned assets.

4.6 Alternative funding

Traditionally investment funding would be sought from the Welsh Governments capital allocation. However, we will actively seek to use other sources of funding that are available to us including:

- Capital grants for example the Integrated Care Fund, Substance Misuse funding, the Regeneration Fund;
- Invest to Save; and
- partnership arrangements with third parties including MIM (mutual investment model), third party development of primary and community care centres and joint venture arrangements.

These alternative funding models are particularly relevant to the care closer to home programme and the provision of non-clinical services for example residencies for staff.

Clearly these alternative funding models present challenges with respect to revenue affordability but if the benefits are sufficiently robust, and subject to appropriate governance, they may be viable over the longer term.

5.0 The future estate

5.1 Vision

The vision for our future estate may be summarised as follows:

- the estate is fit for purpose and provides a safe and effective environment for the clinical and business needs of the Health Board;
- assets are employed effectively to deliver value for money;
- the efficiency of the estate is improved through appropriate utilisation and investment;
- duplication is eradicated to release resources for direct patient care;
- the estate is aligned to our clinical and enabling strategies and supports transformation plans;
- provides assurance to patients, carers and visitors that services will be provided in an appropriate environment that enhances care; and
- provides assurance to staff that they will have an appropriate working environment

Living Healthier, Staying Well sets out the ambition to develop existing health and wellbeing, primary and community services through a network of facilities providing information, support and care. This network will be supported by three hospital campuses providing acute and regional specialist care. This ambition provides the **Strategic Framework** for our future estate:

Wellbeing information	Services in support of improving health and reducing inequalities will be delivered in a range of public and commercial settings
Primary care	The network of primary care facilities will build upon the existing portfolio of primary care centres and health centres.
Health and Wellbeing hubs	It is expected that each care cluster will be supported by at least one health and wellbeing hub.
Mental Health, Learning Disabilities and Substance Misuse Services	Community services will be co-located with the wider community resource teams with additional accommodation required for inpatient, rehabilitation, specialist support and interventional services.
Excellent hospital care	Will be provided from three hospital campuses at Bangor, Ysbyty Gwynedd (YG), Bodelwyddan, Ysbyty Glan Clwyd (YGC) and Wrexham Maelor Hospital (WMH).

5.2 Improving health and reducing inequalities

Services in support of improving health and reducing inequalities will be delivered in a range of settings including public community facilities, like libraries, sports and fitness centres and community halls; commercial premises for example pharmacies supermarkets, health stores, theatres and cinemas together with health (including primary care and general dental services), local authority and third sector properties.

Our future estate will need to create space to support activities to promote health and wellbeing within the Health Board and partners' property portfolio.

5.3 Care closer to home

The future network of community facilities will be designed to fit with the clusters **and** meet the population need, taking account of the impact of geographical rural/urban factors.

Primary care

Will provide access points to health and wellbeing services in primary care settings. The network of facilities will build upon the existing portfolio of primary care centres and health centres. See section 6 for further details of the planned primary care estate.

Health and Wellbeing hubs

The network of Health and Wellbeing hubs will build upon the current portfolio of community hospitals and Health and Wellbeing Centres. It is expected that each cluster will be supported by at least one Health and Wellbeing hub.

It is expected that there will be a requirement for 14 Health and Wellbeing hubs. However it is important to note that some primary care facilities will also provide a wider range of services e.g. outpatient, diagnostics and community dental services.

The current analysis of demand relative to the existing estate, its age, condition and functional suitability indicates the following:

Ysbyty Penhros Stanley, Tywyn hospital, Bryn Beryl hospital, Alltwen hospital, Dolgellau hospital, Llandudno hospital, Holywell hospital, Mold hospital, Deeside hospital and Chirk hospital are strategically well placed to meet the projected needs of the population. All will require some investment but of differing proportions.

The condition and functional suitability of Cefni hospital, Eryri hospital, Colwyn Bay hospital, Denbigh hospital, the Royal Alexandra hospital and Ruthin community hospital present significant risks to their future sustainability. In order to ensure the estate supports the required network of facilities it is recognised that significant investment will be required to either develop existing accommodation or build new facilities in Caernarfon, North Denbighshire and the Vale of Clwyd.

5.4 Mental Health, Learning Disabilities and Substance Misuse

The mental health strategy promotes a model of care that seeks to support prevention, early intervention and support within the community to reduce the reliance upon acute admissions.

With the exception of the Heddfan Unit at Wrexham, the current portfolio is over 25 years old and does not support modern standards of care. In-patient care will be focused upon the three acute campuses together with specialist Secure, CAMHs and Learning Disabilities units.

Community services will be co-located with the wider community resource teams with some additional accommodation required for specialist support and interventional services.

5.5 Excellent hospital care

The Health Board has confirmed that acute hospital care will continue to be provided from the three main hospitals at Bangor - Ysbyty Gwynedd (YG); Bodelwyddan - Ysbyty Glan Clwyd (YGC) and Wrexham Maelor Hospital (WMH).

Each hospital will provide the following 24/7 consultant led services:

- Emergency department
- Acute medicine
- Unselected general surgery
- Orthopaedics (trauma and elective)
- Ear, nose and throat
- Obstetrics together with alongside midwifery led unit
- General gynaecology
- Paediatrics
- Renal

The above will be supported by diagnostics services including imaging (plain x-ray, MRI, CT and interventional radiology), endoscopy, gastroenterology together with pharmacy (including aseptic) and sterile decontamination facilities (HSDU).

To improve the outcome for patients a number of specialist or regional services have also been confirmed as follows:

YG	YGC	WMH
Complex gynaecology. Special Care Baby Unit (SCBU). Cancer unit.	Emergency and elective arterial interventions and complex endovascular interventions. Complex head and neck surgery. North Wales cardiac centre. Neonatal intensive care. Cancer centre.	Complex upper gastrointestinal surgery. SCBU. Cancer unit.

Service transformation plans are ongoing with respect to stroke, urology, breast, ophthalmology and pathology services. The Orthopaedic Plan proposes enhancement of facilities at each of the three acute hospital sites to enable the provision of sustainable services. However, with the exception of the development of treatment centres remote from the three main hospital sites, consideration has been made for the potential impact of the ongoing reviews within the future configuration of the estate.

Developing services on the three main acute sites as a major strategic commitment, together with the age and condition of the existing facilities, indicates the need to address the question of the continuation of acute surgical interventions at Llandudno hospital and the long term sustainability of Abergele hospital.

5.6 Clinical support assets

When considering the implications of Living Healthier, Staying well consideration must also be given to the impact upon other major capital assets. These include:

- the development of robotic assisted surgery;
- Magnetic Resonance Imaging (MRI) and Computerised Tomography (CT) capacity and replacement;
- the development of a permanent Positron Emission Tomography (PET) scanner;
- Linear Accelerator replacement; and
- pharmacy robot replacement.

Informatics will also require significant investment to support new service and business models. This is the subject of a separate enabling strategy.

5.7 Support services estate

The Health Board currently owns or leases a range of properties that provide important clinical and non clinical support services. These include offices, training and academic centres, residencies, medical records storage, hospital sterilisation and disinfection unit (HSDU), laundry, workshops and a call centre.

The future support services estate will be built upon strategic hubs, providing regional solutions whilst supporting local delivery.

The focus will be to reduce the current reliance on leased accommodation, eradicate duplication and rationalise the current owned assets to ensure a sustainable estate.

5.8 Reducing our impact on the environment

In developing our estate we will:

- ensure inclusive design through the participation of local communities;
- be compliant with statutory regulations and best practice guidance;
- seek to meet the Building Research Establishment Environmental Assessment Method (BREEAM) standard of “very good” as a minimum with an aspiration to achieve “excellent” where practical;
- reduce the Health Board’s carbon footprint;
- support sustainable transport solutions; and
- optimise local procurement and labour to support the local economy.

To monitor our impact we have implemented and maintain a formal Environmental Management System (EMS) in accordance with ISO 14001 which is designed to ensure sustainable development and the protection of the environment together with fulfilment of compliance obligations.

6.0 Primary care estate

6.1 Overview of Current Primary Care Estate

Primary care services across North Wales are provided by BCU managed and independent contractor GP practices, community pharmacies, dental practices and optometric outlets.

GP services are delivered from 173 properties across North Wales. Some of these properties are owned by the Health Board and the remainder are a mixture of property owned by the GP practice or leased from a third party.

A detailed condition survey of the existing primary care estate was undertaken in 2016 and identified the following:

Indicator	Excellent	Good	Poor
Physical condition	16%	39%	45%
Functional suitability	16%	25%	59%

Indicator	Fully Used	Under Used	Overcrowded
Space Utilisation	59%	10%	31%

Indicator	Full/ Near Full	Non- Compliance	High Level of Non- Compliance (failing 1 or more assessment criteria)
Disability Discrimination Act Compliance (DDA)	13%	30%	57%

The survey indicated a minimum investment of £5.5m was required to address the identified backlog maintenance and DDA issues.

6.2 Improvement Grants

We will continue to seek opportunities to access Welsh Government Improvement grants in support of the non-Health Board primary care estate to:

- improve physical access to and within practice premises, and alterations or additions made necessary by the Equality Act 2010;
- improve the existing engineering infrastructure;
- provide suitable accommodation to meet the needs of children and elderly or infirm people;
- make fabric improvements to practice premises such as double glazing, security systems and work required for fire precautions and other statutory building requirements;
- make improvements which are necessary in connection with emergency planning; and
- make improvements which are necessary to meet infection control or decontamination.

Together with supporting sustainability, improving access and delivering more care in the community.

6.3 The future primary care estate

Development of the primary care estate needs to reflect the vision of Living Healthier, Staying Well and facilitate the emphasis of self care and care closer to home and the integrated working models which will be required to support it. Purpose built and improved premises will also be of great importance in promoting North Wales as an attractive environment in which to pursue a career in general practice.

GP practices already offer a comprehensive range of Directed, National and Local Enhanced Services and we are committed to provide more services in the community by strengthening the capacity of community and primary care services. Some new Primary Care Resource Centres have been completed in recent years and others are ongoing but many practices struggle to provide the range and quality of services they aspire to within the constraints of their current accommodation.

The current analysis of demand relative to the existing estate, its age, condition and functional suitability indicates developmental investment within a number of locations as follows:

East	Centre	West
Central Wrexham Coedpoeth Cyfn Mawr/Rhosllan Forge Road/Brynteg Llay/Rossett/Gresford Overton/Hanmer/Penley Plas y Bryn/Beechley Queensferry Shotton	Denbigh Kinmel Bay Llandudno Junction/Conwy Ruthin	Bangor Holyhead Llanfair PG Llangefni Pen y Groes Porthmadog Pwllheli Waunfawr

In investing in the above, together with targeted use of improvement grants and focused replacement and disinvestment of unfit accommodation, will enable us over time to significantly reduce the current risks identified in section 6.1.

7.0 Delivering the vision

7.1 Collaborative delivery

The development of community services integrated with local authority and third sector providers together with new business models for non-clinical services offers the opportunity to implement collaborative delivery models whereby partners share assets and promote joint developments.

The identification of opportunities to promote collaborative delivery will be an iterative process. In support of the Health Boards delivery plans the following initial priorities have been proposed:

- Regional Partnership Board integrated care fund priorities.
- Development of Wellbeing hubs in Bangor, Pen-y-Groes, Colwyn Bay, Denbigh/Vale of Clwyd and Shotton.
- Joint venture to develop Health Board residencies.

These new models of delivery will require formal contractual agreements between each party to ensure clarity of responsibility, liability (financial and non-financial) and governance. Where such agreements impact upon the Health Boards accounting regime, for example joint ventures, formal support will also be required from Welsh Government.

7.2 Complementary Strategies

This Estate Strategy forms part of the suite of enabling strategies in support of Living Healthier, Staying Well and the associated delivery plans as follows:

Living Healthier, Staying Well			
Improving health and reducing inequalities	Care closer to home	Excellent hospital care	
Key Enabling Strategies			
Quality improvement and patient experience	Whole health, care and support systems workforce	Digitally enabled health and care	Estates and infrastructure
2019/22 Service Transformation Programmes			
Underpinning Divisional / Service Delivery Plans			

These enabling strategies are interdependent and must complement each other to ensure successfully delivery.

7.3 Engagement and consultation

This estate strategy has been developed in response to the Health Boards service strategy. Living Healthier, Staying Well was subject to significant engagement and co-produced with partners and communities across North Wales. The foundations of this strategy have therefore been built on the priorities determined by the population of North Wales.

As we take forward the priority areas described in this strategy we will continue to engage with staff, communities and stakeholders to further develop the future estate needs and to co-produce the detailed implementation plans. It is clear that our estate must change if it is to be sustainable, viable and support the implementation of Living Healthier, Staying Well. In some areas these changes may require formal consultation.

7.4 Reconfiguration and rationalisation

The proposed development of the estate to support the service strategy provides the opportunity to re-configure and rationalise the current portfolio. This strategy proposes consolidation of the estate to a smaller number of key strategic sites. Subject to engagement and, when appropriate, formal consultation the Health Board may reduce its portfolio by up to 30 percent.

This would reduce the risks identified in section 3 and release resources to support the reconfigured estate and alternative funding models.

7.5 Investment and prioritisation

Estimates have been prepared of the investment required to maintain the current estate, without supporting Living Healthier, Staying Well, and to develop the estate to support the proposed strategy for services. It should be noted that these costs are high level and are indicative to give a sense of the magnitude of investment and the requirements of each of the programmes relative to one another.

Cost to maintain the current estate	£838million
Cost to develop the estate to support Living Healthier, Staying Well	
Primary care programme	£153million
Care closer to home programme (including elements of Mental Health)	£239million
Excellent hospital care - service transformation programme	£82million
Excellent hospital care - sustainability and resilience programme	£736million
Support services estate programme	£10million
Cost to maintain the remainder of the estate retained following reconfiguration (including primary care)	£32million
Total	£1,252million

The costs are at a base index as at August 2018 and include all capital costs including fees and VAT.

Although these costs appear daunting it should be remembered that this investment is over the longer term, 15 years plus, and that the costs to maintain the retained estate will not be realised as the Health Board continues to rationalise the estate.

In determining future investment and change to our estate the following criteria have been developed:

Does the project:

- Address the major risks?
- Support new models of care/business model?
- Ensure the estate is sustainable?
- Realise financial benefits?

These criteria will be applied to determine the priority order of future projects and inform the project implementation plans.

7.6 Project pipeline – the first three years

This strategy sets out the vision and objectives for the Health Board's estate for the longer term. The realisation of this vision is expected to take in excess of 15 years. The detailed implementation will be regularly reviewed and may be subject to change in response to the organisations changing clinical and business needs.

The project pipeline therefore initially focuses upon the first three years, encompassing the Health Board's three year planning cycle.

The Three Year Plan has identified a number of changes required to our estate in support of the planned service and business objectives. Applying the above criteria the following initial priorities have been identified:

- Llanfair PG Primary Care Centre (PCC)
- Pen y Groes PCC/Wellbeing hub
- Bangor Wellbeing hub
- North Denbighshire Community Health and Wellbeing hub
- Ruthin hospital reconfiguration
- Vale of Clwyd Health and Wellbeing hub
- Conwy/Llandudno PCC
- Orthopaedic services
- Stroke services reconfiguration
- Ablett Mental Health Inpatient unit
- Wrexham Maelor Hospital infrastructure
- Plas y Bryn/Beechley PCC
- Abergele hospital and rationalisation of office accommodation
- Central medical records
- Laundry services
- Residencies

In addition we will work with partners in taking forward the priorities jointly agreed by the Regional Partnership Board as part of the Integrated Capital Fund initiative.

Planning will progress for the future development and configuration of the Wrexham Maelor campus (including Central Wrexham PCC), Llandudno Hospital and Ysbyty Gwynedd.

7.7 Managing delivery

The agreed prioritised project pipeline will be defined within the Health Board's Three Year Plan.

All projects will be required to develop an appropriate business case for formal approval in accordance with the Health Board's Standing Financial Instructions. The business case will establish the benefits to be realised and define the quality, cost and time parameters.

Projects will be managed in accordance with the Prince2 methodology and be required to comply with the Health Boards procedures for managing capital projects. Discrete project boards will be established to deliver the agreed projects. Each project board will be led by a Project Director, under the overall leadership of a Senior Responsible Owner, with a clear responsibility to ensure the project is delivered within the agreed parameters and realises the expected benefits.

Implementation of this strategy will be an iterative process and must be flexible to respond to the changing needs, priorities and financial challenges of the Health Board.

8.0 Measuring success

8.1 Monitoring and scrutiny

In order to progress the development of the estate strategy it is suggested that the Health Board establish an Estates Improvement Group. The group would report to the Executive Team. The Executive Director of Planning and Performance would be the executive lead and there would be strong financial representation.

Representatives from specific divisions/departments will be co-opted as necessary. The group would be supported by project boards appointed to implement specific schemes.

The purpose of the Estate Improvement Group would be to advise the Health Board on the development and implementation of the estate strategy to ensure that property assets utilised by the Health Board are developed and managed in an optimum way in relation to the Boards services and business needs, within the resources available.

The strategy will be reviewed and updated and subject to further scrutiny and approval by the Health Board on an annual basis.

8.2 Key performance indicators

In order to monitor the delivery and success of this strategy key performance indicators should be established. An assessment of the proposed investment and rationalisation programmes within the strategy indicate the following benefits be delivered:

Indicator	Definition	Target
Revenue cost	Reduction in estate revenue cost	3% per 3 year plan
Property portfolio	Planned reduction in property portfolio	5% per 3 year plan
Statutory compliance	A minimum of 90% of the estate should comply with relevant statutory requirements.	Meet national target within 5 years
Fire safety compliance	A minimum of 90% of the estate should comply with relevant statutory requirements.	Meet national target within 5 years
Energy performance	The estate should consume no more than 410kWh/m2	Meet national target within 5 years
Backlog maintenance	90% reduction in high risk backlog maintenance	Meet target within 5 years
	75% reduction in significant risk backlog maintenance	
	70% reduction in risk adjusted backlog maintenance	
Physical condition	A minimum of 90% of the estate should be sound, operationally safe and exhibit only minor deterioration	Meet national target within 10 years
Functional suitability	A minimum of 90% of the estate should meet clinical and business operational requirements with only minor changes required and a minimum of 90% of the estate should be fully used.	
Space utilisation		

Appendix 1 – Current estate locality map

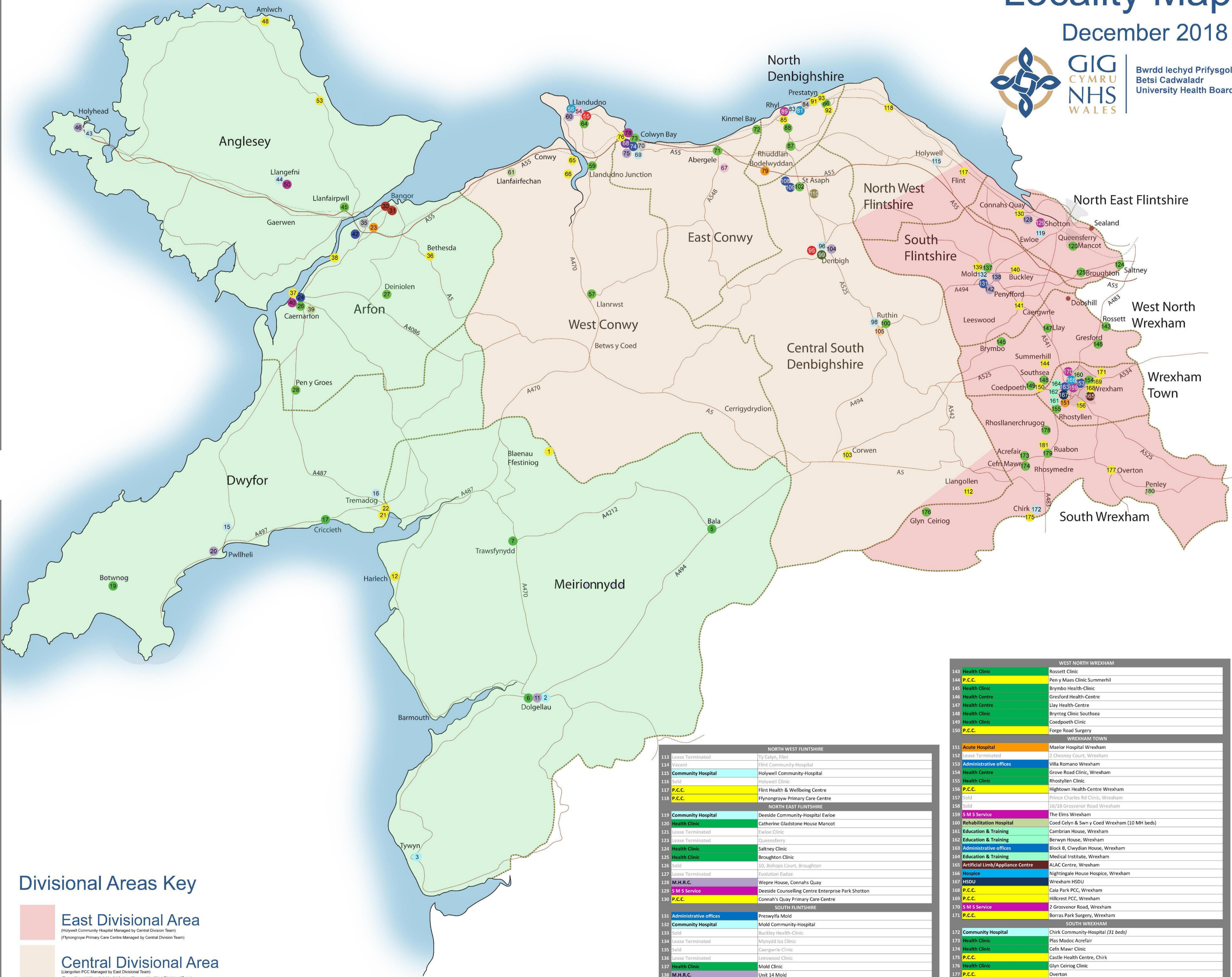
Locality Map

December 2018



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



USE	MEIRIONNYDD	SITE NAME
1	P.C.C.	Canolfan Goffa Blaenau
2	Community Hospital	Dolgellau Hospital
3	Community Hospital	Tywyn Hospital
4	Vacant	Blaenau Clinic
5	Health Clinic	Bala Health-Centre
6	Health Clinic	Y Lawnt Clinic Dolgellau
7	Health Clinic	Trawsfynydd Health-Centre
8	Sold	Tywyn Health-Centre
9	Vacant	Blaenau Ffestiniog Physio Annexe
10	Sold	Dryll y Car Support Unit Barmouth
11	M.H.R.C.	Plas Brith Dolgellau
12	P.C.C.	Harlech PCC
13		Beechwood House Dolgellau
14	Sold	Dolgellau OPD & X-Ray
DWYFOR		
15	Community Hospital	Bryn Beryl Hospital Pwllheli
16	Community Hospital	Ysbyty Allwenn Tremadog
17	Health Clinic	Grocieth Health-Centre
18	Lease	Holbydd Health-Centre Pwllheli
19	Health Clinic	Botwnnog
20	M.H.R.C.	Cllan Pwllheli
21	P.C.C.	Portmadog Health Centre 1
22	P.C.C.	Portmadog Health Centre 2
ARFON		
23	Acute Hospital	Ysbyty Gwynedd Bangor
24	Administrative Offices	Eryldon Caernarfon
25	Sold	7-9, Abbey Road, Bangor
26	Health Clinic	Bron Hedre Clinic Caernarfon
27	Health Clinic	Deiniolen Clinic
28	Health Clinic	Pen y Groes
29	Sold	Sackville Road, Bangor
30	CAMHS Unit	Child Development Centre Bangor
31	CAMHS Unit	Talarfon Child & Adolescent Services Bangor
32	Sold	Bodfham Bangor
33	Sold/Leases Terminated	26/28 College Road Bangor
34	Leases Terminated	Rosherdda/Holmleigh Caernarfon
35	OCC Health	Mountain View Bangor
36	P.C.C.	Yr Hen Orsaf, Bethesda
37	P.C.C.	Victoria Dock Caernarfon
38	P.C.C.	Felinelli PCC, Bangor
39	Rehabilitation Hospital	Eryri Hospital & Bodfan Caernarfon
40	S M S Service	Bron Castell Caernarfon
41	Sold	Heulog, Bangor
42	Administrative Offices	Unit G11, Parc Menai, Bangor
ANGLESEY		
43	Community Hospital	Ysbyty Penrhos Stanley Holyhead
44	Community Hospital	Cefni Hospital Llangefni
45	Health Clinic	Llanfairpwll Health-Centre
46	M.H.R.C.	Craig Hyfryd Holyhead
47	Leases Terminated	Velindre Las Llangefni
48	P.C.C.	Amlwch Primary Care Centre
49	Leases Terminated	Hollyhead Town Hall
50	S M S Service	Isralg Clinic Llangefni
51	Sold	Coedllys Llangefni
52	Sold	Amlwch Clinic
53	P.C.C.	Bentlech Primary Care Centre

WEST CONWY		
54	Hospital	Llandudno General-Hospital
55	Child Development Centre	Conwy CDC, Llandudno
56	CMHT Unit	Bodnant Llandudno
57	Health Centre	Canolfan Primary Care Centre Llanrwst
58	Sold	Argyll Road Clinic Llandudno
59	Health Clinic	Maes Derw Clinic Llandudno Junction
60	M.H.R.C.	Roslin MHRC Llandudno
61	Rehabilitation Hospital	Bryn y Neuadd Hospital Llanfairfechan
62	Sold	Llanfairfechan Health-Centre
63	Sold	Llanrwst Old Clinic
64	Health Centre	Llys Dyrig Llandudno
65	P.C.C.	Llys Meddyg, Conwy
66	P.C.C.	Gyffin Surgery, Conwy

EAST CONWY		
67	Hospital	Abergele Hospital
68	Brain Injury Service Unit	Brain Injury Service Unit Colwyn Bay
69	Community Hospital	Colwyn Bay Community-Hospital
70	EMI Ward and Day Unit	Bryn Hesketh, Colwyn Bay
71	Health Clinic	Abergele Clinic
72	Health Clinic	Kinmel Bay Clinic
73	Health Clinic	Child Health-Clinic, Colwyn Bay
74	Joint Care Administrative Offices	Eirias Park
75	M.H.R.C.	Colwyn Bay MHRC
76	P.C.C.	West End Medical Centre, Colwyn Bay
77	Leases Terminated	Unit 5449 North Wales Business Park, Abergele
78	S M S Service	Dawn Centre, Colwyn Bay

NORTH DENBIGHSHIRE		
79	Acute Hospital	Glan Clwyd Hospital Bodelwyddan
80	Sold	Lawnside Rhyl
81	CMHT Unit	Hafod Rhyl
82	Sold	Prestatyn Community-Hospital
83	Community Hospital	Royal Alexandra Hospital Rhyl
84	EMI Ward and Day Unit	Glantraeth, Rhyl
85	P.C.C.	West Rhyl Primary Care Centre Rhyl
86	Health Clinic	Prestatyn Clinic
87	Health Clinic	Rhuddlan Health Centre
88	Health Clinic	Ffordlas Clinic Rhyl
89	S M S Service	5 & 7, Brighton Road, Rhyl
90	Leases Terminated	Penddyffryn Primary Care Centre, Prestatyn
91	P.C.C.	Seabank Primary Care Centre, Prestatyn
92	P.C.C.	Meliden Primary Care Centre
93	P.C.C.	Ty Nant, Prestatyn

CENTRAL SOUTH DENBIGHSHIRE		
94	Lease Terminated	Matthew House St Asaph
95	Child Development Centre	Hyfrydle, Denbigh
96	Community Hospital	Denbigh Community-Hospital
97	Sold	Llangollen Community-Hospital
98	Community Hospital	Ruthin Community-Hospital
99	Day Centre	Treforian M.H. Day-Centre Denbigh
100	Health Clinic	Ruthin Clinic
101	Sold	Llangollen Health-Centre
102	Health Centre	St. Asaph Health-Centre
103	P.C.C.	Corwen Health-Centre
104	M.H.R.C.	Dyffryn Clwyd CMHT Denbigh
105	MH Inpatient Unit	Tan-y-Castell MH Unit Ruthin
106	Sold	Oakleigh, Llangollen
107	Sold	HM Stanley
108	Administrative offices	Carlton Court, St Asaph
109	Administrative offices	87 Bowen Court, St Asaph
110	Hospice	St Kentigerns Hospice, St Asaph
111	Sold	4 Dolafon Villas, Llangollen
112	P.C.C.	Llangollen PCC

Divisional Areas Key

- East Divisional Area
(Holywell Community Hospital Managed by Central Division Team)
(Ffynonogyw Primary Care Centre Managed by Central Division Team)
- Central Divisional Area
(Llangollen PCC Managed by East Divisional Team)
(Bryn y Neuadd Hospital, Llanfairfechan Managed by West Divisional Team)
- West Divisional Area

NORTH WEST FLINTSHIRE		
113	Lease Terminated	Ty Celyn, Flint
114	Vacant	Flint Community-Hospital
115	Community Hospital	Holywell Community-Hospital
116	Sold	Holywell Clinic
117	P.C.C.	Flint Health & Wellbeing Centre
118	P.C.C.	Ffynongroyw Primary Care Centre
NORTH EAST FLINTSHIRE		
119	Community Hospital	Deeside Community-Hospital Ewloe
120	Health Clinic	Catherine Gladstone House Mancot
121	Lease Terminated	Ewloe Clinic
122	Lease Terminated	Queensferry
124	Health Clinic	Saltney Clinic
125	Health Clinic	Broughton Clinic
126	Sold	10, Bishops Court, Broughton
127	Lease Terminated	Evolution Ewloe
128	M.H.R.C.	Wepre House, Connahs Quay
129	S M S Service	Deeside Counselling Centre Enterprise Park Shotton
130	P.C.C.	Connah's Quay Primary Care Centre
SOUTH FLINTSHIRE		
131	Administrative offices	Preswylla Mold
132	Community Hospital	Mold Community-Hospital
133	Sold	Buckley Health-Clinic
134	Lease Terminated	Mynydd Isa Clinic
135	Sold	Caergwile Clinic
136	Lease Terminated	Leeswood Clinic
137	Health Clinic	Mold Clinic
138	M.H.R.C.	Unit 14 Mold
139	P.C.C.	Mold Primary Care Centre
140	P.C.C.	Buckley Medical Centre
141	P.C.C.	Hope Health Centre
142	M.H.R.C.	Mold M.H.R.C

WEST NORTH WREXHAM		
143	Health Clinic	Rossett Clinic
144	P.C.C.	Pen y Maes Clinic Summerhill
145	Health Clinic	Brymbo Health-Clinic
146	Health Centre	Gresford Health-Centre
147	Health Centre	Llay Health-Centre
148	Health Clinic	Brynteg Clinic Southsea
149	Health Clinic	Coedpoeth Clinic
150	P.C.C.	Forge Road Surgery
WREXHAM TOWN		
151	Acute Hospital	Maelor Hospital Wrexham
152	Lease Terminated	2 Chesney Court, Wrexham
153	Administrative offices	Villa Romano Wrexham
154	Health Centre	Grove Road Clinic, Wrexham
155	Health Clinic	Rhostyllen Clinic
156	P.C.C.	Hightown Health-Centre Wrexham
157	Sold	Prince Charles Rd Clinic, Wrexham
158	Sold	16/18 Grosvenor Road Wrexham
159	S M S Service	The Elms Wrexham
160	Rehabilitation Hospital	Coed Celyn & Sarn y Coed Wrexham (10 MH beds)
161	Education & Training	Cambrian House, Wrexham
162	Education & Training	Berwyn House, Wrexham
163	Administrative offices	Block 8, Cwydian House, Wrexham
164	Education & Training	Medical Institute, Wrexham
165	Artificial Limb/Appliance Centre	ALAC Centre, Wrexham
166	Hospice	Nightingale House Hospice, Wrexham
167	HSU	Wrexham HSU
168	P.C.C.	Cala Park PCC, Wrexham
169	P.C.C.	Hillcrest PCC, Wrexham
170	S M S Service	2 Grosvenor Road, Wrexham
171	P.C.C.	Borras Park Surgery, Wrexham
SOUTH WREXHAM		
172	Community Hospital	Chirk Community-Hospital (31 beds)
173	Health Clinic	Plas Madoc Acrefair
174	Health Clinic	Cefn Mawr Clinic
175	P.C.C.	Castle Health Centre, Chirk
176	Health Clinic	Glyn Ceiriog Clinic
177	P.C.C.	Overton
178	Health Clinic	Rhosllanerchrugog Health-Centre
179	Health Clinic	Ruabon Clinic
180	Rehabilitation Hospital	Penley Rehabilitation-Hospital (8 MH beds)
181	P.C.C.	Ruabon Medical Centre

Appendix 2 – Analysis of estate revenue costs

The following table provides an analysis of the annual estate and facilities costs of the estate and a comparison with the equivalent All-Wales average costs.

The analysis is based upon the EFPMS (Estates and Facilities Performance Management System) information provided by NHS Wales Shared Services Partnership – Specialist Estate Services on behalf of NHS Wales for 2017/18 (the latest information available).

Estate costs

Cost Centre	BCU Total Cost £m	BCU £/m2	NHS Wales Average £/m2
Total building and engineering	11.634	30.03	24.11
Total energy	8.743	22.57	21.50
Water	0.609	1.57	2.17
Sewerage	0.503	2.25	2.09
Waste	1.154	2.98	3.10

Facilities costs

Cost Centre	BCU Total Cost £m	BCU £/m2	NHS Wales Average £/m2
Cleaning	11.274	29.11	33.05
Catering	10.981	30.35	30.90
Laundry	1.657	4.28	5.64
Portering	6.049	15.62	13.99

Health Board 28.3.19	 <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div> <p><i>To improve health and provide excellent care</i></p>
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Report Title:	Three Year Outlook and 2019/20 Annual plan
Report Author:	Mr John Darlington, Assistant Director - Corporate Planning
Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning and Performance
Public or In Committee	Public
Purpose of Report:	To present the Three Year Outlook and 2019/20 Annual Plan to Board for approval. The plan is supported by a communications and engagement plan.
Approval / Scrutiny Route Prior to Presentation:	<p>The outline content of the plan and the approach to its development have been presented to and discussed at the public Board meeting in November 2018 and the three year plan was subsequently approved by Board in January 2019.</p> <p>The key issues, priorities and challenges have been discussed through Executive Team and Health Board in committee development sessions.</p> <p>The draft three year outlook brings together our three year plan priorities for 2019/22 alongside the 2019/20 work programme.</p>
Governance issues / risks:	<p>The plan responds to the Welsh Government publication ‘A Healthier Wales: Our Plan for Health and Social Care’ which sets out a long-term future vision of a whole system approach to health and social care. In addition is aligned to the Board’s strategic direction “Living Healthier, Staying Well”</p> <p>The Plan also recognises the particular challenges which face the Health Board as a result of its “Special Measures “escalation status. This requires focussed action to drive further improvement in 2019/20. The first year priorities within the plan have been incorporated into the 2019/20 work programme.</p> <p>The financial implications of the plan are fully aligned to the financial budget presented to the Health Board. The full financial plan for 2019/20 is included within the appendix for completeness. There are priority areas contained within the plan which will require further business case development in year to secure the necessary resources for delivery.</p> <p>The development of a full IMTP is a critical organisational requirement</p>

	<p>and a specific requirement under the Special Measures Framework. The risk of failure to develop an approvable plan is identified within the Corporate Risk Register.</p> <p>The improvement paper sets out the system which we will introduce to engage across the organisation to ensure successful delivery of the work programme.</p>
Financial Implications:	The draft plan includes the 2019/20 financial plan.
Recommendation:	<p>It is recommended that the Board:</p> <ul style="list-style-type: none"> • Approve the Three Year Outlook and 2019/20 Annual Plan with the exception of plans to deliver elective care in the specialties set out on page 40 of the paper i.e. services requiring recurrent investment in capacity to deliver, and services at serious risk of failing to deliver 36 week RTT target in 2019/20. • Approve the financial plan for 2019/20. • Note that an integrated plan update will be presented to the July Board to include: <ul style="list-style-type: none"> ○ The implementation plan as a result of the financial review, and the RTT Taskforce. ○ The results of ongoing discussions with colleagues in Welsh Government. ○ Any other areas where our plan develops over time.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	✓	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	✓
1.To improve physical, emotional and mental health and well-being for all	✓	1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	✓
3.To support children to have the best start in life	✓	3. Involving those with an interest and seeking their views	✓
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	✓	4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	✓
6.To respect people and their dignity	✓		

7.To listen to people and learn from their experiences	✓		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Strategic and Service Planning			
Financial Strategy			
Equality Impact Assessment			
An equality impact assessment has been completed to support the development of our plan and is available on request.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Three Year Outlook and 2019/20 Annual Plan

Living **Healthier** Staying **Well**

Working in partnership to improve health and deliver excellent care across North Wales



Health Improvement,
Health Inequalities



Care Closer to Home



Excellent Hospital
Care

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Glossary

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Document Review

Version Number	Date Review of	Reviewer Name	Summary of Change	Approved by	Date approved
V 1.1	04/02/19	John Darlington	Strengthened Children's actions within the Health Improvement and Inequalities section of the plan	Mark Wilkinson	
V 1.1	06/02/19	John Darlington	Reword of tier three weight management service achievement on page 9	Mark Wilkinson	
V 1.1	12/01/19	John Darlington	Risks and mitigation section updated	Mark Wilkinson	
V 1.1	12/01/19	John Darlington	New front cover inserted	Mark Wilkinson	
V 1.1	12/01/19	John Darlington	Formatting changes to Workforce three-year ambition section.	Mark Wilkinson	
V 1.1	13/01/19	John Darlington	updated care closer to home three year ambition	Mark Wilkinson	
V1.1	13/01/19	John Darlington	Introduction now includes reference to climate of uncertainty surrounding exit from the European Union. Corporate risk register and EU exit also referenced on page 47.	Mark Wilkinson	
V1.1	13/01/19	John Darlington	Reference on page 12 made to the work we are doing to ensure we recognise, value and work appropriately with the third sector at all levels throughout the Board, and to refresh the principles by which we will work.	Mark Wilkinson	
V1.1	14/01/19	John Darlington	Corporate governance section first paragraph strengthened on page 44	Mark Wilkinson	
V1.1	19/02/19	John Darlington	3 year estates / capital programme breakdown on page 39	Mark Wilkinson	
V 1.1	22/02/19	John Darlington	Change to the wording of the orthopaedic key deliverable on page 27 and insertion of endoscopy into the systematic review key deliverable.	Mark Wilkinson	
V1.1	14/03/19	Steph O'Donnell	Change references to "Academy" to "Integrated Community and Primary Care Academy" (PACCA)	John Darlington	
V1.2.	19/03/19	John Darlington	Reformatted as Three year roadmap and 2019/20 annual plan with financial section included.	Mark Wilkinson	
V 1.2	20/03/19	Rob Nolan	Completion of updates to Finance section	John Darlington	
V 1.3	20/03/19	John Darlington	Renamed Three Year Outlook. Amendments completed following Executive Team meeting	Mark Wilkinson	

OUR VISION

- We will improve the health of the population, with particular focus upon the most vulnerable in our society
- We will do this by developing and integrated health service which provides excellent care delivered in partnership with the public, and other statutory and third sector organisations
- We will develop our workforce so that it has the right skills and operates in a research-rich environment

Health Improvement, Health Inequalities

Care Closer to Home

Excellent Hospital Care

Healthy lifestyles

Smoking, healthy weight, alcohol

Protection and prevention

Oral health, Making Every
Contact Count, screening

Resilient communities, tackling inequalities

Social prescribing, Well North Wales, health
and well-being hubs

Promoting mental well-being
Children, young people and families
People with a learning disability

Maternity strategy for Wales

Secondary prevention and early intervention

Stroke, diabetes, orthopaedics
Children and young people

Health & Social Care working together in local communities

Community Resource Teams and clusters
Primary and community mental health model

Access to care in an emergency

Developing the unscheduled care hub,
111 service, community resource team
Crisis support – children, mental health

Sustainable planned care

Orthopaedics, ophthalmology,
gastroenterology
Acute medical and surgical care
Inpatient care & rehabilitation
- mental health needs

Access and waiting times

Unscheduled care

Emergency Department access &
patient flow
Help me get home –
integrated health and social care
Early supported discharge (stroke)

Specialist & complex care

Urology, stroke,
complete vascular
services, cancer

Quality Improvement and patient experience - "What Matters"

Carers and community assets

Co-production

Avoiding harm, focusing on outcomes

Addressing equality and human rights and promoting the Welsh language

Estates and infrastructure

Health and well-being centres

Integrated resource teams

Sustainable hospital facilities

Shared use of assets and new partnerships, joint ventures

Digitally enabled health and care

Community connectivity

Integrated health and social care systems

Hospital systems

Whole health, care and support system workforce

Supporting community networks

Integrated workforce across sectors
Agile working

Sustainable acute models

Section 1 - Introduction

1.1 The health of our population in North Wales

We need to evolve to meet new challenges. We know that the overall health status of our population compares favourably to other parts of Wales, and this provides advantages and opportunities. However, the benefits of this are not equal across the population, and comparison against other areas of the UK and Europe demonstrates that people could achieve even better health and well-being.

We are living longer – the proportion of people aged over 75 years in North Wales is higher than the average for Wales at 9.3 per cent compared to 8.6 per cent (that is 64,000 people). For males, life expectancy is 78 years and for females, it is 82 years. The good news is that many people reach these ages in good health, which is positive, but brings different support needs.

We need to do more to help everyone of all ages to have an active, healthy and happy life and to stay well for as long as possible. This will involve helping people to be active physically and socially, and to adopt healthy lifestyle behaviours such as not smoking, eating well and minimising their intake of alcohol.

We will do this in partnership and with the help of other organisations such as Local Authorities and the voluntary sector.

There are a number of specific challenges that our population face in the coming years which mean that we need to change the way we work now and how we involve people in order to meet them.

- More people are living with one or more complex health issues such as diabetes or heart disease. We will support people to manage these conditions better so that they can live their life to the full.
- We know that more people are experiencing mental health issues with one in four of us affected at some point in our lives.
- There are more people living with dementia. We will work with our partners and people with experience of mental health to design and deliver modern services and do more to support people with long-term mental health problems.

POPULATION OF THE HEALTH BOARD

696,300 

North Wales has an increasing and aging population. The population is expected to increase to 737,700 by 2036; the percentage of the population aged 85 years and over is expected to increase by 154% between 2011 and 2036

OLDER PEOPLE

15% of households in BCUHB are occupied by one person aged 65 years and over, which is just above the average for Wales (14%). Across the Health Board, Conwy has the highest percentage of one person households with people aged 65 years and over (17.1%). Isle of Anglesey, Gwynedd and Denbighshire are also higher than the BCUHB average.

FALLS

1 in 3 will suffer a fall each year. Only 1 in 3 will return to former levels of independence and 1 in 3 will end up moving into long term care. Yet many falls are preventable.

DEPRIVATION

12%



12% of the BCUHB population live in the most deprived fifth in Wales

The Health Board has some of the most deprived areas in Wales, particularly along the North Wales Coastline.

BEHAVIOURS AFFECTING HEALTH

Smoking 19%
 Drinking above guidelines 17.9%
 Physical activity 52.2%
 Fruit and veg consumption 21.5%
 Overweight/ Obese 57%

LIFE EXPECTANCY

...but the difference in life expectancy between the most and the least deprived is 8.8 years for men, and 6.2 years for women. The gap in healthy life expectancy between the most and least deprived is 13 and 14 years for both sexes in BCUHB.

CHILDREN AND YOUNG PEOPLE

>24%



Almost a quarter of children and young people under the age of 20 live in poverty in Wales. Across BCU this ranges from 18% in Gwynedd to 25% in Denbighshire; for child income deprivation, the two most deprived LSOAs in Wales are in Denbighshire (Rhyl West 2 and Rhyl West 3).

CANCER

40%

4 in 10 cancers are preventable

BURDEN OF DISEASE



19% Cancers
 18% Cardiovascular diseases
 11% Musculoskeletal disorders
 52% Other conditions

1.2 About the Health Board

Our Health Board is responsible for improving the health and wellbeing to a population of around 696,300 people across the six counties of North Wales (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham). This encompasses prevention of ill health as well as treating illness and providing excellent healthcare services.

We are responsible for the provision of primary, community and mental health as well as acute hospital services. We operate three main hospitals (Ysbyty Gwynedd in Bangor, Glan Clwyd Hospital in Bodelwyddan and Wrexham Maelor Hospital) along with a network of community hospitals, health centres, clinics, mental health units, HMP Berwyn and community team bases. We also coordinate the work of GP practices and NHS services provided by dentists, opticians and pharmacists in North Wales and employ 17,000 people (15,000 whole time equivalents).



1.3 The challenges we face

Our current service model is inefficient, unaffordable and not sustainable.

- There are increasing demands on our primary care and community services with growing difficulties in attracting new GPs and other primary care practitioners to the area.
- There are also increasing demands on our hospital services, for example, in our Emergency Departments, which means that often we cannot see patients as quickly as we should. In addition, waiting times for a number of operations such as replacement joints or eye surgery are too long and we need to see patients sooner.
- We are also facing financial challenges and we need to live within our means and make sure that we work efficiently so that every penny is spent wisely and well.

- Bed occupancy in our acute and community hospitals is currently over 90% – on average much higher than 85% occupancy, above which the National Audit Office has concluded, “*hospitals...can expect to have regular bed shortages, periodic bed crises and increased numbers of hospital acquired infections*”.
- Our workforce is changing and we face challenges in recruiting staff in a number of specialties and staff groups.
- The current size and condition of our estate is not sustainable in the long term and will not support our strategic direction.
- Challenges are posed with infrastructure and the delivery of core national information systems, which are essential to service provision and transformation.
- Our partners are also facing significant financial constraints and we need to work together to ensure we make best use of our collective resources, for the benefit of the population of North Wales in a climate of uncertainty surrounding exit from the European Union.

In 2015, Welsh Government placed us in Special Measures. We have been working hard to improve and have made progress in areas such as maternity services, and involving patients and the public. There are other areas where there is still much more to do and we recognise it will take time, commitment and support to make all the improvements that are needed.¹

There are other challenges that are affecting all public services - such as poverty, inequalities, jobs and economic growth, and climate change. These make the context in which we are working more difficult, and make it more important that we understand the impact of our actions on other organisations as well as our population.

1.4 Making the changes we need

The work to tackle the above challenges with our partners and to transform health and social care has begun. For some areas of improvement we will firstly ensure that we are ‘getting the basics right’ to stabilise these on the journey to fully transform our service model. In some areas, this will take longer than the three-year period covered by this plan.

¹ Update on escalation status review of health organisations and additional support for Betsi Cadwaladr University Health Board, Cabinet Secretary for Health and Social Services, February 2018

We are fully committed to producing a Service Strategy by 30 September 2019, which will include a period of 'discovery' and review of our current service strategies: maternity, primary care, out of hours, care closer to home, population health, and some acute specialties. The review will establish:-

- Alignment
- Interdependencies
- Fit with A Healthier Wales
- Clinical engagement

It should be noted that this doesn't mean that nothing changes during this 'discovery' phase. The outcome of this work will describe the way forward in clear terms and our timeline for transformational change. This will lead to the development of a target operating model, which will be supported, by finance, estates and workforce strategies.

In order to achieve this, we have established a programme management approach and will utilise a consistent change methodology for improvement and transformation work across the Health Board and led by the Director of Planning and Performance

1.5 Building upon achievements in 2018/19

During 2018/19, we continued to work to improve how the Health Board functions with improvements made in our governance and leadership in response to the SMIF and Wales Audit Office Structured Assessment and responses to the 2018 NHS Wales staff survey

In addition, a number of significant achievements have been made across our services during the year, with many examples shown below across our key priority areas: improving health and reducing health inequalities; care closer to home; excellent hospital care.

Improving Health and Reducing Health Inequalities

- We achieved the Platinum Health at Work standard, recognising our commitment to staff and population well-being and our overall social responsibility.
- We introduced the "Let's Get North Wales Moving" collaboration with partners.
- The tier three Weight Management Service was implemented.
- The "Help me Quit for Baby" smoking cessation support approach was embedded in Community Midwife Teams.
- The hospital based smoking cessation service commenced.
- An alcohol licensing framework was established.
- The 'Made in North Wales' network developed an approach to social prescribing and an asset-based approach to well-being.

Care Closer to Home

- The new healthcare centre at Flint opened, delivering a range of services and fulfilling commitments previously made by the Board to the local population.
- The redevelopment of Corwen Health Centre was completed, an important milestone in care provision for the local rural community.
- Recent developments such as Llangollen Health Centre, Canolfan Goffa Ffestiniog and the new wing of Tywyn Hospital now provide a range of services providing benefits for the whole community.
- More advanced practitioner nursing, physiotherapy, audiology and pharmacy roles were introduced in primary care settings.
- Primary care clusters developed a range of innovative services, such as Advanced Nurse Practitioner roles in care homes, family practitioner and specialist diabetes care.

Excellent Hospital Care

- The new Sub-Regional Neonatal Intensive Care Centre was opened at Ysbyty Glan Clwyd.
- The vascular centre development at Ysbyty Glan Clwyd progressed, with full implementation due in April 2019.
- The major refurbishment programme for Ysbyty Glan Clwyd has been completed, bringing major improvements to the environment for patients and staff.

Section 2 - Strategic Direction

2.1. Strategic Context

Our vision is to create a healthier North Wales, that maximises opportunities for everyone to realise their full potential, reducing health inequalities. Our purpose is to improve the health of the population of North Wales which means that, over time, there will be a better quality and length of life across the whole population of North Wales.

We aim to provide excellent care, which means that our focus for the next three years will be on developing a network of high quality services, which deliver safe, compassionate and effective care that really matter to our patients. We recognise and support the significance of the Welsh Government publication 'A Healthier Wales: Our Plan for Health and Social Care' which sets out a long-term future vision of a whole system approach to health and social care.

The document sets out a long term future vision of a 'whole system approach to health and social care' focused on health and well-being, on preventing illness and on enabling people to live independently for as long as they can, supported by new technologies and by integrated health and social care services which are delivered closer to home, on close collaborative working and the impact on health and well-being throughout life. These are consistent with the aims of our Living Healthier, Staying Well strategy. Our Three year plan supports the ambition of Welsh Government as summarised below:

'A Healthier Wales'	Examples in Our Three Year Plan	Example Process and outcome Measures
Health and Social Care system to work together	Regional Partnership Board (RPB) Working Integrated clusters Expansion of Community Resource Teams Unscheduled care model	Number of transformation programmes funded Outcome from transformation programmes demonstrating delivery of objectives Number of patient contacts to avoid admission Outcomes of unscheduled care pathway model on demand, flow, discharge, concerns and incidents

Shift services from hospital to community	Health and well-being centres	Increase range and access to local services
	Eye care plan	80% direct to waiting list for cataract surgery
	Unscheduled care pathways	10% reduction in incidence of repeat ED attenders Falls, recovering Hypoglycemia, mental health and catheter care pathways established and evidenced by reduced conveyance and admission
	Mental health services	10% increase in crisis patients managed in community setting
Get better at measuring what really matters	Revised performance and accountability framework	Core indicators and tiered indicators reported in accordance with the framework from Board to Divisional teams
		Number of staff trained in measurement for improvement
Make Wales a great place to work in Health and Social Care	Workforce strategy - staff engagement, leadership, culture and climate, motivation, innovation and learning	Learning from staff survey applied via engagement events – number of participants/% workforce
		Delivery of the nurse staffing fill rate and skill mix for wards
		Reduction in spend on agency and locum staff
		Integrated Primary and Community Care Academy (PACCA) established
Work together in a single system	Unscheduled care / Emergency Ambulance Services Commissioning Mid Wales healthcare collaborative	Delivery of ambulance handover profiles 10% reduction in concerns and SUIs related to USC
	Commissioning secondary and specialist services	Volume of partnership programmes of work increasing in line with plan

We have identified the following seven well-being objectives with partners and stakeholders (and in accordance with our duties under the Well-being of Future Generations Act):

- 

- Put patients first
- Working together
- Value and respect each other
- Learn and innovate
- Communicate openly and honestly



The long-term vision for our population has been informed by the Health Board's Strategic Equality Plan (SEP) which can be accessed [here](#). The SEP draws on evidence from a range of sources including the Equality and Human Rights Commission research '*Is Wales Fairer?*' As such, 'the promotion of equality and human rights in everything we do' is a key underpinning principle within all our plans and the responsibility of the whole organisation.

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2.3 Working with our Partners

This plan underlines our commitment to reducing health inequalities within the population we serve. Guided by the principles within the Well-being of Future Generations Act, and together with our partners across the public and third sectors, we are already shifting our focus to promote ways of working that prioritise preventing illness, promoting good health and well-being and supporting and enabling people and communities to look after their own health.

Reducing health inequalities remains the most important challenge we face and will guide and influence our redesign of the healthcare services we deliver in people's homes, in their communities, in our primary care settings and in our hospitals.

As active members of the North Wales Regional Partnership Board (NWRPB) and the four Public Service Boards, we are fully committed to working with our partners to deliver sustainable and improved health and well-being for all people in North Wales. The principles adopted by the North Wales Regional Partnership Board are:

- Whole system change and reinvestment of resources to a preventative model that promotes good health and well-being and draws effectively on evidence of what works best;
- Care is delivered in joined up ways centred around the needs, preferences and social assets of people (service users, carers and communities);
- People are enabled to use their confidence and skills to live independently, supported by a range of high quality, community-based options;
- Embedding co-production in decision-making so that people and their communities shape services; and
- Recognising the broad range of factors that influence health and well-being and the importance of the links to these areas (including education, housing, welfare, reduced homelessness, economic growth, regeneration, leisure and the environment).

The NWRPB have developed a Regional Population Needs Assessment and Area Plan in response to the Social Services and Well-being (Wales) Act 2014. The North Wales Area Plan was approved earlier in 2018 and prioritises the following areas:

- Older people with complex needs and long term conditions, including dementia;

- People with learning disabilities;
- Carers, including young carers;
- Children and young people;
- Integrated Family Support Services; and
- Mental Health.

Partnership work programmes have been established for each of these priority areas, and the priorities also link with our well-being objectives.

The formal partnership boards – the RPB and the four PSBs – also include representation from the third sector. We also have good relationships at the local (county) level with third sector organisations. We have begun work to ensure we recognise, value and work appropriately with the third sector at all levels throughout the Board, and to refresh the principles by which we will work. This will be taken forward together with representatives of the sector and will ensure that the role of the third sector is appropriately visible at Board level.

There are many areas where the Health Board works collectively with other organisations within the statutory and voluntary sector. Our relationships with the independent sector are also important in ensuring that we work together across the whole health and social sector, to achieve the best outcomes for our population and make effective use of our collective resources.

In addition, there are services that we do not or cannot deliver directly and commission from external providers.

We work closely at both a national and local level as part of the all Wales Emergency Ambulance Services Committee (EASC) to further develop national and local actions with Welsh Ambulance Services NHS Trust (WAST). Local joint priorities for action are integral to our unscheduled care plan. Welsh Ambulance Service is a key partner working alongside the Health Board in developing transport plans for services including vascular, ophthalmology, orthopedics, urology and stroke.

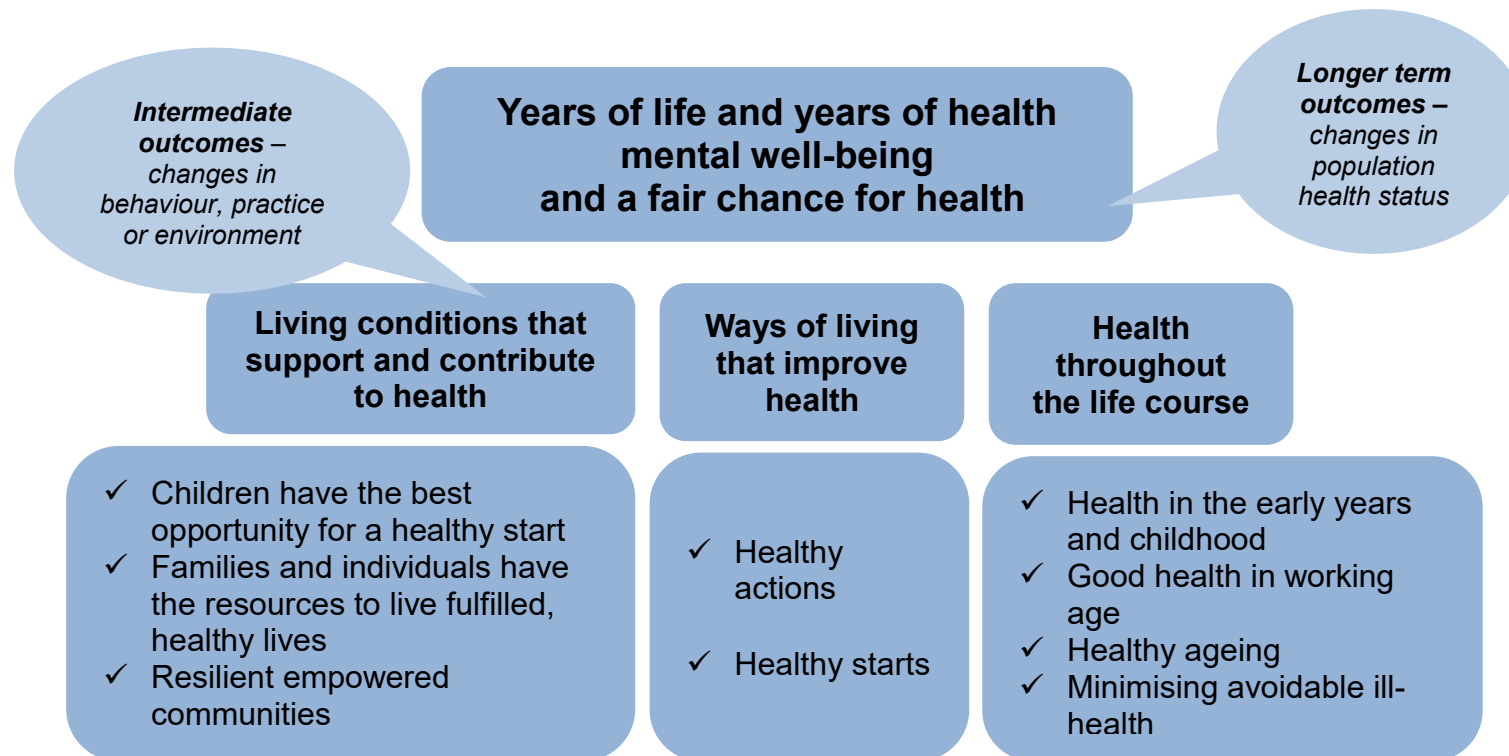
Working closely with Welsh Health Specialist Services Committee (WHSSC), we will monitor and review specialist services (such as specialist children's services delivered by Alder Hey NHS Foundation Trust) commissioned through WHSSC and contracted to appropriate providers. For North Wales, these are generally provided in North West England as our local providers of very specialist services. Where it is clinically safe and appropriate to do so, services are developed and delivered in North Wales.

We work collectively as part of the Mid Wales Joint Committee for Health & Social Care (MWJC), which was formed in 2018 and places a greater focus on joint planning and implementation of health services for the population of mid Wales.

2.4. Getting it right for the future: focusing on outcomes

We have to think about how the decisions we make now have an impact on the future. We must meet the needs of our population today without compromising the ability to meet the needs of future generations. We need to support the people of North Wales to achieve the best health outcomes in the longer term and continue to put in place the actions that will achieve this.

In the longer term, we will aim to improve the whole population health status. To deliver this, in the medium term, we will work to support changes in behaviour, practice and the environment. Our approach is based on the Public Health Outcomes Framework².



² Public Health Outcomes Framework, Public Health Wales, 2017

2.5 Living Healthier, Staying Well



Living Healthier, Staying Well (LHSW) is our long-term strategy that describes how health, well-being and healthcare in North Wales might look in ten years' time and how we are working towards this now. The Health Board approved LHSW in March 2018. Our future model is described below and the key priorities for action over the period 2019/22 are set out in section 3. We cannot deliver these changes alone; we will need the contribution of many others to achieve the improvements we all want to see.

We will work with our stakeholders to review LHSW in time for an updated version in March 2020 to accompany the IMTP for 20/21 and beyond. In addition, by working on a service strategy in 2019/20 we will develop greater detail on these 'high level' statements.

2.6 Our ambitions for the future

Health Improvement and Health Inequalities

- We will become more of a 'wellness' service than an 'illness' service and work with our population and partners such as local authorities and the third sector to plan for the future needs of people living in North Wales.
- We will take a children's rights based approach to ensuring we give children the best start in life, taking action as soon as possible to tackle problems for children and families before they become difficult to reverse.
- We will work with others to support everyone in staying fit and healthy throughout life and ensure we can support people to make the right choices for them at the end of life.
- Our intention is also to narrow the gap in life expectancy between those who live the longest in the more affluent areas of North Wales and those living in our more deprived communities.
- We will target our efforts and resources to support those with the poorest health to improve the fastest.

Care Closer to Home

- The services offered by primary care including GP practices, community pharmacies and dental practices will remain central to providing healthcare close to where people live.
- We will build on the work we have already done to introduce a broader range of health and social care professionals – including specialist nurses, pharmacists and therapists – to work with GPs and their teams, and develop a wider range of services in local communities. This will mean that our patients will see the health care professional who is best placed to meet their needs.
- We will continue to support GP practices to invest in and develop new facilities.
- We will expand our community teams who work together to care for people in their community and in their own home if needed.
- There will be clear and consistent points of contact to arrange for the right healthcare professional to go to people when they need them. We have already made good progress in some of this work, for example the Healthy Prestatyn Iach project, advanced practitioners in physiotherapy, nursing and pharmacy across North Wales and the establishment of Community Resource Teams bringing together health and social care services.
- We will maximise our use of technology including video consultations to support people and prevent them from having to travel to appointments - particularly when they are suffering from a chronic condition. We are already doing this in the North West to connect patients at rural community hospitals including Ysbyty Alltwen near Porthmadog, Dolgellau Hospital and Ysbyty Bryn Beryl near Pwllheli with doctors in Bangor.
- We will continue to invest in modern, purpose-built facilities that bring together community teams under one roof to offer a range of services for local people including x-ray, tests to help diagnose illnesses, sexual health, mental health and various therapies. A new health campus development for North Denbighshire is planned for the site of the Royal Alexandra Hospital in Rhyl. Our intention is that we will use community hospitals and health centres as local health and well-being centres in our communities.

Excellent Hospital Care

- At each of our District General Hospitals, we will continue to have the following core services:
 - a full Emergency Department;

- consultant-led maternity and paediatric services;
- direct admission for medical care for people who are unwell;
- direct admission for people who need an operation;
- less complex vascular procedures (for diseases affecting blood vessels); and
- outpatient clinics, day surgery and diagnostic services (tests that help diagnose a condition).

This means that people can be assessed in any of our emergency departments but might need to be transferred to the most appropriate hospital for more specialist care.

We know from the evidence that for some more specialist services people have better outcomes when treated in larger centres by highly specialist teams. Our intention is to widen the range of specialist care we provide in North Wales so that people will have to travel outside the area less frequently. This will also help attract, retain and develop the specialist staff needed to provide high quality and sustainable care in our hospitals.

- We will treat as many patients as possible in North Wales and continue where clinically possible and safe to do so,
- We will create specialist centres for treating more complex conditions, e.g. our new Sub-Regional Neonatal Intensive Care Service (SuRNICC) at Ysbyty Glan Clwyd means that babies that are more poorly are cared for in North Wales.
- We will establish specialist services for:
 - Vascular surgery. Very specialist major surgery on arteries (vascular surgery) will be provided in a specialist centre at Ysbyty Glan Clwyd. This will ensure that we can provide treatment that meets the highest standards and will attract the specialist doctors we need to carry out these complex operations.
 - hyper acute stroke;
 - neonatal intensive care; and
 - Urology and pelvic cancer. We are exploring modern technology for some cancer surgery – particularly pelvic cancer – which will need to be based in a specialist theatre. We are also exploring how we might deliver urology services more effectively, for example, using robotic assisted surgery.
- Over the next three years, we will confirm proposals for specialist centres for other services that could deliver better outcomes for patients and improved efficiency and productivity.

- With the support of the Welsh Government, we are investing in our buildings to bring them up to 21st Century standards. This includes completing major developments such as at Ysbyty Glan Clwyd and the Emergency Department at Ysbyty Gwynedd. We have started work to develop proposals for the redevelopment of the Wrexham Maelor Hospital campus to address failing infrastructure and to develop facilities that are fit for the future and will support the new models of care we will develop. Our enabling strategies, for example our estates strategy, will be informed by and aligned to our revised clinical models.
- For some very specialised care people will need to travel to hospitals outside of Wales - just as they do now - for major physical trauma injuries, neurosurgery, specialist treatment for children and some cancer treatments - but we will make as much of the testing and diagnosis as local as possible and support people to make an early return home.

3. Priorities for action 2019/22

What we will achieve over the next three years

Our annual plan for 2019/20 has been developed as a fully integrated process which has taken account of financial, workforce, and other resource considerations to ensure we have a coherent, consistent set of actions and deliverables.

Our starting point has been to recognise that the Health Board is not financially sustainable in its current form. Simply put; our current spending exceeds the resources allocated to us. As such the Health Board must ensure it maximises the efficient and effective use of its allocations to deliver the maximum health gain for the population of North Wales.

In developing our actions we have ensured that resource assumptions do not exceed the known resource allocations available to us. Where further work is needed to finalise resource requirements and resource availability we have tried to ensure this is always clearly highlighted (denoted with a **). As already indicated, the Health Board has commissioned a financial review which will enable us to further review our initial financial assumptions for 2019/20.

3.1 HEALTH IMPROVEMENT AND HEALTH INEQUALITIES

We want to work in partnership to support people to make the right choices and to promote population health. Reducing health inequalities is an important part of this plan. We want to support the communities that need it the most.



For the next three years there are three priorities:

1. We need to establish lifestyle services to support the people of North Wales to make informed choices about their health and well-being;
2. Tackling health inequalities will inform our service development. We will target resources to those with the greatest needs and promote equality through our actions; and
3. We will maximise our partnership working to deliver on the health inequalities and health improvement agenda.

We have committed to focussing on health improvement and health inequalities, and to ensuring that the Health Board shifts to becoming a population health focussed organisation. Prevention, early intervention and tackling health inequalities is a consistent thread underpinning our plan for 2019/22. Our plan builds on progress made in 2018/19 across the Health Board and with our partners.

We want to work in partnership to support people to make the right choices so they can have a long, healthy life and to reduce demand for treatment services for preventable conditions. Our plan therefore maintains a focus on the health in the early years.

Through our maternity services plan, we aim to ensure that pregnancy and childbirth are a safe and positive experience, and parents are supported to give their child the best start in life.

Our children's work focuses on supporting the six agreed partnership priorities for children and young people in North Wales:

- Our continued aspiration is that babies are born healthy;
- Pre-school children are safe, healthy and develop their potential; and children and young people are healthy and equipped for adult life;

- We will focus on improving the outcomes in the first 1000 days of life and support the partnership Adverse Childhood experience work across North Wales;
- We are working hard to progress our emotional health work – with maternal mental health and early intervention as key areas of focus;
- We are determined to promote a healthy weight and prevent childhood obesity, and we will maintain a focus on children with complex needs.

Reducing health inequalities is an important part of this plan. We want to support the communities that need it the most. Identifying opportunities to work with community venues and pharmacies will help us to improve access to services.

We will work with partners in the Public Services Boards to deliver local Well-being Plans that address the broader aspects of well-being – economic, social, environmental and cultural.

As the largest employer in North Wales, we will take action to contribute to reducing poverty and the impact of poverty, as well as a service provider and commissioner. Poverty can affect people's well-being, health and life opportunities and can affect how long someone lives as well.

We continue to build a partnership ethos to our work on prevention and health inequalities and our approach is firmly based on evidence of effectiveness. We will continue to work with our fourteen clusters to deliver this work, and ensure that we work to tackle the inverse care law.

Our plan sits alongside and contributes to the Well-being plans for the population which will be led by the four Public Service Boards in North Wales. We have worked with Public Health Wales to ensure that we have considered our planning priorities and our agreed key focus of joint working in 2019/2020 will be on tobacco control work and exploring actions in relation to hypertension management

Based on the needs of our population, and given the assets we have in place across North Wales, we will focus on three work streams:

Workstream One: Lifestyles

We will progress our work on lifestyle services. In 2019/2020 we will stabilise our smoking cessation support in our hospitals.

We will also build on our more specialist level 3 obesity services, grow our level 2 obesity service and explore new ways of supporting alcohol reduction work and implement fully our work on licensing with partners.

Workstream Two: Protection and prevention

We will develop our protection and prevention offer. In 2019/2020 we will maintain our significant work relating to health protection, and invest in our immunisation co-ordinating team to ensure optimum outcomes in the early years and across the life course.

We will continue to raise awareness of screening services with partners. We want to promote positive oral health and will work with our dental colleagues in using the Making Every Contact Count (MECC) approach. We will also offer MECC to our Third Sector partners as they support us with a range of actions and a focus on social prescribing.

Workstream Three: Health inequalities

We have a long-standing approach to tackling health inequalities through the Well North Wales programme, and we have reviewed our offer for 2019/2022 given that the “*Ein Dyfodol*” work has progressed differently with partners across North Wales.

We remain committed to supporting those with the greatest health needs first and are working closely with partners on this agenda. We will progress our “Made in North Wales” work on social prescribing which supports the Care Closer to Home agenda, and we have specific actions relating to poverty and homelessness planned.

2019/20

Partnership plan for children is progressed, including an ACE focus

2020/21

In partnership, review our North Wales
**Reducing Suicide and Self Harm
Strategy**

2021/22

Based on service evaluation **review opportunities for further health and well-being provision** (including Level three centres)

Summary Plan and Enablers for 2019/20 – Health Improvement and Health Inequalities

Actions	Milestones 2019/20		Measures	Lead	Outcome
Smoking cessation opportunities increased through Help Me Quit (HMQ) programmes	Q2	Review and implement HMQ services against minimum standards with integration plan	The percentage of pregnant women who gave up smoking during pregnancy (by 36-38 weeks of pregnancy) The percentage of adult smokers who make a quit attempt via smoking cessations services Number of smokers who became a treated smoker	Executive Director of Public Health	My children have a good healthy start in life
	Q4	Smoke free site policy and enforcement approach in place		Executive Director of Primary and Community Care	I am healthy and active and do the things to keep myself healthy
	Q4	Smoking Cessation - extend implementation of Help me Quit for Baby			
	Q4	Permanent in-hospital smoking cessation service established			
Healthy Weight services increased	Q1	Level 2 (Lifestyle Interventions / Weight Management Programmes) Business Case (adults) finalised	Tier 3 Obesity Service: number of referrals, patient outcome data regarding weight loss/gain, BMI service user experience. Tier 4: number referred to WIMOS for consideration of bariatric surgery having met WHSCC criteria or considered via IPFR	Executive Director of Public Health	I am healthy and active and do the things to keep myself healthy
	Q2	Level 3 (Specialist Weight Management Services) review to scale up provision completed		Executive Director of Therapies & Health Sciences	
	Q4	Physical Activity Programme - 'Let's get moving' North Wales partnership agreement endorsed			
	Q1	Develop resilient communities by Social Prescribing: - scope opportunities for social prescribing as part of the North Wales Steering Group			
	Q1	Implement 10 steps to a Healthy Weight			
	Q3	Improve access to Children's weight management specialist services			
	Q4	Develop Physical Activity Referral programmes			
Explore community pharmacy to deliver new lifestyle change opportunities	Q4	Scope potential for an enhanced community pharmacy service for supporting individuals to reduce risk from alcohol consumption and develop appropriate service specification, if appropriate.	Improved population access to healthy lifestyle services and contribute to improving healthy lifestyles across our population	Executive Director of Public Health	I have easy and timely access to primary care services
	Q4	Scope potential for an enhanced community pharmacy service for supporting individuals to achieve a healthy weight (at level two) and develop appropriate service specification, if appropriate.		Executive Director of Primary and Community Care	
	Q4	Scope the role of community pharmacists in promoting, and supporting maintenance of, healthy lifestyles in their customers and determine the most appropriate mechanisms to commission or support this activity under existing contractual agreements.			

	Q4	Scope resource requirements for delivering an enhanced service offering dry blood spot testing in community pharmacies.			
Delivery of ICAN campaign promoting mental well-being across North Wales communities	Q4	Improve the reach and effectiveness of prevention activities, including action to increase mental wellbeing, Resilience and health aspiration	The percentage of health board residents in receipt of secondary mental health services (all aged) who have a valid care and treatment plan (CTP)	Executive Director of Public Health	I am healthy and active and do the things to keep myself healthy My children have a good healthy start in life
	Q4	Further develop the 'I can' campaign across our communities with a particular focus in schools		Executive Director of MH & LD	
Implement the Together for Children and Young People change programme	Q1	Submit proposal (Crisis Pathway & Building Emotional Resilience) to Welsh Government for additional mental health monies	The percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral The percentage of therapeutic interventions started within (up to and including) 28 days following and assessment by LMPHSS Percentage of patients waiting less than 26 weeks to start a psychological therapy	Executive Director of Public Health Executive Director of MH & LD	I am healthy and active and do the things to keep myself healthy My children have a good healthy start in life
	Q1	Submit joint proposal with local authorities for additional funds to support children and young people on the edge of care for Parliamentary Transformation resources			
	Q2	Review Transition for Children and Young People with Neurodevelopment Needs, with Learning Difficulties			
	Q2	Roll out of integrated self-harm pathway with education			
	Q4	Improve Access to Specialist Child and Adolescent Mental Health Services (CAMHS)			
	Q4	Developed CAMHS interface to ensure effective transition for young people into adult services			
	Q4	Capture the views of young people to inform the design and planning of improving services			
	Q4	Implementation of Mental Health Measure			
	Q4	Ensure the health board is fully informed of the Additional Learning Needs (ALN) Act and role of the DECLO (Designated Education Clinical Lead Officer)			
Improve outcomes in first 1000 days programmes	Q3	Ensure all practitioners are trained in Adverse Childhood Experiences awareness	Percentage of children who received 3 doses of the '6 in 1' vaccine by age 1	Executive Director of Public Health	
	Q3	Implement pilot work related to Child Measurement Programme (CMP)	Percentage of children who received 2 doses of the MMR vaccine by age 5		
	Q4	Develop and implement First 1000 Days Action Plan	Percentage of children who are 10		
	Q4	Implement maternity element of national Breast Feeding action plan			

	Q4	Implementation of Strategic Infant Feeding Action Plan	days old within the reporting period who are eligible for a contact and received the 10-14 days health visitor component of the Healthy Child Wales programme	Executive Director of Primary and Community Care	My children have a good healthy start in life I am healthy and active and do the things to keep myself healthy
	Q4	Implementation of peri-natal mortality action plan in order to reduce peri-natal mortality rates			
	Q4	Implementation of Perinatal Mental Health Pathway			
	Q4	Implementation of MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries) recommendations and Every Baby Counts			
	Q4	Public Protection through Immunisation			
Further develop strong internal and external partnerships with focus on tackling inequalities	Q1	Harm reduction strategy completed	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	Executive Director of Public Health	I am healthy and active and do the things to keep myself healthy Inequalities that may prevent me from leading a healthy life are reduced
	Q4	Implementation of the North Wales Alcohol Harm Reduction Plan			
	Q4	Pilot the developed Licensing activity system to ensure that the Health Board responds in a timely and appropriate manner to all Licensing applications that it receives	Qualitative report detailing progress against the five standards that enable to health and well-being of homeless and vulnerable groups to be identified and targeted	Exectuive Director of Primary and Community Care	I speak for myself and contribute to the decisions that affect my life or I have someone who can do it for me
	Q3	Food Poverty – confirm the BCUHB contribution to each local food poverty strategy	Percentage of health board population regularly accessing NHS primary dental care Designed to Smile - national targets Gwen am Byth (Care Home deliver) - national targets		
	Q4	Food Poverty – work in partnership in a minimum of two local authority areas to develop a local food poverty strategy			
	Q4	Homelessness - Identify and implement a minimum of two initiatives			
	Q4	Oral Health - % population accessing Primary Dental Care	C-Card – increased number of registrations		
	Q4	Oral Health - Designed to Smile (0-5 years) delivery			
	Q4	Oral Health - Gwen am Byth (Care Homes) delivery	Rate of chlamydia infections		
	Q4	Sexual Health - Delivery of awareness campaigns			
Q4	Sexual Health - Increased uptake in numbers LARC/C-Card				
Partnership plan for children progressed with a strong focus on Adverse Childhood Experiences	Q1	Review of the Neurodevelopment Pathway	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment 5% reduction in demand 5% improvement in 26 week target		To ensure the best
	Q3	Implementation of the All Wales Neurodevelopment Pathway			
	Q3	Effective Triaging and Sign-Posting for patients on a Neuro-development pathway			
	Q4	Improve Access to and Timeliness of Assessments			
	Q4	Achieve 26 Week Target by March 2020			

	Q1	Submit joint proposal with local authorities for additional funds to support children and young people on the edge of care (Parliamentary Transformation resources)		Executive Director of Public Health	possible outcome, my condition is diagnosed early and treated in accordance with clinical need
	Q3	Establish a Joined up Multi-Agency Work Plan on Early and Preventive Approaches to Emotional Health, Wellbeing and Resilience Across North Wales			
	Q3	Consult with Young People Families and Referrers about their Experiences and Views on CAHMS service improvement			
	Q4	Implementation of ADTRAC – Services for Young People Not in Employment Education or Training			

Workforce	Finance
<ul style="list-style-type: none"> Finance column provides detail of new posts. 	<ul style="list-style-type: none"> Funding approved for Smoking Cessation Practitioners - £50,000 Funding approved for Food-wise in Pregnancy scheme - £20,000 Together for Mental Health monies - £1,962,000 Funding for Early Intervention and Intensive Support for Children and Young People - £2,307,000 Nursing support for the Section 136 suite - £301,000 Funding to enable changes to the CAMHS Psychiatry Out of Hours provision - £138,000 Funding for an Infant Feeding Co-ordinator - £60,000 Approval for Immunisation funds - £60,000 Part year funding required for Designated Education Clinical Lead Officer (DECLO) - £60,000
Capital	Digital
Completion of year 1 wellbeing hubs –see estates section for further detail	<ul style="list-style-type: none"> Roll out of GovRoam across public sector sites -See Digital Transformation Plans for detail

3.2 Care Closer to Home

Care Closer to Home means that when people need support or care to stay healthy, we will provide as much of this as close to home as it is safe to do so. Care Closer to Home is not just about where care is delivered but also about focusing around what it is that matters most to individuals and their carers.

To do this well requires a deep commitment to work with individuals and with our partners. Our ambition to deliver more care closer to home is built upon our undertaking to do this and to deliver the Welsh Government's strategy set out in 'A Healthier Wales: Our Plans for Health and Social Care'.

These are the outcomes we want to achieve:

- People can access the right information, when they need it, in the way that they want it and use this to improve their well-being;
- People have easy and timely access to primary care services;
- Health and care support is delivered at or as close to people's homes as possible;
- People know and understand what care, support and opportunities are available and use these to help them achieve health and well-being;
- Ensure the best possible outcome; people will have their condition diagnosed early and treated in accordance with clinical need;
- Interventions to improve people's health are based on good quality and timely research and best practice; and
- People are safe and protected from harm through high quality care, treatment and support.

The foundation on which to plan care closer to home will be through our **integrated clusters**. We will progress the further development of our existing 14 GP clusters in North Wales by including a wider range of partners. The guidance and support for clusters will not only come from the Health Service but also from the range of partners, organisations and individuals who understand their local communities and who are committed to serving them.



Led by integrated teams, clusters will have the authority and support to bring together different services and skills so that they can be provided more seamlessly, and are better tailored to meet the needs of individuals.

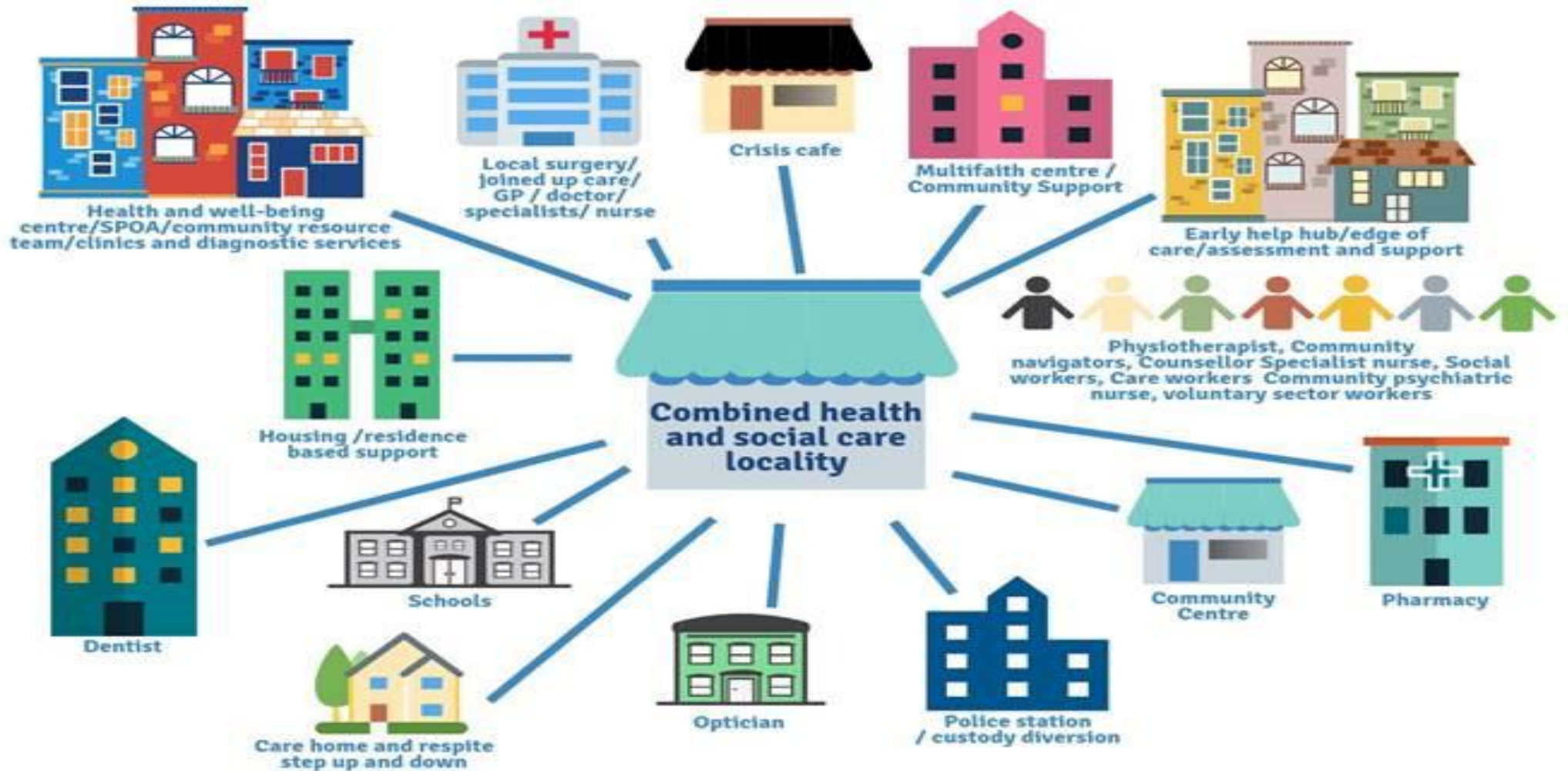
Expansion of Community Resource Teams

As an important part of delivering community services we will expand the services of our **Community Resource Teams (CRT)** by continuing to contribute to the work being led by the Regional Partnership Board.

Community Resource Teams are made up of members from a range of backgrounds focusing upon what matters to individuals. In approaching care this way we can deliver the best experience for patients and carers, whilst getting best value for public money. This will mean that all individuals in North Wales will be able to access care in this way, helping to ensure as much care is delivered close to home as possible.

The model illustrated below has been developed in partnership through the North Wales Regional Partnership Board and shows a group of organisations and professionals who work across agency boundaries to support the local population.

Our combined health and social care locality model



Sustainability of GP practices – New Model for Primary Care

GP practices form part of the community resource teams, delivering and coordinating the care for individuals with medical needs that do not require hospital care. However, we know that our GP practices are under tremendous pressure.

Working together within integrated clusters, supported by community resource teams and others to reduce the pressure upon GP practices, however, this will not be enough alone. We will prioritise the development of sustainable GP services by supporting practices to introduce the Wales 'New Model for Primary Care' at pace.

To achieve this we will create an **Integrated Primary and Community Care Academy (PACCA)** learning environment that will support and provide training opportunities to a greater number of people interested in working within clusters. This approach will welcome those from partner organisations as we recognise the added value from learning together.

Using this approach we will provide increased training support for practitioners from a wide range of backgrounds who would like to develop advanced skills within Primary Care. These advanced practitioners, for example in nursing, therapy, pharmacy and mental health, will work alongside GPs to ensure that they have more time to concentrate upon providing care for individuals with needs that can only be met by a GP. This will contribute to our ability to recruit and retain a workforce able to meet the growing demands of our population

We will also work with our GP teams to identify opportunities for federated service delivery, contributing to GP practice sustainability as well as the provision of more local services.

We will maximise the use of technology to reduce the number of people needing to travel for appointments, particularly when they have a long-term health condition. We know that not everyone uses new technology, and we will support people to have the access they need. By 2020/21 we plan to develop telephone triage services that will complement the national rollout of the 111 service.

We will invest in modern, purpose-built facilities to bring services together under one roof, working with other public sector and third sector partners. We will use our premises, partner organisations' or other community facilities to develop health and well-being centres in local areas. This will include our community hospitals as part of the network of resources available to local areas.

Three Year Ambition - Key Deliverables for Care Closer to Home in 2019/22

2019/20

Model for integrated leadership of clusters agreed and in place in at least three clusters.

Community Resource Team maturity matrix in place, and support to progress each CRT.

Work through the **RPB to deliver Transformational Fund bid**.

Model for '**Integrated Primary and Community Care Academy**' agreed and operating.

Primary Care Sustainability team in place, able to draw upon Academy resources and experience to support GP practices under greatest pressure.

Model for health & well-being centres created with partners, based around a 'home first' ethos.

Implementation of **RPB Learning Disability strategy**

Digital plan for CRTs established and informed by pilots undertaken in 18/19.

Social prescribing model for North Wales confirmed and year one plan implemented

Framework for assessment for CHC and individual packages of care for people with mental health needs or learning disabilities established.

2020/21

Continued roll out of **integrated clusters**, to cover remaining clusters.

Agile working of CRT staff enabled through digital plan established in 19/20.

Triage/phone first model developed for primary care.

Year two **Social prescribing plan** delivered.

Health and Well-being centres being implemented.

Implementation of **new service models for Mental Health and Learning Disability** across primary and secondary care.

Implementation of **Regional Partnership Board early intervention and intensive support** for Children and Young People.

2021/22

Continued maturity of integrated clusters, to deliver increased autonomy.

Sustainable capacity in primary care and community services.

Health and Well-being centres implemented. e.g. Model health and well-being centre opens in Rhyl.

Summary Plan and Enablers for 2019/20 – Care Closer to Home

Actions	Milestones 2019/20		Measures	Lead	Outcome
Put in place agreed model for integrated leadership of clusters in at least three clusters, evaluate and develop plan for scaling up	Q1	Early Adopter Clusters identified and locality leadership teams established	<ul style="list-style-type: none"> - % GP practices open during core hours or within one hour of core hours. - % GP practices offering daily appointments between 17:00 and 18:30 hours. 	Executive Director P&CC	I have easy and timely access to Primary Care services
	Q2	Local Cluster Plans signed off			
	Q4	Early Adopters and model reviewed			
	Q4	Plan in place for rolling out to remaining clusters			
Put in place Community Resource Team maturity matrix and support to progress each CRT	Q1	Regional Community Resource Team Conference (arranged by Central Area)	<ul style="list-style-type: none"> - % getting a 'right first time' service. - % of 'what matters' conversations. - Number of people supported to remain at home 'Time Spent at Home'. - Number of hospital bed days saved - Number of non-Mental Health delayed transfer of care. 	Executive Director P&CC	Healthcare and support are delivered at or as close to my home as possible
	Q3	Maturity matrix and CRT support in place			
	Q4	Use of Community Pharmacy optimised to support CRTs			
Develop and implement a Social prescribing model for North Wales	Q4	Social prescribing model developed and year one plan implemented	<ul style="list-style-type: none"> - Improved healthy lifestyles and five ways to well-being, prudent healthcare and reduction in prescription medicines. - % of what matters conversations. - Number of people supported to remain at home 'Time Spent at Home'. - % referrals to exercise schemes. - % referrals to healthy lifestyle programmes. 	Executive Director P&CC	I know and understand what care, support and opportunities are available and use those to help me achieve my health and well-being
Plan and deliver digitally enabled transformation of community care	Q4	Digital plan for Community Resource Teams established (informed by pilots undertaken in 2018/19)	<ul style="list-style-type: none"> - Improved patient access to services, empowering patients self care and self management, delivering more care closer to home, optimising community team capacity and ways of working across the health economy. 	Executive Director P&CC	Healthcare and support are delivered at or as close to my home as possible
	Q4	Opportunities reviewed aligned to Digital Health and Technologies			
Work through the RPB to deliver Transformational Fund bid	Q1	Governance and programme controls, workforce, recruitment plan and exit strategies in place	<ul style="list-style-type: none"> - % getting a 'right first time' service. - % of 'what matters' conversations. - Number of non-mental health delayed transfers of care. - Reduction in complexity of care packages. 	Executive Director P&CC	Healthcare and support are delivered at or as close to my home as possible
	Q4	Transformation schemes reviewed and evaluated			

Define and put in place Model for integrated Primary and Community Care Academy (PACCA) to support GP practices under greatest pressure	Q1	Governance, plan and project team established	<ul style="list-style-type: none"> - Reduction in vacancies in primary and community care settings. - % of 'what matters' conversations. - Increased resilience of Primary Care contractors. - Increase in primary care related research publications. 	Executive Director P&CC	Quality trained staff who are fully engaged in delivering excellent care and support to me and my family
	Q2	Structure defined and Lead appointed			
	Q4	Model established for education, workforce planning and innovation			
Develop and implement plans to support Primary care sustainability	Q1	Plan in place for capacity and demand review in Primary Care	<ul style="list-style-type: none"> - % of people who found it difficult to make a convenient GP appointment. - Increased resilience of Primary Care contractors. - Reduction in vacancies in primary and community care settings. 	Executive Director P&CC	I have easy and timely access to primary care services
	Q3	Business case approved to further develop the professional healthcare workforce in medicines management			
	Q3	Workforce plan for Primary care developed			
	Q3	Plan and business case developed for Clinical Triage by phone			
	Q4	Opportunities reviewed for federated delivery models			
Develop and implement plans to enable integrated Mental Health responses within Primary and Community care, including: Inpatient (incl. PICU), Community MH (CRT integration); Primary care (Clusters) ; OPMH (Integrated pathways) ; rehabilitation	Q4	Model of care and care pathway programme developed	<ul style="list-style-type: none"> - Number of Health Board Mental Health delayed transfer of care. 	Executive Director of MH & LD	Healthcare and support are delivered at or as close to my home as possible
	Q4	More effective integrated pathways developed with Primary Care to address physical health inequalities for people with mental health needs and for people with learning disabilities			
Implementation of RPB Learning Disability strategy	Q4	External review of LD services to support strategy undertaken	<ul style="list-style-type: none"> - Improved quality and service user experience and support to Carers. 	Executive Director of MH & LD	My individual circumstances are considered
Establish Framework for assessment for CHC and individual packages of care for people with mental health needs or learning disabilities	Q4	Agreed Framework established	<ul style="list-style-type: none"> - % of HB residents in receipt of secondary Mental Health services who have a valid care and treatment plan. - % patients who had their first contact with an Independent Mental Health Advocacy within five working days. 	Executive Director of MH & LD	Healthcare and support are delivered at or as close to my home as possible
	Q4	Repatriation programme to bring individual packages of care closer to home developed			
Model for health & well-being centres created with partners, based around a 'home first' ethos	Q1	Mapping of Health and Well-being Centres reviewed and priorities agreed	<ul style="list-style-type: none"> - Number of non-Mental Health delayed transfers of care. 	Executive Director P&CC	Healthcare and support are delivered at or as close to my home as possible
	Q2	Modelling of Service requirements (incl. beds) completed			
	Q4	Development of business cases for pipeline priorities initiated			
	Q1	Appoint GP prescribers for the three Areas	<ul style="list-style-type: none"> - Number of patients waiting over 26 	Executive	I have easy and

Establish a local Gender Identity Team	Q1	Implement Gender Identity pathways following the establishment of the Wales Gender Service	weeks - Number of referrals received - Access to Psychology Therapies and Speech and Language Therapies - Number of practices signing up to the DES	Director P&CC	timely access to services I know and understand what care, support and opportunities are available and use those to help me achieve my health and well-being
	Q3	Review current provision and identify opportunities for further development of the team			
	Q3	Implementation of Direct Enhanced Service (DES)			

Workforce	Finance
<ul style="list-style-type: none"> • Future Primary Care and CRT workforce plans developed by Quarter 3. • Assumption that North Wales Workforce Group under Regional Partnership Board is governing body for workforce development. • Development of Primary and Community Care Academy (PACCA) will inform future Primary care workforce plans 	<ul style="list-style-type: none"> • Successful Transformation Fund bid for Community Transformation approved - £3.7million in 2019/20 managed by Denbighshire County Council for Regional Partnership Board • Primary Care monies to support establishment of the Academy – est. £0.12 million • Funding approval for the Gender Teams - £56,000 • Funding for Bobath Children's Therapy Service - £50,000
Capital	Digital
<ul style="list-style-type: none"> • Development of primary care project pipeline business case. • Completion of full business case for North Denbighshire hospital • Ruthin hospital full business case • Review vale of Clwyd Health and Well-being hub <p>See estates section for further detail.</p>	<ul style="list-style-type: none"> • WCCIS pilot studies • Expansion of skype for business and GovRoam • Eye care transformation <p>See Digital Transformation Plans for detail</p>

3.3 Excellent Hospital Care



When health needs are more serious people may need hospital care, or care from more specialist teams reaching into the community. People want timely access to the safest and highest quality of care possible and a good experience.

These are the outcomes we want to achieve:

- People have an accessible and responsive health care system that supports them when they have a more serious health need.
 - People have the best possible outcome, conditions are diagnosed early and treated in accordance with clinical need.
 - People are safe and protected from harm through high quality care, treatment and support.
- People know and understand what specialist care and support is available to improve their health.
 - Staff will always take time to understand 'what matters' and take account of individual needs when planning and delivering care.
 - People will be cared for in the right place, at the right time, and by the most appropriate person.
 - People are supported to make the right choices so they have a long, healthy life.
 - Standardised, accessible and comprehensive data and information on service delivery.

We will improve our services to reduce waits. We will ensure we have the right capacity in our hospitals to achieve access standards and meet future demand. To help us do this we will develop and adopt new and innovative ways of working and continually review the way resources are deployed to improve patient and carer experience, efficiency and productivity. For example, changing the skill mix of the workforce and developing new ways to access and deliver services.

We have also strengthened the staffing resource available in secondary care through support from Welsh Government, so that we are better able to manage hospital services.

We know that improvements in efficiency and productivity alone will not be sufficient to reduce waiting times and we will implement the Care Closer to Home initiatives so that more people can have access to more services (where appropriate) out of the main hospital settings.

Planned Care

This is the name for those services, activities and treatments, which are not carried out in an emergency or crisis. They are often those that service users and patients are referred to by their GP or other frontline health and care professionals. This plan seeks to review access to treatment / care provided within both community and hospital settings with a view to reducing inconsistencies in waiting times and ensuring that local referral processes follow best practice. At the same time, we aim to implement new policy and develop the strategic approach to service delivery. Ultimately, we need to ensure that patients receive the treatment that is most appropriate for their needs, at the right time and in the right place.

Waiting times from GP Referral to Treatment (RTT) are too long. We need to reshape services in key areas, specifically orthopaedics, ophthalmology, and urology which will improve this but will require investment.

We have been working to co-produce service models in these priority areas. In September 2017 the Board endorsed a strategy to deliver a sustainable elective orthopaedic service for North Wales. The North Wales eye care strategy was supported by the Board in April 2018 and a review of acute urology services commenced in October last year

In addition, a number of service reviews are currently underway including stroke haematology, rheumatology and dermatology. Following a review of capacity and demand across the health Board, the following table summarises RTT deliverability by specialty.

Specialities that can deliver 36 week RTT with no additional Capacity	RTT delivered through improved demand management, service change and efficiency	Specialities requiring recurrent investment in capacity to deliver	Specialities at serious risk of failing to deliver 36 week RTT in 2019/20
Nephrology	Paediatrics	General Surgery	Trauma and Orthopaedics
Care of the Elderly		Ear, Nose and Throat	Urology
Clinical Haematology		Ophthalmology	
Endocrinology		Oral Surgery	
Therapies		Gastroenterology	
Orthodontics		Gynaecology	
General Medicine		Pain Management	
Rheumatology		Cardiology	
Restorative Dentistry		Dermatology	
		Thoracic Medicine	

Over the next three years, we are proposing to:

- consolidate inpatient urology services onto two sites. (rather than three);
- develop a pelvic cancer centre linked with development of robotic assisted surgery and co-located with the urology service;
- consolidate elective orthopaedics onto the three main acute hospital sites (rather than five sites); and
- consolidate hyper acute stroke care onto a single site (rather than three).

In developing these plans we are considering their combined impact on the range and scale of services on each of the three main acute hospital sites. We will ensure that each site has sufficient capacity to deliver the services required.

Sometimes people will still have to travel outside North Wales to get very specialised care that is better provided for a larger population - such as neurosurgery at the Walton Hospital, or specialised paediatric care at Alder Hey. We have strong partnerships with hospitals outside North Wales and we will continue have these where necessary in the future.

Three Year Ambition - Key Deliverables for Planned Care in 2019/22

2019/20

Centralisation of **complex vascular surgery services** supported by a new **hybrid theatre on YGC** site

Implement preferred service model for **acute urology services**

Business case, implementation plan and commencement of enabling works completed for **Orthopaedics**

Transform **eye care pathway** to deliver more care closer to home delivered in partnership with local optometrists

Systematic review and plans developed to address service sustainability for all planned care specialties. Implement year one plans for example; Endoscopy, Rheumatology, Gynaecology.

Realise the benefits of the newly established **SURNICC service**

Implement the new **Single cancer pathway** across North Wales

Develop **Rehabilitation model for people with Mental Health or Learning Disability**.

2020/21

Pelvic cancer unit expansion including robotic surgery service

Implement year two Orthopaedics three site model

Implementation year two planned care reconfiguration to address sustainability.

2021/22

Implementation year three planned care reconfiguration to address sustainability

Fully implement Orthopaedics three site model. Achieve and maintain WG waiting times targets.

Summary Plan and Enablers for 2019/20 – Planned Care

Actions	Milestones 2019/20		Measures	Lead	Outcome
Centralisation of complex vascular surgery services supported by a new hybrid theatre on YGC site	Q1	Commencement of service in April 2019	- Sustainable services and improved patient experience and outcomes.	Executive Medical Director	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
Implement preferred service model for acute urology services	Q2	Finalise Urology Business Case including Robotic Surgery	- Sustainable services and improved patient experience and outcomes. Improved recruitment and retention of specialist staff. Contribute to delivery of RTT.	Executive Medical Director	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
	Q4	Commence implementation phase of the preferred service model for acute Urology services including robotic surgery **			
Business case, implementation plan and commencement of enabling works for Orthopaedics	Q1	Finalise Orthopaedic Plan	- % of patients entering a CMATs/MSK service referred on to secondary care orthopaedic services (primary diagnosis). - The number of patients waiting in excess of 6 weeks for CMATS Appointment.	Executive Medical Director	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
	Q1	Commence implementation plan and enabling works for Orthopaedic Services **			
Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists	Q1	Deliver business case for eye care pathway and measures	- Delivery of new model of care and enhanced services provided by local optometrists. Delivery of sustainable services and improved patient experience and outcomes. Contribute to delivery of RTT.	Executive Medical Director	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
	Q2	Develop a sustainable model to eradicate the backlog of patients based on the capacity model			
Rheumatology service review	Q3	Agree service model with a paper to be submitted to Board in July 2019	- Promotion of self management programmes. Delivery of new service model including enhanced primary care and third sector partners. Delivery of sustainable services and improved patient experience and outcomes. Contribute to delivery of RTT.	Executive Director of Primary & Community Care	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
	Q1	Referral Management - establish group, objectives, initial priorities & work plan	- The number of patients waiting more than 8 wks. for a specified		

Systematic review and plans developed to address service sustainability for all planned care specialties. Implement year one plans for example Endoscopy, Gynaecology	Q1	Contracts in place (phased across yr.) for out/insource	diagnostic test.	Executive Medical Director Executive Director of Therapies and Health Sciences	I have timely access to services based on clinical need & am actively involved in decisions about my care To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need I receive a quality service in all care settings
	Q1	Targeted approach to maximise utilisation (specific specialties each quarter) - deliver more activity through efficiencies	- The % of patients waiting less than 26 wks. for treatment.		
	Q2	Recruitment process for new consultants (gap specialties) subject to affordability	- The number of patients waiting more than 36 wks. for treatment.		
	Q1	Endoscopy - put in place 'in year' service delivery plan	- The number of patients waiting more than 14 wks. for a specific therapy.		
	Q2	Endoscopy - develop sustainable delivery plan including staffing and estate	- The number of patients waiting more than 8 weeks for a specified diagnostic test.		
	Q4	Endoscopy - develop JAG accreditation timetable / plan	- Waiting time for Bowel Screening Patients.		
	Q1	Radiology - ensure capacity plan for in year demand in place	- The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date for Planned Care specialities namely: - Ophthalmology - Trauma & Orthopaedics - ENT - Dermatology - Urology.		
	Q4	Radiology - develop capacity plan for future demand (equipment & staff)			
	Q1	Outpatient Follow-Up - Develop clinical risk based improvement approach, assess resource requirements and agree recovery trajectory			
	Q4	Implementation of WHSSC All Wales Clinical Intelligence Advisory Group (CIAG) priorities			
	Q1	Taskforce on RTT	- The % of patients waiting less than 26 wks. for treatment.		
Q4	Implementation of National Planned Care Delivery Programme recommendations for the following specialities: ❖ Dermatology ❖ ENT ❖ Ophthalmology ❖ Orthopaedics ❖ Urology	- Sustainable services and improved patient experience and outcomes.	Executive Medical Director	I have timely access to services based on clinical need	

Fully realise the benefits of the newly established SURNICC service	Q3	Undertake Benefit Realisation (SuRNICC)	- Delivering more care within North Wales. Improved clinical outcomes for babies and family experience.	Executive Director of Public Health	I receive the right care & support as locally as possible
Implement the new Single cancer pathway across North Wales	Q1	Develop a business case for the implementation of the Single Cancer Pathway	- The percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of diagnosis (regardless of referral route). - The percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days receipt of referral.	Executive Director of Therapies & Health Sciences	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
Develop Rehabilitation model for people with Mental Health or Learning Disability	Q4	Rehabilitation - model for people with mental health needs and people with learning disabilities	- The percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral. - The percentage of therapeutic interventions started within (up to and including) 28 days following and assessment by LMPHSS.	Executive Director of Mental Health & Learning Disabilities	I have timely access to services based on clinical need & am actively involved in decisions about my care

Workforce	Finance
<ul style="list-style-type: none"> See Finance column for details of new posts for which funding has been approved. 	<ul style="list-style-type: none"> Funding for an additional Vascular ward at Ysbyty Glan Clwyd approved - £1,500,000 Robotic Surgery funding approved - £500,000 Funding approved for an Orthopaedic Network and Manager - £180,000 Funding for Primary Care Optometry services - £65,000 Third tier Critical Care staffing at Ysbyty Glan Clwyd - £448,000 Third tier Anaesthetic staffing at Ysbyty Gwynedd – £250,000 Funding for Referral to Treatment activities - £2,000,000 LIMS business case funding approved - £400,000 Funding for Specialist Services Clinical Intelligence Advisory Group schemes – £647,000 Funding to enable a seamless service for people with Learning Disabilities – £1,400,000

Capital	Digital
<ul style="list-style-type: none"> Hospital Development plans for Wrexham Maelor, Llandudno Hospital and Ysbyty Gwynedd are included within the Estates Strategy section 	<ul style="list-style-type: none"> Welsh patient Administration Project –phase 3 Welsh emergency department system upgrade Business case for Digital Health Record Storage solution for central library Cancer patient administration /tracker See Digital Transformation Plans for detail

Unscheduled Care

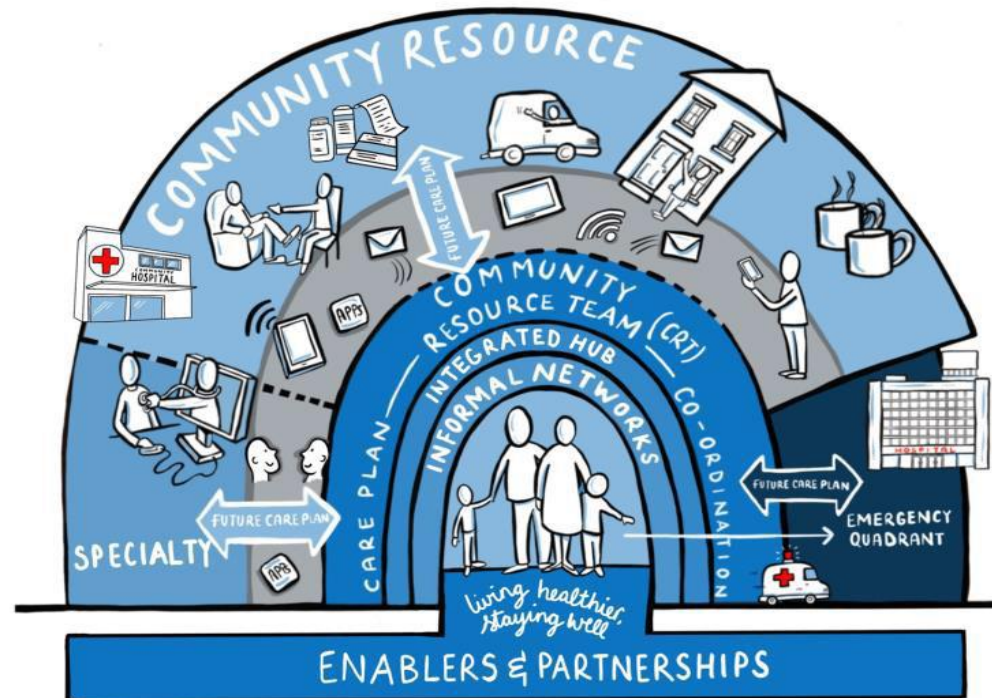
In North Wales we have a large, geographically dispersed population distributed across dense urban areas and isolated rural areas. As a result they experience particular challenges of deprivation and poor health outcomes. These population and geographical characteristics present specific challenges for how emergency / unplanned services (termed 'unscheduled care') can be delivered in a safe, high quality and affordable way. For some time, the unscheduled care system has failed to address the needs and expectations of our population and the Board, as well as not meeting nationally set performance measures.

During 2018/19, we undertook a major piece of work to review the current position, understand best practice and define the system model, that would begin to deliver the outcomes we want for our population, and enable our staff to deliver the service that they aspire to provide. This work was undertaken with support from Welsh Government.

Our work to design an improved system was assisted by a number of partners. The plan is ambitious and will require significant changes in the way the Health Board, care professionals and the population in North Wales behave on a day-to-day basis. With demand and complexity rising in unscheduled care, the development of the system is a long term exercise.

The future model of unscheduled care

Proposals for a future model of unscheduled care were produced following a series of workshops at which a large number of our staff (clinical and non-clinical), partner organisations and third sector and community representatives contributed. The diagram below shows a pictorial representation of the system we wish to move towards.



The future model has been designed in keeping with our overarching strategy, **Living Healthier, Staying Well**. The features of the model include:

- patients and their informal networks;
- an integrated hub;
- a Community Resource Team (CRT) and community resources;
- specialty resource; and
- the hospital emergency department.

This model is underpinned with the following enablers: technology, people, resources, processes, culture, partnership and governance.

The model fits closely with the Care Closer to Home priority; this sets the direction of travel working with the whole of the North Wales health and social care support system. It is focused on maintaining independent living arrangements and giving patients more control over their care, adopting person centred care and the principle of “What Matters” to people who use our services. The unscheduled care model builds upon the Community Resource Team model, an integrated hub which has been established and preventative measures specific to unscheduled care.

The Welsh Government 'A Healthier Wales' publication and associated plan outlines the transformation required to drive the changes we need to see in our health and social care system, so that it is able to meet the needs of current and future generations in Wales. The new model for unscheduled care aligns to this plan as it is scalable and in keeping with the 10 design principles specifically prevention and early intervention, promoting independence, giving people a voice and putting the person's needs first, seamless services and information and a focus on transformation.

Our three year plan is focused around working with partners including Welsh Ambulance Services Trust to reduce reliance upon hospital services through better management of patient needs within peoples own homes and communities.

We are also working to streamline clinical management processes within our hospitals to improve patient experience and flow through our hospitals. Finally working with our partners in local authorities, the voluntary and independent sector we plan to deliver more seamless discharge from hospital to home first wherever possible.

Three Year Ambition - Key Deliverables for Unscheduled Care in 2019/22

2019/20

Demand

Improved **Urgent care out of hours / 111 service**

Enhanced care closer to home / pathways

Workforce shift to improve care closer to home

Improved **Mental Health crisis response for all**

Flow

SAFER implementation

Use **Information Technology** to improve **patient flows**

Ablett / PICU for Mental Health

Discharge

Integrated health and social care

2020/21

Demand

Embed **best practice**

Community based pathways embedded

Develop acute care (**medical and surgical**) **model**

Paediatrics Service Review completed and recommendations identified

2021/22

Flow

Seamless pathways fully embedded

Summary Plan and Enablers – Unscheduled Care


Actions	Milestones 2019/20		Measures	Lead	Outcome
Demand Improved Urgent care out of hours / 111 service	Q3	Single service GP Out of Hours	- Percentage of OOH/111 patients prioritised as P1CH that started their definitive clinical assessment within 60 minutes of the initial call being answered.	Executive Director Nursing and Midwifery	I have easy and timely access to primary care services
	Q1	Transforming Urgent Care through the development of a business case for a Clinical Assessment and Triage response			
Demand Enhanced care closer to home / pathways	Q4	Effective unscheduled care co-ordination linked to clusters and CRTs	- Number of ambulance handovers over one hour. - Average daily arrivals at Emergency Departments by ambulance. - Average daily attendances at MIU.	Executive Director Nursing and Midwifery	I have timely access to services based on clinical need & am actively involved in decisions about my care
	Q2	A 'live' directory of services established			
	Q1	Utilisation of alternative pathways to reduce Health Care Professional demand and conveyance rates			
	Q1	Develop business case to improve management of Minor Injuries in East Area			
	Q1	Implemented in-patient referral Internal Professional Standards			
	Q4	Implementation of All Wales Emergency Ambulances Collaborative / WAST priorities - Advanced Paramedic Pathfinders and Integrated Clinical Hub			
Demand Workforce shift to improve care closer to home	Q2	Advanced Practitioner workforce implemented within ED to support robust staffing structure	- Improved resilience within ED departments to meet demand and contribute to delivery of 4-hour target.	Executive Director Nursing and Midwifery	I have timely access to services based on clinical need & am actively involved in decisions about my care
Demand Improved Mental Health crisis response	Q2	Implement alternative crisis pathway	- Number of Mental Health HB Delayed Transfers of Care.	Executive Director Nursing and Midwifery	I have timely access to services based on clinical need & am actively involved in
	Q4	Agree Crisis Pathway business case with Adult Mental Health			

	Q4	Mental Health Unscheduled Care pathway mobilised - building on the learning from the winter pilot and implementation of the PICU pathway review		Executive Director of MH & LD	decisions about my care
Demand Improved Crisis intervention services for children	Q4	Improve access to specialist child and adolescent Mental Health Services – Crisis Pathway	- Responsive and timely access to the right service. Improved patient experience and preventing escalation to out of area services.	Executive Director Nursing and Midwifery Executive Director of Public Health	I have timely access to services based on clinical need & am actively involved in decisions about my care
	Q1	Submit proposal (Crisis Pathway & Building Emotional Resilience) to Welsh Government for additional mental health monies			
Flow Emergency Medical Model	Q1	Development of dedicated Ambulatory Emergency Care within Acute sites.	- The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge. - The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge.	Executive Director Nursing and Midwifery	I have timely access to services based on clinical need & am actively involved in decisions about my care
	Q1	Development of revised Acute Medical Model to improve flow within medical division on all sites			
Flow SAFER implementation	Q2	Whole system roll out of SAFER in acute	- Number of health board non mental health delayed transfer of care (rolling 12 months).	Executive Director Nursing and Midwifery	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
	Q4	Community Hospital roll-out of SAFER			
Flow Ablett / PICU for Mental Health (linked to estates section/ plan)	Q4	Commence redesign of the model of care and specifically the care pathway for inpatient care including PICU	- Improved clinical outcomes and development of local skills. Support prudent healthcare providing fit for purpose facilities and preventing escalation to out of area services.	Executive Director Nursing and Midwifery Executive Director of MH & LD	I have timely access to services based on clinical need & am actively involved in decisions about my care
Flow Early Pregnancy Service (emergency Gynaecology)	Q2	Commence redesign of model of care for emergency gynaecology	- Prudent healthcare. Improved patient experience and access to timely intervention and support. Reducing demand upon ED services and contribute to 4 hour target.	Executive Director of Public Health	I have timely access to services based on clinical need & am actively involved in decisions about my
	Q4	Develop business case			

					care
Discharge Integrated health and social care	Q1	Working with Local Authorities to develop external professional standards to respond to BCU	- Number of non Mental Health Delayed Transfers of Care.	Executive Director Nursing and Midwifery	I receive the right care & support as locally as possible & I contribute to making that care successful
	Q2	Fully implemented Discharge to Assess model			
	Q4	Resource capability within community settings. Matured partnership approach developed to risk sharing			
Stroke Services	Q1	Confirm the service model and develop a Pre Consultation Business Case	- Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours. - Percentage of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes. - Percentage of patients who are diagnosed with a stroke who received a CT scan within 1 hour.	Executive Medical Director	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
	Q1	Agree priorities and phasing for the sustainability of current and future stroke services including stroke prevention, the strengthening of acute stroke services on each of the three DGH sites and early supported discharge services.			
	Q1	The provision of 24 / 7 Mechanical Thrombectomy services via Walton or Stoke (WHSSC contract from 1st April 2019)			

Workforce	Finance
	<ul style="list-style-type: none"> Emergency Ambulance Services Committee and Welsh Ambulance Services Contract - £490,000 Funding approved for escalation bed capacity in Wrexham Maelor - £1,500,000 Funding for Acute Paediatric Services - £175,000 Funding approved for new commissioned services (WHSSC contract for Medical Thrombectomy at Walton or Stoke) - £277,000.
Capital	Digital
<ul style="list-style-type: none"> Completion of the Wrexham Infrastructure Programme business case. Progress development plan for Llandudno Hospital. 	<ul style="list-style-type: none"> See Digital Transformation Plans for detail

Section 4 – Enabling Strategies

	<h3>Improving Quality and Outcomes</h3>
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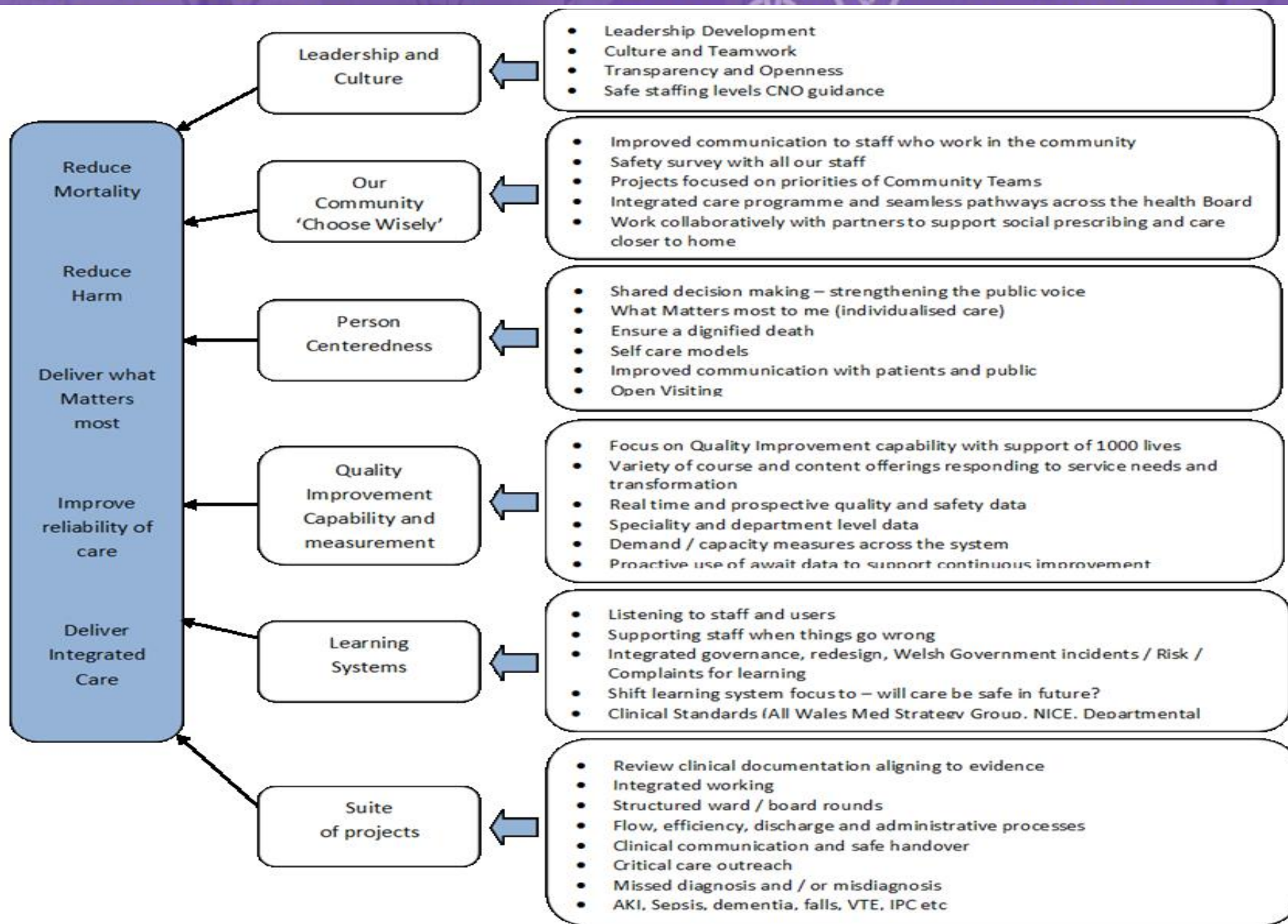
Improving health and outcomes whilst providing excellent care is a responsibility that we take seriously. Our intention is to work collaboratively across the whole organisation and all stakeholders to continue to improve the quality and safety of care that we provide and commission. Continuously improving quality and safety is a fundamental principle across all our services.

Our Quality Improvement Strategy (QIS) 2017/20 sets out the clear intentions to keep patients health and well-being at the heart of all areas of improvement as follows:

- Aim 1 – No Avoidable Deaths;
- Aim 2 – Safe; Continuously Seek Out and Reduce Patient Harm;
- Aim 3 – Effective; Achieve the Highest Level of Reliability for Clinical Care;
- Aim 4 – Caring; Deliver What Matters Most: Work in partnership with patients, carers and families to meet all their needs and actively improve their health; and
- Aim 5 - Deliver innovative and integrated care close to home that supports and improves health, well-being and independent living.

What changes can we make that will result in improvement?

In order to accomplish our ambitious aims we will need a far-reaching plan to engage with staff on finding solutions right across the Health Board. The following driver diagram summarises the areas of work we are tackling:



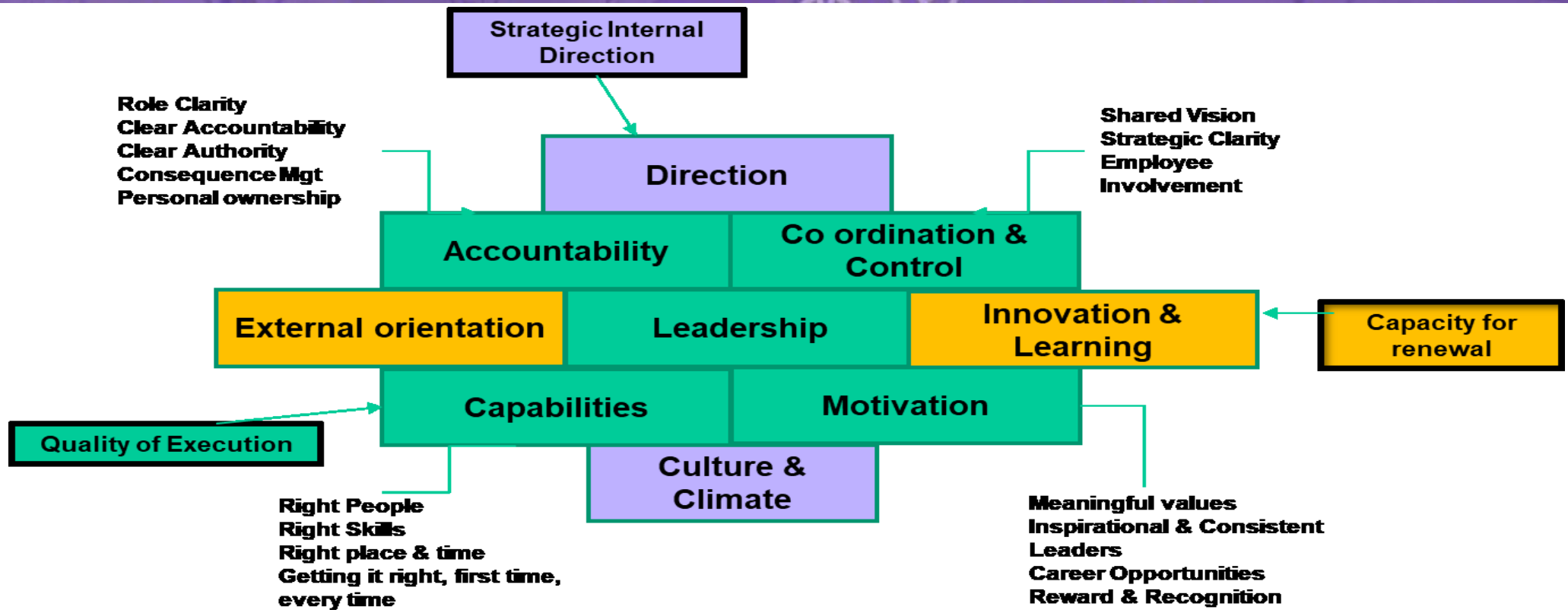
<http://howis.wales.nhs.uk/sitesplus/documents/861/QIS%20Final.pdf>



	Workforce
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In the context of the increasing and changing health needs of our population, together with the operational and financial challenges we face, we are clear that our ability to deliver the long term strategy Living Healthier, Staying Well is predicated upon the health of our organisation. In essence, do we have the ability to align our people around a clear vision, strategy, and culture; to execute with excellence; and to renew the organisation's focus over time by responding to changes in our environment?

to enable the delivery of the long term strategy for the Health Board through aligning the workforce using the key ingredients of organisational health and performance.



The Workforce Strategy is informed by our current position, our model for the future and it outlines the steps needed to take us forward over the next three years and beyond.

Critical to delivery of our plans for the future will be working with our employees to create the changes we need to see.

Strategic Internal Direction – direction, culture and climate

Since its creation, the structure and organisational design of our Health Board has changed many times. Whilst there are many examples of development and modernisation, significant influencers on the workforce challenges we face are the service models for delivery of care across our expansive geography.

Our current environment and culture is focused on the challenges of delivering what we do in the here and now rather than looking forward to how this could be better. This impacts on our ability to protect time and empower people to focus on improvement together with our appetite for investment in new ways of working, new roles, and new services.

The Living Healthier, Staying Well Strategy, provides a long term vision for our organisation and importantly a vision to align our staff to. The development of this three year plan provides a real opportunity to be clear about the way we will work towards delivery of the Strategy, the role that our people will undertake and how this contributes to delivery and how we will support and empower individuals, teams and services to identify and make the changes we need to make.

We will identify a smaller number of higher impact improvement objectives and align our values, behaviours and performance measures to them.

Quality of Execution – accountability, co-ordination and control, leadership, capabilities and motivation

Our current service configuration is largely focused on a secondary care medicalised “illness service” model for both physical and mental health. Due to increasing demands on services, additional capacity on both a long and short term basis is needed. We currently replicate hospital services across three or more sites and face recruitment challenges in moving towards new models of primary care. We only deliver a small number of specialist services which attract professionals to work in North Wales. This has resulted in significant gaps in our medical and nursing workforce. In order to provide services, we are reliant on temporary staff which attract higher costs. This is against a backdrop of national shortages across the UK. However, there is much we can do to improve and this needs to be our focus at this stage.

Where we have delivered changes in service model, or introduced a new service, there is evidence of subsequent improvements in benefits to the workforce. For example, the development of the SuRNICC; a new vascular specialist centre and a new primary care model as part of the Healthy Prestatyn Iach project has led to filling traditionally hard-to-recruit to posts.

We also recognise the challenges we are likely to face in light of our workforce demographics. The age, health and socio economic demographic of our staff correlates with that of our community. For instance, our proportion of staff aged over 56 years is higher and continues to increase than the proportion of staff aged below 30 years, which continues to decrease.

It is clear we will only deliver the improvements required by working with our partners, both in education and in health and social care to create seamless pathways of education, training, and employment across professional and organisational boundaries.

In 2018/2019 we have focused on establishing a range of systems to provide greater clarity and oversight of our workforce performance. These systems, such as, establishment control and roster improvement will enable us to identify where particular issues develop and devise plans to address the root causes.

This will be important as we move towards shifting the balance of our resources in line with our organisational priorities, for example providing more Care Closer to Home.

We need to make it easy for people across the organisation to help us to deliver our organisational objectives. This includes the way we describe who is accountable for what; where authority for decision making rests; how we measure, recognise and reward performance and improvement. We will review how we lead and manage, focusing on what matters to and what will inspire and motivate our staff.

Key to this is developing our leaders at all levels to practice compassionate leadership, living the values of the organisation and exhibiting the expected behaviours consistently and authentically. This will form a thread running through all education and learning provided and will be a core element of outcome objectives for all development activity.

Another fundamental element of ensuring people are aligned is to ensure that they are and feel engaged and involved in moving the organisation forward.

The deployment of the 'ByddwchYnFalch/BeProud' engagement tool to augment and support the 3D listening leads will help us to understand the temperature of the organisation or particular teams/services in a more timely way. This will give us a rich source of intelligence to support more timely support/intervention and to then measure the impact/outcomes of this activity.

We will develop an overarching improvement system for the Health Board. This will provide staff with the skills and opportunities to make improvements and will be central to our organisation's development. This will build on the progress made through the improvement methodology and the Quality Improvement Hub. This system will be supported by a core of improvement specialists bringing together the traditional service improvement, programme management and organisational development expertise. A comprehensive skills development plan will be produced, complimented by specific modules in our leadership, management and induction training and incorporated into our systems for performance and development review (PADR).

Capacity for Renewal – external orientation, innovation and learning

As we move forward in the formulation of our transformation plans, we will explore different models for delivery and employment and opportunities to create career pathways across organisational boundaries. We will also explore shared learning and innovation opportunities to further develop our understanding of the wider determinants of health as well as the most effective ways to deliver our core services.

We will continue to develop our safety and learning culture, encouraging greater focus on learning from and preventing adverse events, empowering people to test improvements/changes and reinforcing the importance of reflective practice.

Three Year Ambition - Key Deliverables for Workforce

2019/20

Established an **integrated workforce improvement infrastructure**

Built on Quality Improvement work to date to develop the **BCU Improvement System** and delivery plan

Delivered year one **workforce optimisation objectives**

Delivered year one **Health & Safety Improvement** programme

Developed **integrated multi professional education** and learning Improvement Programme

Delivered year one **leadership development programme** to priority triumvirates

Develop a **Strategic Equality Plan** for 2020-2023

Developed an **integrated workforce development model** for key staff groups with health and social care partners

Provided “one stop shop” enabling services for reconfiguration or workforce redesign linked to key priorities under care closer to home; excellent hospital service

Develop and deliver year 1 **Communications Strategy** to improve communication and enhance reputation

2020/21

Delivered tangible improvement in **system leadership in workforce development** across health and social care

Rolled out year one **BCU Improvement System** delivery plan

Delivered benefits from year one workforce optimisation objectives and delivered year two objectives

Delivered benefits from year one Health and Safety Improvement programme and delivered year two objectives

2021/22

Achieved benefits from year one and two of strategy

Developed an **integrated workforce strategy 2022 – 2025** together with health and social care partners

Summary Plan and Enablers – Workforce

Actions	Milestones 2019/20		Measures	Lead	Outcome
Establish an integrated workforce improvement infrastructure to ensure all our work is aligned	Q2	Set up Integrated Workforce Improvement infrastructure	Qualitative report providing evidence of implementation of the Welsh language actions as defined in More Than Just Words	Executive Director of Workforce	Interventions to improve my health are based on good quality and timely research and best practice I get care and support through the Welsh language if I want to
Build on QI work to develop the BCU improvement system and delivery plan for efficient value based healthcare	Q1	Develop proposal	Delivering more efficient and value based healthcare		
	Q2	Establish single improvement system			
	Q4	Improve Staff Engagement			
Deliver Year One Workforce Optimisation Objectives - reducing waste and avoidable variable/premium rate pay expenditure. Demonstrating value for money and responsible use of public funds	Q4	Recruitment & Retention	Reducing waste and avoidable variable/premium rate pay expenditure.		
	Q4	Develop a multi professional temp staffing service			
	Q2	Efficient use of systems			
	Q4	Job Planning			
	Q4	Attendance Management			
Deliver year one Health & Safety Improvement programme, focussing on high risk / high impact priorities whilst creating the environment for a safety culture	Q4	Reintroduce a Health, Safety & Wellbeing Strategic Committee to ensure structured governance arrangements in place	Promoting and creating an environment for a safety culture		
	Q2	Review existing Health, Safety & Wellbeing governance arrangements			
	Q2	Attain the Quality Improvement Standards Award for Occupational Health (SEQOHS)			
	Q3	Establish a stress management prevention plan to reduce stress related episodes			
	Q3	Establish a musculoskeletal prevention plan to reduce Musculoskeletal episodes			
	Q2	Maintain no incidents of occupational cancer and ill health through established health surveillance programmes			
	Q4	Introduce targeted campaigns to reduce sharps / body fluid contamination incidents			
	Q4	Introduce an education / coaching programme to support creation of wellbeing in workplace			
	Q4	Introduce other wellbeing / safety activities in line with the Health Improvement / Health Inequalities			

		Living Healthier Staying Well Strategy & Health & Safety three year plan			Quality trained staff who are fully engaged in delivering excellent care and support to me and my family.
	Q4	Develop Safe Systems of Work for RIDDORs and have scrutiny for all reported riddors			
	Q4	Review current paperwork and processes that relate to OHS in order to be easier to understand, facilitate more returns and to provide organisational data on the state of Health and Safety by area/division and ultimately the whole organisation. This data will feed into the relevant divisional and corporate H&S meetings			
	Q4	Develop and implement a robust COSHH Management System including training, storage and use of chemicals to reduce exposure to occupational cancers and manage accordingly			
	Q4	Develop, produce and validate an appropriate and fit for purpose Security Policy for the organisation			
	Q4	Safer sharps systems to be improved and modified			
	Q4	Slips, Trips and Falls			
	Q4	Training health safety			
Develop an integrated multi professional education and learning Improvement Programme in liaison with HEIW	Q2	Enhance working relationships with local education providers to develop stronger academic links	Enhanced multi-professional and multi-disciplinary learning and development. Improved recruitment, retention and expertise across the health board.		Quality trained staff who are fully engaged in delivering excellent care and support to me and my family.
	Q3	Establish strong links with HEIW to support the alignment of national and local educational improvement programmes			
	Q3	Develop an Apprenticeship Improvement Plan to enhance utilisation of apprenticeships across the organisation			
	Q3	Develop a plan to expand the Step into Work scheme across the health and social care sector			
	Q2	Improve attraction			
Develop a Strategic Equality Plan for 2020-2024	Q1	Undertaken a review of the literature	Qualitative report detailing evidence of advancing equality and good relations in the day to day activities of NHS organisations	Executive	
	Q1	Gather intelligence from the equality information BCU holds when considering what the health boards equality objectives should be			
	Q1	Engage with people with protected characteristics and other interested stakeholders to identify their main issues and concerns			

	Q1	Identify evidence based equality objectives to drive better outcomes for people with protected characteristics across North Wales		Director of Workforce	
	Q2	Aligned the objectives to <ul style="list-style-type: none"> • Living Healthier Staying Well (LHSW) priorities, the Clinical Services Strategy and Workforce Strategy • The seven partnership well-being objectives, developed in accordance with our duties under the Well-being of Future Generations Act 2015 • The objectives aligned to the Regional Population Needs Assessment and BCUs North Wales Area Plan priorities in response to the Social Services and Well-being (Wales) Act 2014 			Inequalities that may prevent me from leading a healthy life are reduced
	Q2	Developed draft SEP 2020- 2024 in line with the duties and undertaken external consultation prior to presentation to Board			
Deliver Year One Leadership Development programme to priority triumvirates	Q3	Develop a robust succession planning programme that identifies future leaders within the organisation	Percentage of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)		
	Q1	Develop a clear pathway of leadership and management development opportunities available internally and externally			
	Q3	Develop a culture of compassionate, accountable and quality focussed leadership and management capability at all levels including clinical leadership	Percentage compliance for all completed Level 1 competency with the Core Skills and Training Framework		
	Q4	Implement a leadership development programme focussed on the effectiveness of senior leadership teams	Percentage compliance of the completed level 1 information governance (Wales) training element of the Core Skills and Training Framework		
	Q2	Ensure the organisation meets the All Wales national target of 85% PADR			
	Q1	Ensure the organisation meets the All Wales national target of 85% Mandatory training	Percentage of employed NHS staff completing dementia training at an informed level		
Develop an integrated workforce development model for key staff groups with health and social care partners	Q1	Develop an integrated workforce development model for key staff groups with health and social care partners	Percentage of compliance for staff appointed to new roles where a child barred list check is required		Quality trained staff who are fully engaged in delivering excellent care and support to
	Q3	Develop new roles			
	Q4	Development of new models of working within Health	Percentage of compliance for staff		

		and Social Care	appointed to new roles where an adult barred list check is required	Executive Director of Workforce	me and my family.	
	Q4	Develop Physicians Associate Role				
	Q4	Develop the volunteer workforce				
Provide 'one stop shop' enabling services for reconfiguration or workforce re-design linked to key priorities under Care Closer to Home; excellent hospital services	Q1	Identify priorities from three year plan	Improved knowledge, awareness and promotion of the equality issues and reduce any potential for disadvantage or discrimination			
	Q2	Develop a multi team intervention model to support reconfiguration/ workforce redesign				
	Q2	Development of WOD 'offer' in relation to commissioning support				
	Q2	Establishment of comprehensive suite of guidance to assist managers to take ownership of actions				
	Q4	Raised awareness of and promoted the equality impact assessment process as a framework to help to ensure that any potential for disadvantage or discrimination is identified and addressed across programme groups and transformation activity aligned to the equality and rights principles set out in LHSW				
	Q4	Increase organisational capacity in regards to Equality Impact Assessment knowledge and understanding				
	Q1	Raised awareness of and promoted the findings from EHRC 'Is Wales Fairer Research 2018' on how Wales is performing on equality and human rights				
	Q4	Engage with stakeholders to develop a better understanding of inequalities which arise as a result of differences including those identified as protected characteristics				
	Q4	Increase the offer and take up of Treat Me Fairly training for the primary care independent contractors				
Develop and Deliver Year One Communications Strategy to improve Communications and enhance BCUHB reputation	Q2	Develop a new Health Board website and Staff Intranet / Zone	Engaged, supported and empowered workforce			Quality trained staff who are fully engaged in delivering excellent care and support to me and my family.
	Q3	Provide an effective and efficient Press Office Function to BCUHB's media customers				
	Q4	Deliver a well attended successful Staff Achievement Awards event on 1st November 2019				

Workforce	Finance
<ul style="list-style-type: none"> As per plan above 	<ul style="list-style-type: none"> Approved funding for Executive Nurse Consultant Dementia post - £90,000 Funding approved for a Motor Neuron Disease Care Coordinator Service - £55,000 Funding approved for a Patient Advisory Support Service - £220,000
Capital	Digital
<ul style="list-style-type: none"> No capital requirements 	<ul style="list-style-type: none"> See Digital Transformation Plans for detail



Developing our Estates Strategy

- an estate that is fit for purpose and provides a safe and effective environment for the clinical and business needs of the Health Board;
- assets are employed effectively to deliver value for money;
- improving the efficiency of the estate through appropriate utilisation and investment;
- eradicating duplication and releasing resources for direct patient care;
- an estate that is aligned to the organisation's clinical and enabling strategies and supports transformation plans;
- assurance to patients, carers and visitors that services will be provided in an appropriate environment that enhances care; and
- assurance to staff that they will have an appropriate working environment.

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Wellbeing Information Hubs	Services in support of improving health and reducing inequalities will be delivered in a range of public and commercial settings
Primary care	The network of Level 2 facilities will build upon the existing portfolio of primary care centres and health centres.
Health and Wellbeing Hubs	It is expected that each primary care cluster will be supported by at least one Level 1 facility.
Mental Health, Learning Disabilities and Substance Misuse Services	Community services will be co-located with the wider community teams in level 1 and 2 facilities with additional accommodation required for inpatient, rehabilitation, specialist support & interventional services.
Excellent hospital care	Will continue to be provided from the three main hospitals at Bangor, Ysbyty Gwynedd (YG), Bodelwyddan, Ysbyty Glan Clwyd (YGC) and Wrexham Maelor Hospital (WMH).

Our programme to deliver improved primary and community care will drive the need for a major investment programme to ensure that we have the right facilities available across North Wales to deliver more Care Closer to Home. Our strategy sets out a need for facilities to deliver health and well-being services at three levels in the community. We will continue to engage with staff, communities and stakeholders at a cluster level to determine the future estate needs and reflect these within our estates strategy.

We have set out our intention to maintain our three main hospitals as the key delivery points for hospital care across North Wales. We have also indicated that we will provide more specialist services in key locations to ensure that we deliver the best possible outcomes for people.

Within mental health services we have undertaken work in recent years to address immediate risks in our inpatient environments, however we recognise that we currently deliver care in some environments which are not fit for purpose. Our mental health strategy sets out our ambition for services in the future and we require a fit for purpose estate to deliver high quality services in the future. Our estates strategy will also include clinical support services and our non-clinical estate. It will support new business models and develop alternative delivery models and partnerships.

Through targeted development and rationalisation, the existing property portfolio will therefore be aligned to support the 14 primary care clusters and three acute hospital campuses. The size and capacity of the future estate will reflect the shift in Care Closer to Home and new models of working. It will support the development of regional facilities providing centres of clinical excellence and support services to all of North Wales.

The future estate will be designed to reduce our impact upon the environment, to be sustainable and to support the wider economic, social and cultural well-being of North Wales.

We will work with partner organisations including local authorities and the voluntary sector to develop solutions that make the best use of our collective property assets irrespective of ownership.

Our approach offers the opportunity to eliminate high, significant and moderate backlog maintenance risks, to meet all national performance targets, to reduce the overall property portfolio and thereby significantly reduce the cost of the estate over the longer term.

The realisation of this vision is expected to take in excess of 15 years. The detailed implementation will be regularly reviewed and may be subject to change in response to the organisation's changing clinical and business needs

The project pipeline for the first three years is summarised as follows:

2019/20

Prepare business cases in support of primary care project pipeline
Year 1 wellbeing hubs
North Denbighshire Full Business Case (FBC)
Ruthin hospital business case
Review Vale of Clwyd Health and wellbeing hub
Orthopaedic services capital business case
Capital works in support of stroke rehabilitation
HASU Strategic Outline Case (SOC)
Ablett Unit Outline Business Case (OBC)
WMH infrastructure programme business case
Review Abergele hospital
Progress development plans for WMH, Llandudno and YG
Central medical records business case
Laundry business case
Residencies business case
Progress Intermediate Care Fund (ICF) schemes

2020/21

Primary care project pipeline
Year 2 wellbeing hubs
North Denbighshire commence works on site
Complete relocation of Ruthin health centre
Vale of Clwyd SOC
Year 2 orthopaedic capital programme
HASU OBC
Ablett Unit FBC
Progress WMH infrastructure
SOC/OBCs in support of Abergele, WMH, Llandudno and YG
Central medical records completion
Laundry start on site
Implement Residencies
Progress ICF schemes

2021/22

Primary care project pipeline
Year 3 wellbeing hubs
North Denbighshire progress works on site
Vale of Clwyd OBC
Year 3 orthopaedic capital programme
HASU FBC
Ablett Unit start on site
Year 2 WMH infrastructure
OBC/FBCs in support of Abergele, WMH, Llandudno and YG

Summary Plan and Enablers – Estates

Actions	Milestones 2019/20		Measures	Lead	Outcome
Primary Care Project Pipeline	Q4	Prepare business case in support of Primary Care Project Pipeline	Supporting primary care sustainability and care closer to home	Executive Director of Planning and Performance	I receive the right care and support as locally as possible and I contribute to making that care successful
Well-being Hubs	Q4	Complete year One Well-being Hubs	Promoting self care, self management and prudent healthcare		
North Denbighshire	Q4	Completion of the full business case for the North Denbighshire Hospital	Supporting primary care sustainability and care closer to home		
Ruthin Hospital	Q4	Completion of the full business case for Ruthin Hospital	Supporting primary care sustainability and care closer to home		
Vale of Clwyd	Q4	Review Vale of Clwyd Health and Well-being Hub	Supporting primary care sustainability and care closer to home		
Orthopaedic Services	Q4	Completion of the Orthopaedic services capital business case	Developing sustainable model of care and delivery of RTT		
Ablett Mental Health Unit	Q4	Completion of the Ablett Unit outline business case	Improved patient safety and quality of care		
Wrexham Maelor Infrastructure	Q1	Completion of the Wrexham infrastructure programme business case	Ensuring service continuity and standards of service		
Hospital Redevelopments	Q4	Review Abergele Hospital	Developing compliant and sustainable facilities and supporting new models of care		
		Progress development plans for Wrexham Maelor			
		Progress development plans for Llandudno Hospital			
Central Medical Records	Q4	Completion of the business case for Central Medical Records	To ensure resilient and timely access to support clinical services		
Laundry Services	Q4	Completion of the Laundry services business case	Reduce risk, infection prevention and improved value for money services		
Residencies	Q4	Completion of the business case for Residencies	Provide quality accommodation in support of staff recruitment and retention		
Integrated Care Fund (ICF) Schemes	Q4	Progression of Integrated Care Fund schemes	Supporting care closer to home through integrated care with partners		
Statutory Compliance / Estate Maintenance	Q4	Completion of all statutory compliance and estate maintenance works	Mitigate risks in the health board meeting statutory compliance		

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Digital Health (Informatics and Information)

Our priorities for 2019/22 are set out below and consistent with our five-year digital strategy for 2019/24, which is to implement technology to maintain and improve our existing infrastructure and systems whilst supporting patient care, service transformation and growing our capacity and capability.

This strategy has been developed to underpin service needs and support the delivery of a number of developments in digital records, analytics, information management and information communications technology. Our plans and proposed developments are based on *Informed health and care - A digital health and social care strategy for Wales*.

OUR VISION



FOR PATIENTS

Instant access to information to keep them healthy; where they are on waiting lists details of appointments (and the ability to change them); visibility of results; and other correspondence.



FOR HEALTH CARE PROFESSIONALS

Fast, modern computers; up to date office automation software, instant messaging, and telephony; and the ability to work anywhere. Our health professionals will have access to an electronic patient record wherever they are. Our optimised systems will support the clinical work, rather than create admin overheads and will be available to partner professional groups, GPs and social services.



FOR MANAGERS & STAFF

Instant access to information on the state of the whole health system e.g. waiting lists; booking of patients; progress to targets; service intelligence; and operational information highlighting day to day running.

Our approach and pace to deliver the vision considers resource availability, the national and legislative context that influences priorities, direction and pace of delivery and our previously published “guiding principles” ⁽¹⁾. The need to “get the basics right” and maintain our focus on the delivery of this plan is essential.

Three Year Ambition - Key Deliverables for Digital Health 2019/22

2019/20

Phase three of **Welsh Patient Administration Project (PAS)** starts. It will replace the Commercial PAS system in the West and standardise processes relating to this system in other sites

Completion of pilot studies to learn lessons to inform wider installation and utilisation of the **Welsh Community Care Information System**

Reconstitute the **Welsh Emergency Department System** upgrading the Emergency Department System in the East (phase one) and extending instances to Central and West (phase two and three)

Phase two of a local Digital Health Record which will strengthen our investment and approach to the delivery of an **electronic patient record**

Completion of a business case for the **storage of Health Records in Central**

Transition program to review the management arrangements for ensuring **good record keeping across all patient record types**.

Delivery of information content to **support flow / efficiency**

Rolling programmes of work to **maintain / improve the digital infrastructure** e.g. migration of telephone infrastructure from an end of life solution to one which is fully supported and capable of underpinning service change e.g. single call centre

Provision of **infrastructure and access to support care closer to home**

2020/21

Phased Implementation to deliver the Welsh Community Care Information System

Outcomes in real time driven by clinicians which will also support referral to treatment time measurements

Rolling programmes of work to **maintain / improve the digital infrastructure** e.g. migration of telephone infrastructure from an end of life solution to one which is fully supported and capable of underpinning service change e.g. single call centre

Reduction in transactional overheads via the wider deployment of solutions such as Single Sign on

2021/22

Phase 4 of the Welsh Patient Administration System ends resulting in a **Single Patient Administration System**

Phased Implementation to deliver the Welsh Community Care Information System

Single instance of the **Welsh Emergency Department System (phase 4)**

Rolling programmes of work to **maintain / improve the digital infrastructure** e.g. migration of telephone infrastructure from an end of life solution to one which is fully supported and capable of underpinning service change e.g. single call centre

Summary Plan and Enablers – Digital Health

Actions	Milestones 2019/20		Measures	Lead	Outcome
Phase three of Welsh Patient Administration Project (PAS) starts. It will replace the Commercial PAS system in the West and standardise processes relating to this system in other sites	Q1	Project Start: - Formal Commitment from NWIS required Data Migration Activities to commence. Engage data migration supplier. Begin ways of working and standardisation	Contribute to improved patient administration, flow through hospital and data quality	Executive Medical Director	I have timely access to services based on clinical need & am actively involved in decisions about my care
	Q2	Project Design: - Programme Board approval of standardisation plans. Start Data Migration.			
	Q4	Continuation of Data Migration			
	Q4	Continuation of Data Migration, readiness for testing and training			
Completion of pilot studies to learn lessons to inform wider installation and utilisation of the Welsh Community Care Information System	Q1	Project Implementation - Pilot studies in the West	Support care closer to home		
	Q2	Project Close - Formal review of pilot phases and completion of lessons learnt reports			
	Q3	Project Design - Design future phases of roll out based upon lessons learnt, product suitability, and Programme Board Approval			
	Q4	Design and Implementation activities to be agreed.			
Reconstitute the Welsh Emergency Department System upgrading the Emergency Department System in the East (phase 1) and extending instances to Central and West (phase 2 and 3)	Q2	Project Start: - Review Project to date. Create Governance structure for programme. Revisit business case and revise all plans e.g. PID etc. Gain approval of plans	Contribute to improved patient administration and flow through ED		
	Q4	Project Design and Implementation activities to be agreed from QTR1 & QTR2 activities, and aligned to National plans and resources.			
Phase 2 of a local Digital Health Record which will strengthen our investment and approach to the delivery of an electronic patient record	Q2	Development and approval of a business case for the digital health record the Board	Improved patient care, quality and safety		To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
Support the identification of storage solution for Central Library	Q2	Specify the storage and logistics requirements for long-term storage of acute patient records in Central Support the Hospital Management Team, Planning and Estates department to identify and appropriate solution.	To ensure resilient and timely access to support clinical services		
Transition program to review the management arrangements for ensuring good record keeping across all patient record types	Q4	Appointment of health records roles to baseline and scope the transition programme and secure project support to complete actions from various review recommendations	To ensure resilient and timely access to support clinical services		
Delivery of information content to	Q1	Implement phase 1 of in house patient status board	Contribute to improved patient		

support flow/efficiency	Q2	Review phase 1 and develop case for further rollout at each site	administration, flow through hospital and data quality		
	Q4	Increase operational use of BI technology in clinical areas			
Rolling programmes of work to maintain / improve the digital infrastructure e.g. migration of telephone infrastructure from an end of life solution to one which is fully supported and capable of underpinning service change e.g. single call centre	Q4	Deliver Capital Programme for 2019 2020 as defined within plans	Ensuring service continuity and standards of service		
Provision of infrastructure and access to support care closer to home	Q4	A phased and targeted expansion of Skype for business Work will continue on the roll out of GovRoam across public sector sites in North Wales. Device testing for WCCIS is also planned pending delivery of a mobile Application from NWIS.	Improved patient access to services, empowering patients self care and self management, delivering more care closer to home, optimising community team capacity and ways of working across the health economy.		
Support Eye Care Transformation	Q4	Informatics will employ a business analyst (BAND 5) to support the National Eye Care project. Qtr3 suggested start. Employment activities required which will start in QTR1.	Delivery of new model of care and enhanced services provided by local optometrists. Delivery of sustainable services and improved patient experience and outcomes Contribute to delivery of RTT.		
Implement Tracker 7 cancer module in Central and East.	Q2	Enhancements to the National Patient Administration System which are planned for QTR2/QTR3 will partly support the management of patients along a Single Cancer Pathway (via functionality referred to as Tracker 7).	Contribute to improved patient and administration, flow through hospital and data quality in support of single cancer pathway standard		

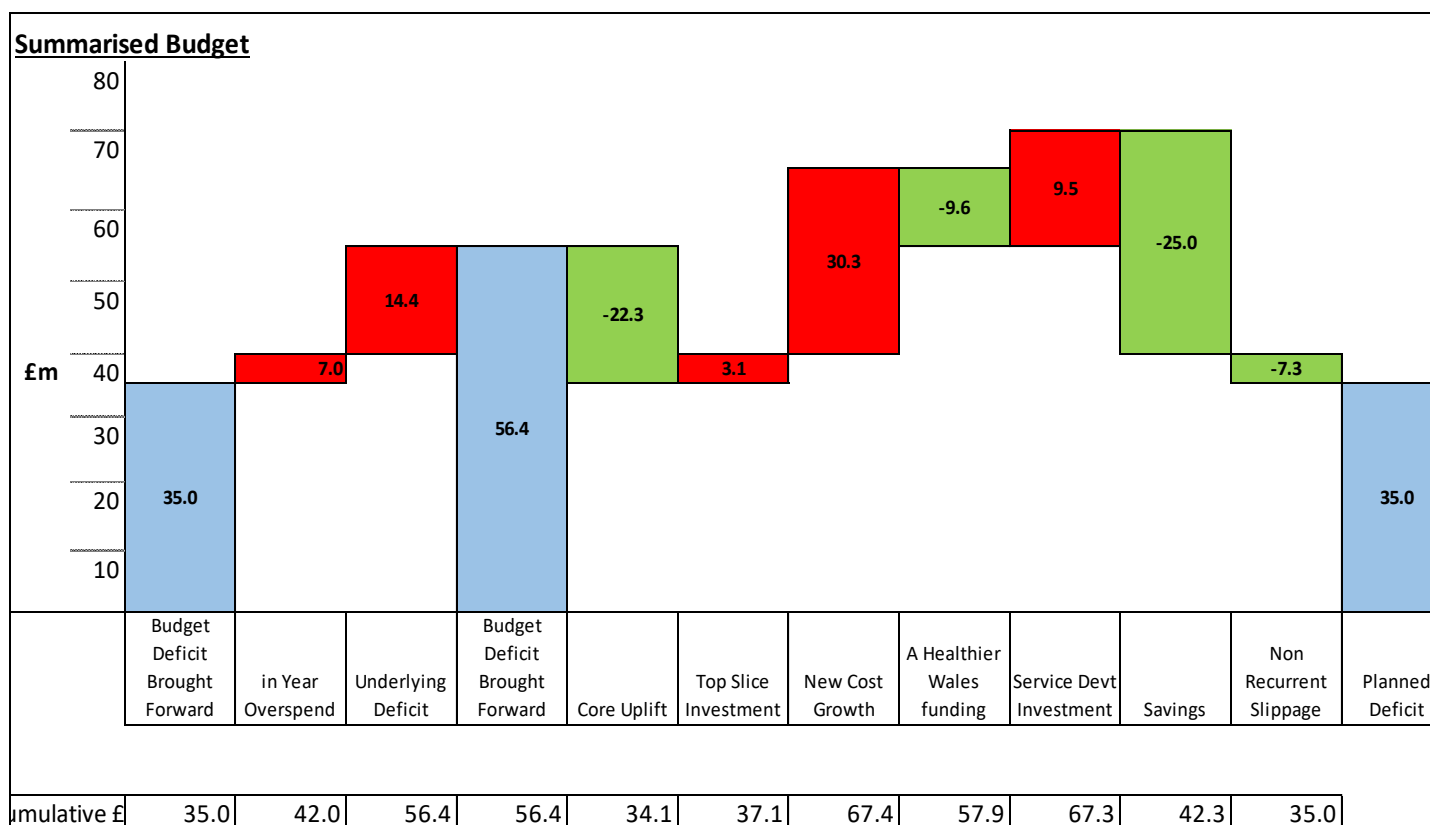
Workforce	Finance
<ul style="list-style-type: none"> Employment of Business Analyst at Band 5 to support the National Eye Care project. 	<ul style="list-style-type: none"> Funding approved for Welsh Community Care Information System - £350,000
Capital	Digital
<ul style="list-style-type: none"> Capital programme as per plan above 	<ul style="list-style-type: none"> See plan details above



FINANCE

Financial Plan Overview

The 2019/20 Financial Plan is shown below in summary as a waterfall diagram.



The Financial Plan has been produced to take account of the organisation's delivery confidence and progress in developing savings plans.

The Health Board did not achieve the Deficit Reduction Programme in 2018/19 and is forecast to end the year with an underlying deficit of £56.4m compared to the planned position of £35m. Based on known service inefficiencies when compared with peer groups across Wales and based upon the Health Boards strategy of promoting health and well-being and care closer to home this underlying position can be analysed by service and cost drive.

	£m
Nurse Staffing	19.78
Medical Staffing	12.28
Theatres and Prosthetics	6.94
Drugs & Pharmacy	6.82
Ward Costs	4.09
Outsourcing	2.39
Diagnostics	1.59
Outpatients	1.25
Critical Care	1.25
Total	56.40

By Service

	£m
Mental Illness & Forensic Psychiatry	11.12
General Surgery	6.44
Obstetrics & Midwifery	5.85
Gynaecology	4.45
Care of the Elderly	3.86
Urology	3.51
Respiratory Medicine	3.16
Elderly Mental Illness	2.57
ENT	2.57
Clinical Oncology	2.34
Gastroenterology	2.34
Trauma & Orthopaedics	1.87
A&E	1.64
Paediatrics	1.52
Community Hospitals	0.82
Dental	0.82
Ophthalmology / Haematology	1.52
Total	56.40

Proposed Savings Targets/Plans

The Health Board has identified significant savings opportunities based upon national benchmarking, national opportunities identified by Wales national Efficiency Board and local information. The current savings targets over the next 3 years are shown in the table below, in addition to these schemes there are a number of wider programmes under development which have been identified through the Executive Management Group. For 2019/2020 while the savings target is £34.5m, only £25m (1.7%) will be cash releasing.

Allocation of Savings by Programme Area

Programme Area	Proposed Savings 2019/2020	Proposed Savings 2020/2021	Proposed Savings 2021/2022
<u>Excellent Hospital Care:</u>	<u>£m</u>		
Planned Care	<i>Part of RTT plan</i>	2.0	2.0
Unscheduled Care:			
Chronic Conditions	0.5	1.0	1.0
	0.5	3.0	3.0
<u>Care Closer to home:</u>			
CRT Benefits	2.0	3.0	3.0
Mental Health	2.0	3.0	3.0
Continuing Healthcare	3.0	5.0	5.0
	7.0	11.0	11.0
<u>Health Improvement and Health Inequalities (HIT)</u>	0.0	0.0	0.0
<u>Enabling Strategies</u>			
Workforce	11.0	6.0	6.0
Medicines Management	4.5	4.0	4.0
Procurement	4.0	3.0	3.0
Corporate Review	0.5		
Estates	1.5	2.0	2.0
	21.5	15.0	15.0
<u>Divisional Targets</u>	6.0	6.0	6.0
Total	35.0	35.0	35.0

The full Financial Plan is attached in appendix one

Section 5 – Supporting Plan

5.1 Research, Development and Innovation

We continue to increase our research and innovation presence across the Health Board with regular awareness sessions in public areas and local and national events, where we promote the value of research and to engage staff with the research and development strategy.

The Bevan Commission works with Health Boards and Trusts to build a hub of innovators ready to drive change in health and healthcare in Wales. We continue to develop our Bevan Exemplars and over the next three years we will identify and support additional Exemplars and Fellows and engage staff further to develop research and innovation ideas and skills within the organisation.

The newly launched BCUHB Quality Improvement Hub will serve to support a synergy between research, quality improvement and innovation, reducing artificial barriers between different strands of work that all has the overarching aim to improve the health and well-being of our population. The translation into practice and mobilisation of research findings needs to be improved further with knowledge mobilisation, spread and impact a key factor within our developing strategies.

5.2 Welsh Language

The Health Board's Welsh Language Plan signals a clear commitment to delivering the Welsh Language Standards and sets out our key priorities and actions:

- *Meeting statutory requirements* – Our Welsh Language Standards Work Programme will ensure that we deliver the Welsh Language (Wales) Measure 2011 on an organisation wide basis with services taking ownership of local actions in order to influence delivery;
- *Increasing the capacity of the workforce to deliver services in Welsh* – Through our Bilingual Skills Strategy we will ensure that we have identified the language skills competency of our staff and kept this under continuous review in keeping with population needs. Gaps in capacity and capability will be highlighted and a Welsh Language Training Programme will be delivered and tailored to suit individual service needs;
- *Ensuring that we act on language preference of our patients* - We will continue to roll out our Language Choice Scheme to ensure we deliver an “Active Offer” which is centred around the communication needs and preference of the service user;

- *Developing a bilingual primary care service* – We will build upon our current partnerships with independent primary care providers by planning how to take a joined-up approach to raise awareness of the importance of providing a Welsh language service and providing access to support implementation; and
- *Ensuring that we provide a comprehensive translation service for the organisation* – We will further develop our translation service to include provision for staff and patients, whilst innovatively working with external organisations to develop Welsh medium assessments and training programmes.

Section 6 – Accountability and Governance



6.1 Accountability Framework

Performance against our plan will be monitored through the Board's accountability arrangements as set out in the Board's revised Performance and Accountability Framework. Quarterly accountability reviews for divisions and corporate directorates will be scheduled in accordance with the revised Framework, with divisional meetings taking place before the biannual joint executive meeting with Welsh Government.

Escalation arrangements are set out within the Framework for areas of non-delivery, resulting in more frequent reviews and transparent consequences of escalation being identified.

The Executive Team meeting will receive and lead on operational actions required for improvement.

Committees of the Board will scrutinise performance against domains applicable to their terms of reference at each meeting and the Board will receive the key performance indicators aligned to this Plan, the national delivery framework and special measures improvement framework at its bimonthly meetings.

Quarterly reporting of progress against the overall plan will be scrutinised through the Finance and Performance Committee and subsequently reported to the Board.

Through these arrangements, there will be regular detailed reporting of performance and delivery, which is transparent and conducted through the Board and Committee meetings held in public.

Corporate Governance

Work will continue to strengthen and refine our governance systems, to support improvement in the financial and operational challenges faced. This will include accountability arrangements, revisions to Executive portfolios and developing the capacity of the senior leadership team. Underpinning this will be ongoing work to ensure that the cornerstones of good governance continue to be reinforced as necessary, such as

maintaining up to date Standing Orders (SOs) in line with the national model SOs, enhancing the management of organisation-wide policies, and ensuring the effectiveness of the committee structure.

The Special Measures Improvement Framework (SMIF) will inform the focus of the Health Board in 2019, and in future years we will build on the actions already underway. Board development will be ongoing through a combination of Board workshops, externally facilitated development sessions and expert seminars.

Information governance activities will focus on compliance with legislation, increasing levels of training and learning from incidents. This will include the continuation of an information governance service desk to support staff.

Embedding risk management processes will continue in line with our risk management strategy, which will be refreshed annually. Opportunities to further integrate risk management systems and processes will be considered to improve the effectiveness of the current governance and reporting arrangements across all areas of the Health Board.

Section 7– Risks and Mitigation

We place safety and quality as our top priority. Managing risk is core to improving and maintaining quality and safety.

We will seek out and reduce risks that are a threat to the delivery of safe and effective services and put in place actions that can address the likelihood and impact of each risk to manage it at an acceptable level.

Effective risk management is maintained through our Directorates, Divisions, Sites, Services and Departments in accordance with our risk management strategy.

Corporate Risk Reference	Description of Risk	How the 2019/22 Plan mitigates the risk
CRR01	Population Health There is a risk that the Health Board fails to deliver improvements in population health in North Wales.	Improving population health is a key priority within our plan. Population health intelligence is updated on a continuing basis. The needs assessment of our population led by Public Health has informed planning work with our partners.
CRR02	Infection Prevention & Control There is a risk that patients will suffer due to healthcare associated infection.	Infection prevention and control is a key priority within Quality Improvement section 4. BCU Infection Prevention Sub-group scrutinise objectives as part of the regular cycle of business reporting to the Quality and Safety Group.
CRR03	Continuing Health Care There is a risk that the CHC framework and process will not be fully adhered to.	Our plan identifies improvements in the management of CHC including developments to secure high quality and cost effective care for our patients.
CRR05	Learning from Patient Experiences There is a risk that the Health Board does not listen and learn from patient experience due to the untimely management and investigation of concerns.	Corporate concerns teams are embedded within operational structures. Concerns management priorities form a key element of the Quality Improvement section 4.
CRR06	Financial Stability There is a risk that the Health Board will fail to achieve the deficit advised to Welsh Government.	The financial section refers to the actions the Health Board is taking to reduce the financial deficit of the health Board alongside the key savings plans in place to deliver this.

CRR07	Capital Systems There is a risk that the Board fails to appropriately manage capital expenditure due to failures in implementing appropriate controls and governance systems.	The Estates Strategy in section 4 details the capital programme for the next three years supported by governance systems to manage and monitor implementation of the programme
CRR09	Primary Care Sustainability There is a risk that the Health Board may be unable to meet its statutory responsibilities to provide a primary care service to the population of North Wales.	Section 3.2, Care Closer to Home section identifies the priorities and work to support primary care sustainability including for example sustainability teams and the development of an integrated Primary and Community Care Academy.
CRR10	Informatics There is a risk that the Informatics infrastructure is not fit for purpose.	Our Informatics Programme for 2019/22 is set out within digital health section 4 and identifies key priorities for infrastructure improvement.
CRR11a	Unscheduled Care Access There is a risk that systematic harm may be caused to patients needing access to unscheduled care services due to failures to be able to respond to demand in accordance with expected national targets.	Our Unscheduled Care plan is set out in section 3.3. The multi-agency Unscheduled Care Transformation Board, chaired by the Executive Director of Nursing, closely monitors the actions within the 90 day plans to understand and evaluate the effectiveness of each element and impact on overall performance.
CRR11b	Planned Care Access There is a risk that the Health Board fails to provide access to planned care in accordance with the needs and expectations of its stakeholders.	A detailed Referral to Treatment (RTT) plan for 2019/20 is under development which will underpin the priorities identified within the planned care section 3.3. The RTT capacity plan work has been completed and details per stage within each speciality, the capacity required to ensure the year end performance target is met.
CRR12	Estates and Environment There is a risk that the Health Board fails to provide a safe and compliant built environment.	The estates strategy in section 4 aims to deliver mitigation and reduce risks around safe and compliant built environment.
CRR13	Mental Health Services There is a risk that patients receive inappropriate care within Mental Health Services due to failings in leadership and governance at all levels within the Division which could result in poor quality outcomes for patients.	The key deliverables for the Mental Health plan are incorporated throughout relevant sections of the Plan. This is further underpinned by the mental health and learning disabilities divisional plan.

CRR14	Staff Engagement There is a risk that the Health Board does not maintain a culture which promotes excellence and engagement of staff in order to transform services.	Staff engagement is a key element of the Workforce and Organisational Development Plan in section 4. Examples of engagement channels include 'Go Engage', 3D Listening Leads, Senior Leadership Development and Staff Surveys.
CRR15	Recruitment and Retention There is a risk that the Health Board will have difficulty recruiting and retaining high quality staff in certain areas.	Section 4 also sets out the Workforce and Organisational Development plan for the next three years to improve recruitment and staff retention.
CRR16	Safeguarding There is a risk that the Health Board does not discharge its statutory and moral duties in respect of Safeguarding.	Safeguarding is incorporated into our Quality Improvement plan in section 4. The Safeguarding Annual Report highlighted significant activities and engagement, with a detailed action plan to reduce risk and improve governance and accountability arrangements.
CRR17	Development of Integrated Medium Term Plan There is a risk that the Health Board cannot deliver safe and sustainable services to the population of North Wales which may be because there is not an agreed plan for the next three years.	The three year plan for 2019/22 has been developed with all operational teams and through engagement and joint working with our partners
CRR18	Brexit – EU Transition Arrangements There is a risk that the Health Board will fail to maintain a safe and effective healthcare service.	A Health Board task and finish group has been established with the initial scoping of potential risks and issues completed. Business Continuity Plans will be reviewed to ensure they are fit for purpose and proposals will be developed for a response in the event of a no-deal or hard deal withdrawal.

Section 8 – Further Information

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Appendix One – Finance Plan 2019/20

1 Executive Summary

1.1 Key Messages

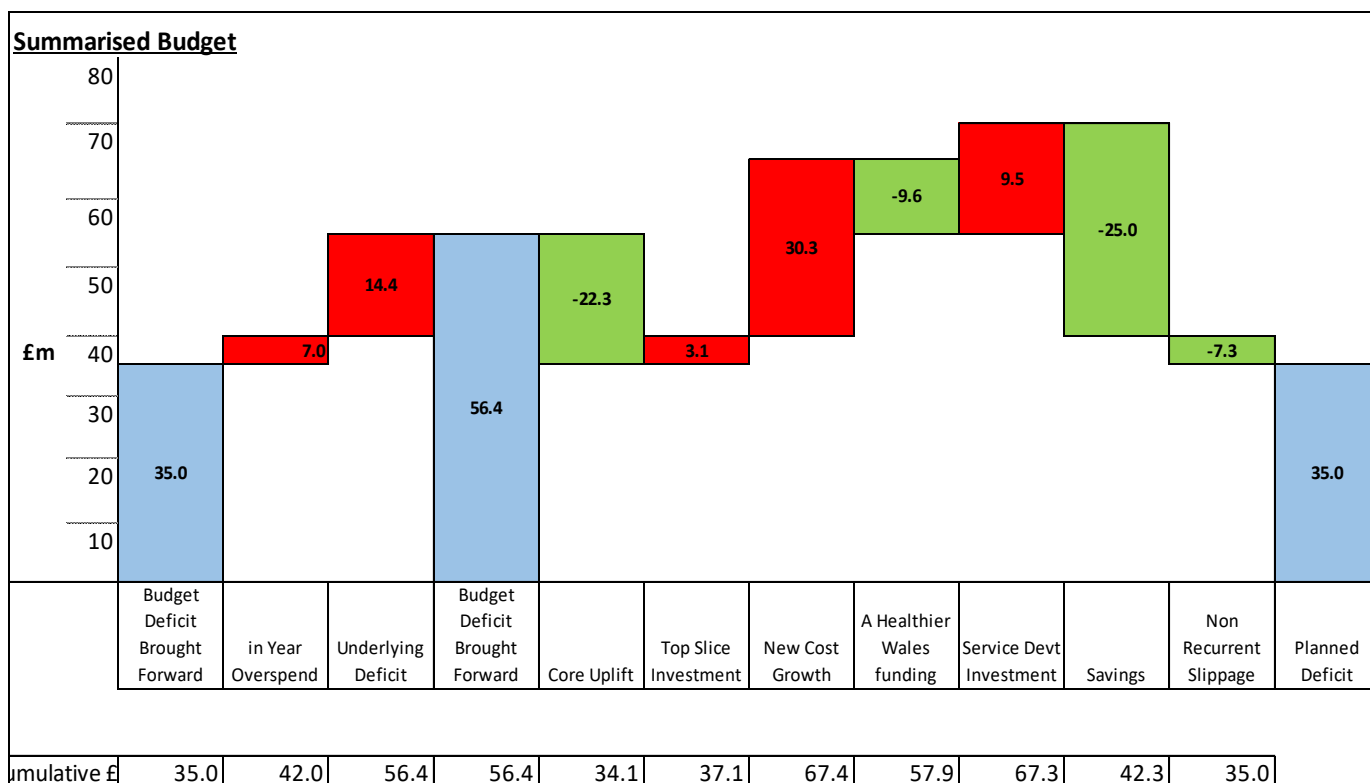
The draft plan for 2019/20 delivers a £35m deficit (2018/19 £42m forecast deficit; £35m planned deficit).

This is based on the assessment of the Underlying Recurrent deficit as £56.4m (2018/19 £49m) which is then updated for 2019/20 adjustments and cash releasing savings of £25m (2018/19 £22m).

Table 1 – Financial Gap Assessment

Financial Gap Assessment	2019/20 Plans £m		
	Recurrent	Non Recurrent	Total
Budget Deficit Brought Forward	35.00	0.00	35.00
Non Delivery of Savings	7.04		7.04
Underlying Deficit Assessment	14.36	-5.40	8.96
	21.40	-5.40	16.00
Underlying Deficit Carried Forward	56.40	-5.40	51.00
Cash Releasing Savings	-25.00		-25.00
	31.40	-5.40	26.00
Core Uplift	-22.32		-22.32
A Healthier Wales funding	-9.57		-9.57
New Cost Growth	30.29		30.29
Service Development Investments (Core Uplift)	9.45	-1.92	7.53
Top Slice	3.07		3.07
Forecast Deficit 2019/20	42.32	-7.32	35.00

The current proposed budget for 2019/20 is shown in Section 3 and is summarised in a waterfall chart below.



This demonstrates how the Health Board moves from an original 2018/2019 Financial Plan of £35m deficit to the current forecast outturn for 2018/19 of £42m, and following Welsh Government allocations; assessment of cost pressures; financial pre-commitments and new investments; cash releasing savings it leads to a brought forward underlying recurring deficit of £56.4m, and a planned budget deficit of £35m for 2019/20.

This budget is presented as the recommended budget. This is dependent on the Board's appetite and confidence in delivering transformational change over the medium term; and an assessment of the assurance in delivery of £25m of cash releasing savings in the shorter term.

In summary the proposed budget is a £35m deficit budget after delivery of £25m of cash releasing savings.

The Board should note that at the current time this budget, while making a contribution to improving waiting times, does not secure delivery of performance targets including RTT.

1.2 Report Summary

Section 2 provides the background on the regulatory, governance, financial and organisational context in which the Health Board operates. Understanding the Health Board's context is critical to understanding the resources available; the financial commitments; and the ability of the Health Board to deliver savings and manage its finances.

Section 3 includes the proposed draft budget for 2019/20, pending agreement from the Board. As a deficit budget is being recommended, Welsh Government will be informed of this in advance of the Health Board meeting on 28 March 2019. It also provides the Board with assurance over the Health Board's approach to delivering savings. The section also includes our anticipated capital allocation and plans and an analysis of our cash pressures in 2019/20.

Section 4, reviews the key risks which are considered as potential areas of concern, and which could affect the Health Board's ability to deliver against its plan.

Section 5 outlines the Health Board's ring-fenced budgets, detailing the two most significant: Mental Health and General Medical Services. Expenditure on Mental Health related services far exceed the ring-fence calculation.

Section 6 details the proposed Health Board and Divisional budgets for 2019/20.

The report concludes with Section 7, in particular this section provides the Board with an assessment of the key governance and assurance issues arising as a result of preparing the financial plan; and the implications for the Board in approving a deficit budget.

The recommendations which follow in Section 8 clarify the decisions which the Board will need to consider and take at its meeting.

1.3 Governance and Assurance

Given the Health Board's position of operating under the Special Measures Improvement Framework; and the recommendation of a deficit budget, a detailed understanding of the Health Board's governance and assurance requirements is critical.

Furthermore, despite following the processes expected in setting budgets; such as consulting with budget managers; and identifying risks; the Executive Director of Finance is unable to assure the Board that the requirements of the Health Board's governance framework have been met given that the Health Board is not producing an IMTP and therefore cannot demonstrate how it can balance over the coming three year period.

As the Health Board is not empowered to approve expenditure in excess of the resources allocated to it by Welsh Government, by its nature, Board approval will be “novel or contentious”. As such, the Chief Executive will formally write to notify the Chief Executive of NHS Wales as required in the Accountable Officer’s Memorandum.

1.4 Conclusions

Over the period of this budget, and the coming three-year financial period, the Health Board will embrace a more transformational approach in its strategic and operational planning and delivery. Further, in light of the experiences and lessons of 2018/2019 the Health Board will ensure the foundations have been put in place in 2018/2019 to ensure the 2019/2020 financial plan, specifically savings plans, are delivered against.

This report sets out the resources delegated to the Health Board by Welsh Government, and based upon the current service configuration, the anticipated commitments against these resources alongside the expected savings which will be delivered over the year.

2 Regulatory and Governance

As part of this, financial discipline is an essential part of the organisation’s governance and control framework, and as such setting a budget for the financial year is critical.

The Health Board’s Standing Orders require that the Health Board approve the budget and the financial framework, together included within this report.

A budget must be approved in advance of the start of a financial year.

The Board should be mindful of the 2017 Deloitte Review of Financial Governance arrangements at the Health Board, which concluded:

The ongoing deterioration in the financial position of the Health Board is fundamentally due to it not fully embracing the service transformation agenda in recent years. We believe that tackling this agenda effectively is imperative if the HB is to remain financially sustainable.

The NHS Finance (Wales) Act 2014 came into effect on 1 April 2014 giving additional resource flexibilities to Health Boards to balance their income and expenditure over a three-year rolling period from 2014/15. The Act also required Health Boards to prepare a rolling three-year IMTP, approved by the Cabinet Secretary.

The Executive Director of Finance, on behalf of the Chief Executive, is required under the Standing Financial Instructions to prepare and submit budgets for approval and delegation by the Board. The budget is required to:

- Be in accordance with the aims and objectives set out in the Integrated Medium Term Plan and Medium Term Financial Plan, and focussed on delivery of safe quality patient centred services;
- Accord with Commissioning, Activity, Service, Quality, Performance, Capital and Workforce plans;
- Be produced following discussion with appropriate budget managers;
- Be prepared within the limits of available funds;
- Take account of ring-fenced or specified funding allocations;
- Take account of the principles of sustainable development; and
- Identify potential risks.

Given the Health Board will, in agreement with Welsh Government, not produce an Integrated Medium Term Plan, the requirements for the Executive Director of Finance to assure the Board that the Interim Financial Plan is in accordance with the Integrated Medium Term Plan and Medium Term Financial Plan is not applicable. The requirement to provide assurance that the Financial Plan accords with Commissioning, Activity, Service, Quality, Performance, and Workforce Plans over a three year period is also not applicable.

Further, by recommending a Financial Plan which includes a deficit budget for the year and the cumulative three-year period ending 31 March 2020, the Executive Director of Finance cannot assure the Board that the plan has been prepared within the limits of available funds or takes account of the principles of sustainable development as such a deficit will need to be repaid in the longer term.

However, the Executive Director of Finance can assure the Board that the Interim Financial Plan has been prepared following discussion with appropriate budget managers; takes account of ring-fenced or specified funding allocations; and identifies potential risks. Further, assurance can be given that the Health Board will continue to look at every opportunity to reduce expenditure and close the financial gap wherever possible.

3 2019/20 Draft Interim Financial Plan

3.1 Income Assumptions

Following receipt of Welsh Government Health Board revenue allocations for 2019/20, the table below sets out the level of allocation growth available to meet new inflationary and cost growth pressures in 2019/20:

Table 2 – 2019/20 Allocation

	HCHS and Prescribing Revenue Allocation £m	GMS Contract £m	Community Pharmacy Contract £m	Dental Contract £m	Total Revenue Resource Limit 2019-20 £m
Opening Baseline	1,211.20	127.78	33.47	26.24	1,398.69
<u>2019/20 Top Slice Adjustments</u>	-3.07				-3.07
<u>2019/20 Recurrent Adjustments</u>					
Primary care development fund adjustment	0.02				0.02
Agenda for Change funding	20.98				20.98
DDRB funding	1.92				1.92
Core uplift for 19-20 - includes 1% for pay	19.56				19.56
A Healthier Wales funding	9.57	1.06			10.63
	52.04	1.06	0.00	0.00	53.10
<u>Ring Fenced Allocations - Adjustments</u>					
Mental Health Services					
Balance of £20m 2018/19	1.49				1.49
Psychological Therapies	0.85				0.85
Pay & prices uplift	2.76				2.76
Integrated Care Fund (ICF)	6.72				6.72
Paramedic banding	0.33				0.33
Genomics for Precision Medicine Strategy	0.80				0.80
	12.95	0.00	0.00	0.00	12.95
<u>Directed Expenditure - Adjustments</u>					
DAN 24/7 helpline	0.15				
	0.15	0.00	0.00	0.00	0.15
Revenue Resource Limit	1,273.27	128.85	33.47	26.24	1,461.83

Whilst the Health Board has been allocated additional funding of £63.14 million for 2019/20, the funding for ring fence budgets and the pay award totals £31.25 million which are subject to separate local or national negotiations either through joint commissioning with Local Authorities or part of national pay negotiations.

This means the additional funding available for core services including new investments is £31.89 million. This is made up as follows:

- Core Uplift of £22.32 million, consisting of:
 - Core uplift £19.56 million – represents 2% to support in year cost pressures including those brought forward from 2018/19 and 1% for the 2019/20 pay award

- Core uplift for MH £2.76 million – to include pay & prices uplift
- Additional 1% allocation uplift of £9.57 million to support financial sustainability and to support the implementation of “A Healthier Wales.”

3.2 Top Slice Adjustments

The 2019-20 allocation letter includes a number of top slices to fund specific developments, some of which started in 2018/19; with funding being transferred to ring-fenced allocations, or held centrally to fund national developments. See Table 3:

Table 3 – Top – Slice Adjustments

WG Topsliced investments	£m
Paramedic Banding	0.33
Non-medical education	1.55
Additional Postgraduate medical education	0.18
111 rollout	0.41
Genomics strategy	0.60
Total	3.07

The impact of this is that it reduces the £63.14m additional funding available to the Health Board by £3.07m, although the Health Board should receive benefits from these investments.

3.3 Underlying Deficit Assessment

The HB had a growing accumulated underlying deficit up to 2017/18 of £49 million, due to the impact of both planned deficits and the non-delivery of savings plans. The reasons for this have been:

- Non delivery of recurrent CIPs as set out in plans (which underpinned recurrent spending decisions);
- Reliance on non-recurring slippage and benefits;
- Operational pressures outside of plan which were not anticipated or managed;
- The growth and delivery of planned care and unscheduled care in excess of the resources available;
- Investments that have added to the underlying deficit.

The Board recognises its responsibility in tackling its accumulated deficit and agreed a deficit reduction programme in March 2018, which was to eliminate the underlying deficit of the Health Board over 4 years; 2018/19 was year one and therefore the

2019/20 plan is year 2 of the remaining 3 years of the strategy. However the Health Board did not achieve the Deficit Reduction Programme in 2018/19 and is forecast to end the year with an underlying deficit of £56.4m compared to the planned position of £35m.

The table below shows the movements from the planned position of £35m at the end of 2018/19 to the revised forecast of £56.4m.

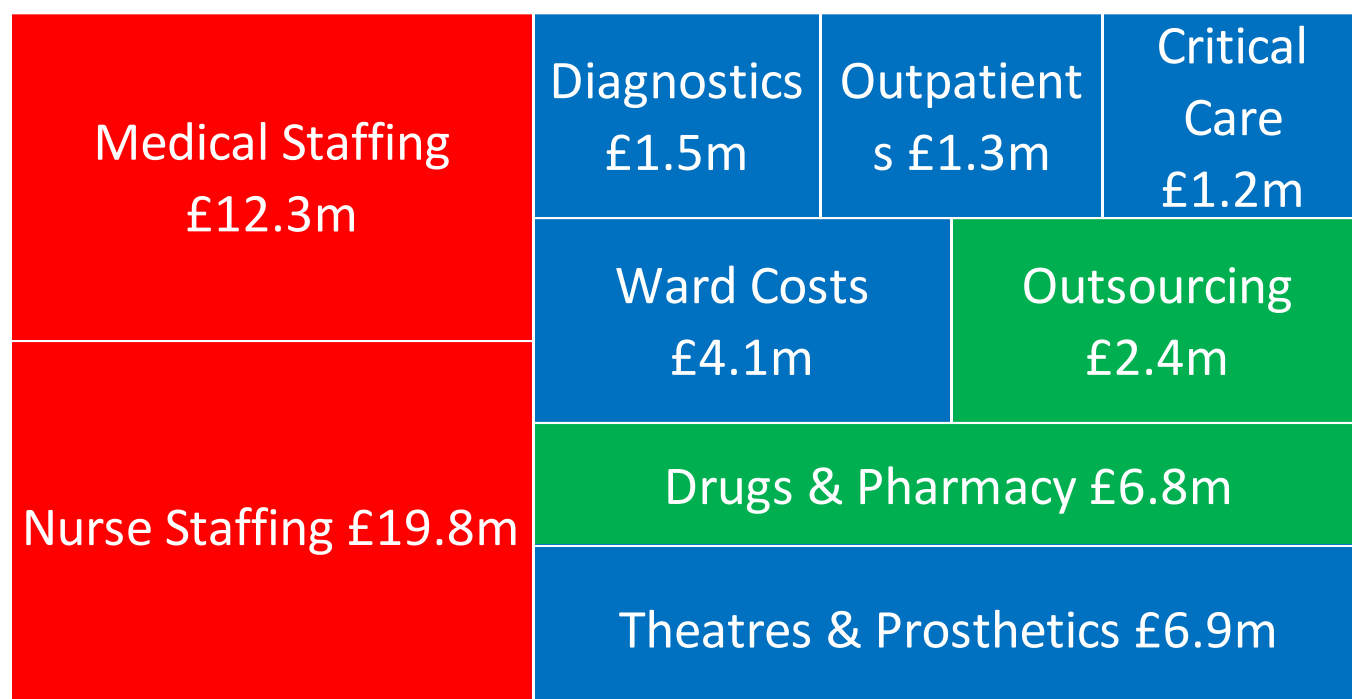
Table 4 - 2019/20 Accumulated Underlying Deficit

	£m	£m
2017/18 Underlying Deficit Brought Forward		49.00
Planned Savings 18/19		-14.00
2018/19 Planned Underlying Deficit		35.00
In Year Non Delivery of Savings		7.04
		42.04
Non Recurrent Income Support		
WHSSC & Contracts	3.41	
Planned / Unplanned Secondary Care Cost Pressures	4.00	
Medicines Management	2.00	
Other	4.95	
		14.36
Total		56.40

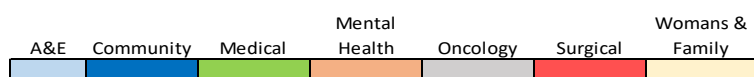
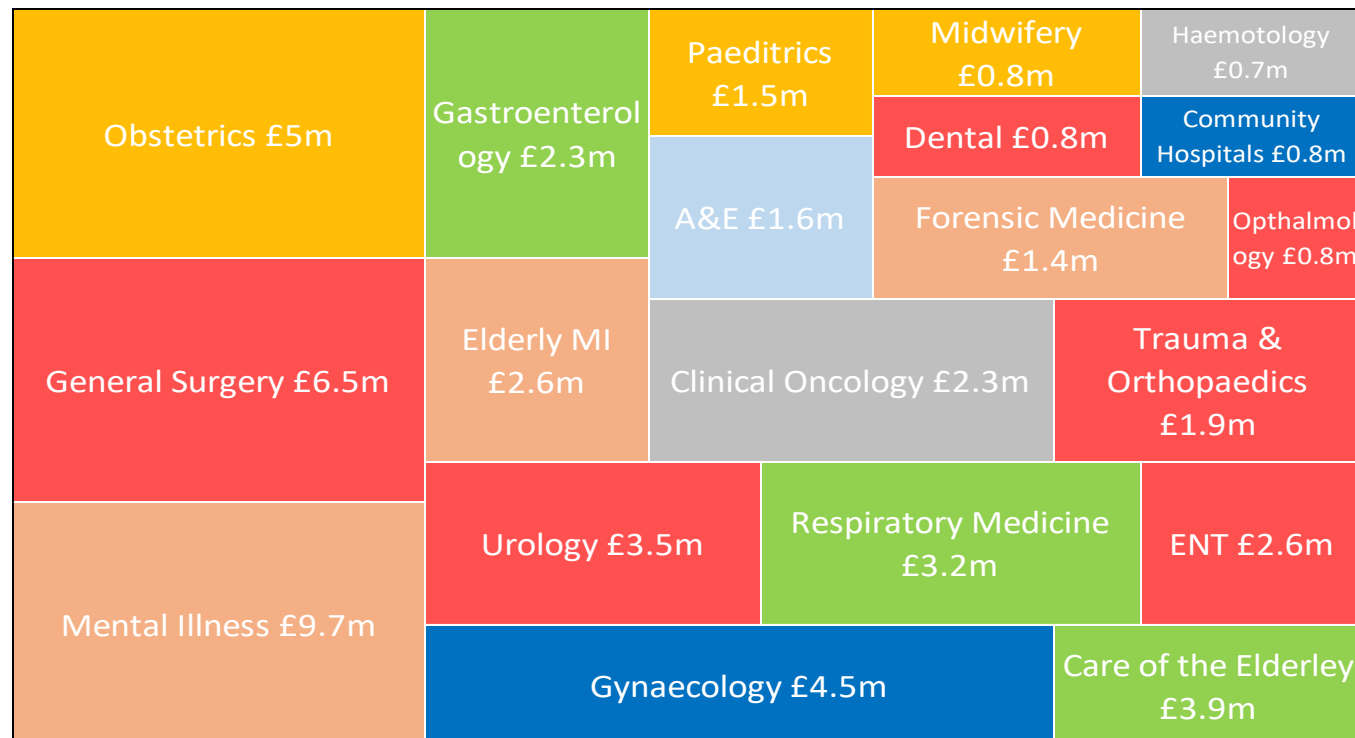
The above assessment of the recurring underlying position does not allow the Board to focus on what is needed to recover the underlying position. Consequently, the position has been reassessed based on known service inefficiencies when compared with peer groups across Wales and based upon the Health Boards strategy of promoting health and well-being and care closer to home, with more health service needs being met outside of hospitals. The following tables provide an assessment by cost driver

Analysis of our Underlying Deficit

Type of spend



By Service



3.4 Cost Pressures

The Health Board has robustly worked through its initial assessment of its inflationary and demand pressures for 2019/20, including any potential mitigating actions and these are set out in the following table.

Table 5 - Assessed Cost Pressures 2019/20

Cost Pressure Assessment (Inflation & Growth)	2019/20	
	Plans £m	% increase on Direct Budget
Pay	10.43	0.9%
Non Pay Inflation	1.31	0.1%
WHSSC - Underlying Deficit & Growth	4.77	0.4%
EASC / WAST	0.88	0.1%
EASC fye of 18/19 funding	0.51	0.0%
English/ Wales 2%	1.21	0.1%
Packages of Care - inflation	3.21	0.3%
NICE &HCDs (Drug Treatment Fund)	4.00	0.3%
GP Prescribing inflation	1.00	0.1%
Drugs : Non-GP Prescribing	2.00	0.2%
Flu Immunisation - Childrens FYE	0.36	0.0%
YGC Rates	0.60	0.0%
Total	30.29	2.5%

The following assumptions should be noted:

- Pay award impacts are fully funded by WG
- There are anticipated increases in employers pensions contributions in 2019/20 that are assumed to be funded by Welsh Government;
- GMS / GDS growth costs are expected to be matched by additional resource allocation;
- Intermediate Care Fund is commissioned jointly with Local Authorities
- The full year effect NICE and high cost drugs has been assumed at £4m;
- No resources have been made available for packages of care or prescribing growth in 2019/20;
- Packages of Care and prescribing are funded for inflation cost pressures;
- EASC, WAST and specialist services commissioning costs are finalised;
- The HB is assuming LTA uplifts of 2% with a further 1% subject to negotiations as to what additionally it delivers;

Further details are provided in Annex A. Excluding YGC rates the cost pressure uplift is 2.45% which is comparable with other HBs. See Table 6 below

Table 6 - Comparison of HB Cost Growth Assumptions

2019/20	Local Resource Planning Assumptions Used as included by LHB/Trust								
	ABM	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Cwm Taf	Hywel Dda	Powys	PHW	Velindre
Total	2.83%	2.52%	2.45%	3.00%	8.03%	4.97%	21.00%	2.34%	14.75%

3.5 Service Development Investments

The development of the draft three-year plan has identified to-date a number of service development investment proposals, which includes pre commitments from 2018/19 schemes and new or expanded service models that will enable the transformation agenda and provide improved value to patients. These have been prioritised by using the HBs Prioritisation Guide which is part of the Business Planning and Commissioning Framework which was developed in 2016 as a practical application of the All Wales Prioritisation Framework.

The Executive Team has taken a view, based on our allocation; service plans and following staff engagement, on the level of proposed new investments. The current assessment is that the value of approved recurring Service Development Cost Pressures in 2019/20 will be £9.45 million (full year effect). See table below.

Table 7 - Service Development Investments

		19/20 total value								
		New Resources Required £m				Source of Funding £m				
		Pre Commitments / Current Spend	New Investment from Core Funding	Potential Improvement Investment Required	Total Additional Investment to Core Budgets	Core Uplift	Trans' Fund	MH Funds	Unidentified /WG	Total
Health Improvement and Health Inequalities	Smoking Cessation Practitioners		0.05		0.05	0.05				0.05
	Food-wise in Pregnancy		0.02		0.02	0.02				0.02
	Nursing Support to S136 Suite		0.30		0.30			0.30		0.30
	Changes to CAMHS Psychiatry Out of Hours Provision		0.14		0.14			0.14		0.14
	Infant Feeding Co-ordinator, 1.5 WTE (Band 7)		0.06		0.06	0.06				0.06
	Implement Gender Service			0.06	0.06				0.06	0.06
	Business Case Health improvement (EMG 6 Feb)			1.70	1.70				1.70	1.70
	Immunisation		0.06		0.06	0.06				0.06
	Bobath Children's Therapy service	0.05			0.05	0.05				0.05
	Health Improvement and Health Inequalities	0.05	0.63	1.76	2.44	0.24	0.00	0.44	1.76	2.44
Care Closer to Home	Exec Nurse Consultant Dementia Post	0.09			0.09	0.09				0.09
	Learning Needs & Educational Tribunal post (pye)		0.65		0.65				0.65	0.65
	Care Closer to Home		3.70		3.70		3.70			3.70
	Primary Care Optometry	0.07			0.07	0.07				0.07
	Ophthalmology Business Case			tbc	0.00					0.00
	SICAT / 111 / GP Out of Hours			tbc	0.00					0.00
	Minor Injuries East Area Business Case			tbc	0.00					0.00
	Broadcare Software licences and support	0.06			0.06	0.06				0.06
	Care Closer to Home	0.22	4.35	0.00	4.57	0.22	3.70	0.00	0.65	4.57
	Planned Care:									
Excellent Hospital Services	Additional Bed Capacity at YGC	1.50			1.50	1.50				1.50
	Robot Surgery		0.50		0.50				0.50	0.50
	Orthopaedic Network Manager	0.18			0.18	0.18				0.18
	3rd Tier for Critical Care - YGC	0.45			0.45	0.45				0.45
	3rd tier anaesthetics rota - YG	0.25			0.25	0.25				0.25
	RTT -incl 8 weeks Diagnostics and Cancer		2.00	tbc	2.00	2.00			tbc	2.00
	LINC Business Case	0.17			0.17	0.17				0.17
	CIAG Schemes		0.65		0.65	0.65				0.65
	MP MRI Urology			0.20	0.20				0.20	0.20
	Orthopaedic Business Case			tbc	0.00					0.00
	Stroke Service			tbc	0.00					0.00
	Excellent Hospital Services - Planned Care	2.54	3.15	0.20	5.89	5.19	0.00	0.00	0.70	5.89
	Unscheduled Care:									
	Additional Capacity Unscheduled Care East Locality	1.50			1.50	1.50				1.50
	90 Day Plan			tbc	0.00					0.00
	Acute Medical Model			tbc	0.00					0.00
	acute paediatric service - 2 posts at 14 sessions	0.18			0.18	0.18				0.18
	Thrombectomy Pathway available 23/7		0.28		0.28	0.28				0.28
	WAST & EASC 1% Uplift		0.49		0.49	0.49				0.49
	Excellent Hospital Services - Unscheduled Care	1.68	0.77	0.00	2.45	2.45	0.00	0.00	0.00	2.45
	Excellent Hospital Services	4.22	3.92	0.20	8.34	7.64	0.00	0.00	0.70	8.34
Enabling Strategies	Improving Quality and Outcomes									
	Motor Neuron Disease Care Coordinator Service	0.06			0.06	0.06				0.06
	Development Improvement Capacity / Capability		0.20		0.20					0.20
	Pump Priming Improvement / Transformation Schemes			0.50	0.50				0.50	0.50
	Statutory Compliance incl H&S		0.50		0.50	0.50				0.50
	Patient Advisory Support Service	0.22			0.22	0.22				0.22
	Improving Quality and Outcomes	0.28	0.70	0.50	1.48	0.98	0.00	0.00	0.50	1.48
	Digital / Workforce & Estates	0.38	0.00	0.25	0.63	0.38	0.00	0.00	0.25	0.63
Total		5.14	9.60	2.71	17.44	9.45	3.70	0.44	3.86	17.44

Details are provided in Annex B with additional narrative on each of the above proposals.

Any new investments proposed will require a business case to support the resource, which will need to clearly set out how the investment meets the Health Boards priorities, what benefits would result from the investment and how it would enable transformation change. An assessment of the phasing of the investments has identified that there will be £1.92m of non-recurrent slippage on the cost of the new investments in 2019/20.

The ambition for the Health Board is to drive forward, at pace, the transformation agenda. The financial plan assumes funding from the Welsh Government national Transformation Fund for Care Closer to Home, once plans have been sufficiently developed, including schemes with partners, and are able to demonstrate improvements in performance and sustainability, then it is expected this fund will be further accessed as the catalyst for change.

3.6 Referral to Treatment and Activity Demand Pressures

The Health Board received circa. £20m of additional non-recurring performance funding from Welsh Government in 2018/19 to improve waiting times.

The Health Boards ambition continues to be to have a balanced demand and capacity plan where demand is delivered from internal core and outsourced capacity activity, met from its own resources. This balance will not be addressed in the short term and work is ongoing around the activity gaps and thus the consequential financial assessment of the costs to deliver the RTT targets in 2019/20 with current figures suggesting in the region of £20m. The current assessment of activity gaps is summarised in the table below.

Table 8 - current assessment of activity gaps

Can deliver 36 weeks with no additional Support	Could deliver through improved demand management, service change and efficiency	Specialties requiring recurrent investment	Those that won't deliver in 36 even with additional resource
Nephrology	Paediatrics	General Surgery	Trauma and Orthopaedics
Care of the Elderly		Ear, Nose and Throat	Urology
Clinical Haematology		Ophthalmology	
Endocrinology		Oral Surgery	
Therapies		Gastroenterology	
Orthodontics		Gynaecology	
General Medicine		Pain Management	
Rheumatology		Cardiology	
Restorative Dentistry		Dermatology	
		Thoracic Medicine	

At this planning purposes £2m has been factored into the Financial Plan for 2019/20 as a planning assumption to address the non high volume (i.e. excluding Orthopaedics etc.) elements of waiting time delivery, at this stage the utilisation and benefits from this investment has not been determined.

The financial plan does not however include any specific cash releasing targets for increased productivity and efficiency and it is thus recognised that additional productivity and efficiency savings (non cash releasing) will need to be delivered to assist closing the demand/capacity gaps in 2019/20. This is further discussed under the efficiency section later in 3.9.1.

3.7 Savings Targets/Plans

The Health Board has identified significant savings opportunities based upon national benchmarking, national opportunities identified by Wales national Efficiency Board and local information. The current assessment of opportunities, together with the programme workstreams to deliver them is shown in the table below:

Table 9 - Current Assessment of Opportunities

Cost Improvement / Efficiency / Productivity Plans 2019/2020

Programme Area	Programme Workstreams		Benchmarking Opportunities					Proposed Savings 2019/2020	Proposed Savings 2020/2021	Proposed Savings 2021/2022	Executive Leadership	Improvement Group
Excellent Hospital Care:					Low £m	High £m		£m				
Planned Care	Theatres Outpatient improvement Elective L.O.S. Clinical Variation		* Theatres * Inpatients Planned Care * Inpatients to Emergency Care * Outpatients		10.5 1.2 4.8 7	35.5 2.8 10.7 7	See Note 1	2	2		Medical Director	Planned Hospital Care Planned Hospital Care Planned Hospital Care Planned Hospital Care
Unscheduled Care:	Acute Medical Model NoF Demand Flow Unscheduled Care L.O.S. LA Domiciallry Care packages Proactive discharge planning		* Reduced ALoS of Eergency Admissions * DTOCs * Short Stay Admissions								Director of Nursing	Unscheduled Care Unscheduled Care Unscheduled Care Unscheduled Care Unscheduled Care Unscheduled Care
Chronic Conditions	CCM Management - pathway redesign:	* Diabetes * Rheumatology * Dermatology * Gastro * Sexual Health]	0.0	0.5	0.5	Medical Director	Planned Hospital Care Planned Hospital Care Planned Hospital Care Planned Hospital Care Planned Hospital Care
			Sub Total		23.5	56]	0.0	2.5	2.5		
Care Closer to home:												
Community Resource Team	CRT Benefits Realisation		* Community/ District Nursing * Community Hospitals - Inpatients * Community Hospitals - Outpatients * Community/ Other		0 3.5 0 4.1	0 5.4 0 10.1		2.0	1.0	1.0		Care Closer to Home Care Closer to Home Care Closer to Home Care Closer to Home
Mental Health	Service Rationalisation Repatriation of Care Packages Strategy Implementation		* MHLD		5.1	12.6		2.0	3.0	3.0	Director of Primary & Community Services	Together for MH Together for MH Together for MH
Continuing Healthcare	OPMH Commissioning Model Education and Training Commissioning Strategy and quality Development of Service Models Demand Management / pathways Clinical Variation		* Continuing Health Care * New Care models (Service redesign) * Primary Care Referrals * A&E Non Emergency Attends * Out of Hours * Primary Care/ Other		5.1 2.2 0.7 2.8 0 0	6.7 4.5 5.1 3.9 0 0	3.0	3.0	3.0	2.0	2.0	Care Closer to Home Care Closer to Home Care Closer to Home Care Closer to Home Care Closer to Home
			Sub Total		23.5	48.3		7.0	11.0	11.0		
Health Improvement and Health Inequalities (HIT):												
			* Improving Health		1.6	3.2					Dir of PH	Health Improvement
Enabling Strategies:												
Workforce	Workforce Optimisation workstreams Digital Dictation Agile working (staffing)		* Workforce		19.1	19.1		11.0	6.0	6.0	Director of Workforce * OD	Workforce Enabling Workforce Enabling Workforce Enabling Workforce Enabling
Medicines Management	Medicines savings Programme Strategic review of medicine value		* Medicines Management		17.5	26.2		4.5	4.0	4.0	Dir of Turnaround	Medicines Mgt Delivery Medicines Mgt Delivery
Procurement	In Year Plan Procurement Utilisation Reviews		* Procurement		6	10		4.0	3.0	3.0	Dir of Therapies	Procurement Delivery Procurement Delivery Care Closer to Home Estates Enabling
Contracts	Estate Rationalisation Agile Working (infrastructure)		* Contracting		0.9	2.1		0.5	0.5	0.5		
Estates	Abergele Hospital		* Estates		8	16		1.5	2.0	2.0	Dir of Primary & Community Services	
			Sub Total		51.5	73.4		21.5	15.5	15.5		
Divisional Targets:					25	50		6.0	6.0	6.0	Dir of Finance	
					125.1	230.9		34.5	35.0	35.0		

Note 1 : Efficiency Programme and opportunities identified (See Annex E) to be used to reduce waiting lists in 19/20

These opportunities need to be aligned against service changes contained within any future 3 year plan to move from a transactional approach to savings to a transformational one. This needs to incorporate Value as a key driver to service planning and change but also learning lessons from 2018/19 around the requirement to consider these services changes in terms of areas for disinvestment of services.

Learning lessons from 2018/19 around the need to translate savings plans into effective delivery with the appropriate delivery resource and mechanisms; savings target will be £34.5m of which £25m (1.7%) will be cash releasing.

The approach to setting savings targets is based upon benchmarking data with a detailed review of the key service lines which have been identified as inefficient and represent significant opportunities to reduce costs and change service models. The themes are then split down by divisions based upon savings opportunities within each division, which results in differential Targets across Divisions. Ultimately it is the divisions and localities who are accountable for delivery of the non BCU wide savings. Table 9 shows the three years targets by themed area and Annex C how the 2019/20 target has been allocated against budgets within individual divisions and for the East, West and Centre localities (Hospital and Area Team).

Table 10 – Allocation of 3 Year Saving Targets by Programme Area

Programme Area	Proposed Savings 2019/2020	Proposed Savings 2020/2021	Proposed Savings 2021/2022
<u>Excellent Hospital Care:</u>	<u>£m</u>		
Planned Care	<i>see note 1</i>	2.0	2.0
Unscheduled Care:			
Chronic Conditions	0.0	0.5	0.5
	0.0	2.5	2.5
<u>Care Closer to home:</u>			
CRT Benefits	2.0	3.0	3.0
Mental Health	2.0	3.0	3.0
Continuing Healthcare	3.0	5.0	5.0
	7.0	11.0	11.0
<u>Health Improvement and Health Inequalities (HIT)</u>	0.0	0.0	0.0
<u>Enabling Strategies</u>			
Workforce	11.0	6.0	6.0
Medicines Management	4.5	4.0	4.0
Procurement	4.0	3.0	3.0
Contracts	0.5	0.5	0.5
Estates	1.5	2.0	2.0
	21.5	15.5	15.5
<u>Divisional Targets</u>	6.0	6.0	6.0
Total	34.5	35.0	35.0

Note 1 : Efficiency Programme and opportunities identified (See Annex E) to be used to reduce waiting lists in 19/20

3.8 Savings Delivery

The target issued for cash releasing savings was set at £34.5m per the original deficit reduction programme and as described above was allocated across service areas based upon benchmarking and cost information, which was then converted into divisional budgets.

Although Divisions have been asked for plans for £34.5m, based upon 2018/19 experience, the financial plan it assuming only £25m cash releasing savings will actually be delivered in 2019/20.

The service plans being developed by the programme groups for the next 3 years will need to be at a sufficiently granular level so that service changes can be aligned with the savings opportunities within each service area over the 3 year timespan.

Saving scheme submissions were updated at the end of February and are subject to ongoing scrutiny and challenge through the Programme Management Office. This

process is designed to ensure that proposals are robust, clearly aligned to budgets and specific in terms of when and how savings will be delivered.

The savings schemes received to date are shown below alongside the initial target.

Table 11 – Cash Releasing Savings 2019/20

Cash Releasing Savings 2019/20				
Saving Area		Target Allocated £m	Schemes Received £m	Variance £m
Divisional Budget Mgt (1%)	Pay	4.00	1.15	(2.85)
	Non Pay	2.00	3.83	1.82
Subtotal		6.00	4.97	(1.03)
CHC General	Pay	0.00	0.00	0.00
	Non Pay	3.00	1.93	(1.07)
Mental Health	Pay	0.00	1.37	1.37
	Non Pay	2.00	0.00	(2.00)
Community Services	Pay	2.00	0.34	(1.66)
	Non Pay	0.00	0.01	0.01
Workforce Optimisation	Pay	11.00	3.73	(7.26)
	Non Pay	0.00	0.00	0.00
Medicines Management	Pay	0.00	0.00	0.00
	Non Pay	4.50	4.36	(0.12)
Central Procurement	Pay	0.00	0.00	0.00
	Non Pay	4.00	2.96	(1.04)
Contracts	Pay	0.00	0.00	0.00
	Non Pay	0.50	0.46	-0.04
Estates/Assets	Pay	0.00	0.10	0.10
	Non Pay	1.50	0.85	(0.66)
TOTAL CASH RELEASING	Pay	17.00	6.69	(10.30)
	Non Pay	17.50	14.41	(3.09)
GRAND TOTAL		34.50	21.09	(13.41)

The requirement for Divisions has not been reduced to reflect the financial planning assumption of £25m actual cash delivery as there is a need to ensure that savings delivery is optimised and also to ensure some over-identification of savings to allow for the management of in year delivery risk. As can be seen from the information above savings identified to date amount to £21.1m leaving a shortfall of £4.9m against the £25m required in year and £13.4m against the original requirement.

There has been a variable response across the organisation in terms of meeting the savings targets set. Work is ongoing by the Turnaround Director with Divisions to identify further savings opportunities and to build these into schemes.

The Table below summarises the responses from Divisions and the variances against target –

Table 12 – Divisional Response against Target

Saving Area	Target Allocated £m	Schemes Received £m	Variance £m
West	3.22	2.70	(0.52)
Centre	4.87	1.90	(2.97)
East	4.85	3.51	(1.34)
Area NW	0.32	0.32	0.00
YG	2.90	1.53	(1.37)
YGC	3.76	1.44	(2.32)
YMW	2.60	1.29	(1.31)
NW Provider	2.59	0.74	(1.85)
Womens	1.05	0.99	(0.06)
Mental Health and LD	3.57	2.34	(1.23)
Corporate	4.27	1.43	(2.84)
Contracts	0.50	0.46	(0.04)
Central Procurement	0.00	2.44	2.44
GRAND TOTAL	34.50	21.09	(13.41)

As part of the validation of savings proposals each scheme is currently being risk assessed through the Programme Management Office to ensure that it is robust and has sufficient detail to give assurance as to deliverability. Alongside this, both the quality and equality impacts of proposals are being assessed to ensure that they do not lead to unintended adverse consequences. These assessments will drive further work to ensure that there are no red risk schemes within the savings plan. This reflects the revised Welsh Government risk assessment framework for savings schemes.

In addition to the savings schemes being driven within individual Divisions there are a number of wider programmes under development which have been identified through the Executive Management Group. These include –

- Unscheduled care savings linked to the benefits realised from investing in Community Resource Teams
- Clinical pathway reviews for chronic conditions management
- Commissioning arrangements for CHC
- Corporate support functions; patient contact centres
- Agile working approaches
- Estate rationalisation
- Medicines supply
- Digital dictation and speech recognition
- Repatriation of services – mental health

Some of the above have potential to add to in year savings delivery for 2019/20, however some will take longer to develop and deliver, feeding into subsequent years plans.

Work continues to ensure that the £25m of savings are identified and deliverable within the financial year. This work will be supplemented by the external financial review which will identify further in year savings.

3.8.1 Efficiency Programme

Through the use of the national efficiency framework and other benchmark resources opportunities have been identified to secure efficiency gains within services. These gains will generate additional capacity in the short term which will assist in delivering improved performance in areas such as planned care and unscheduled care.

The approach to development of the efficiency programme is through clinically led programmes of improvement. Clinical Workshops have been scheduled to explore the efficiency opportunities, articulate the clinical ambition for improvement and develop implementation plans. The emerging programme of work will be managed through the Programme Management Office structure.

The opportunities identified have been categorised into the following five initial themes; Outpatients, Acute Length of Stay, Primary Care Variation, Secondary Care Variation, and Theatres. Potential impact has been quantified for some areas and work is ongoing in others to clearly identify the benefit to be secured. The final details will be confirmed alongside the elective care (RTT) plan given the critical interdependencies with capacity and demand modelling. Details of the draft programme for 2019/20 is enclosed at Annex E.

3.8.2. Disinvestment

It is recognised that the Health Board needs to start disinvesting in some areas of provision, it is important that the programme groups responsible for informing the 3 year plan identify, based on benchmarking and other information already provided, which services can be de-commissioned. This will also need to be incorporated as part of the turnaround/transformational plan currently being developed

3.9 Non Recurrent Slippage

Within any set of financial planning assumptions there are always non recurrent slippage on spending programmes and one-off benefits from unplanned income. The Health Board has experienced significant sums of non recurrent benefits in previous

years, and it is important that the Health Board considers these benefits in its planning assumptions. Whilst the certainty of some of these assumptions are not always clear, the benefit of making robust assumptions is to reduce the level of savings required. However, whilst it may benefit the in – year position, it does not reduce the Underlying Recurrent Deficit.

Examples of slippage or unplanned income over the previous 2 years are as follows:

Table 13 – Non Recurrent Slippage 17/18 & 18/19

Slippage / Income	2017/18 £m	2018/19 £m
Cluster Monies	1.00	0.50
GP Rates Rebate Income	1.40	1.20
Cross Border Contracts		1.00
Cost Pressures Slippage		0.90
GDS	1.40	0.40
Contracts - WHSSC & Local	4.20	3.60
Reserves	4.80	1.50
	12.80	9.10

3.10 Capital

The Welsh Government has confirmed the Health Boards discretionary capital allocation as £14.421m. During 2018/19 the Health Board has been developing an estates rationalisation programme and property disposals have been approved for 2019/20 with a “net book value” of £0.285m. This gives a total expected funding of £14.706m.

A number of schemes approved in 2018/19 have an expenditure commitment that continues into 2019/20. Furthermore changes in the expenditure profile for Ysbyty Gwynedd emergency department, WPAS and substance misuse facilities at Holyhead and Wrexham have been managed through internal brokerage. The commitment taken forward to 2019/20 is as follows:

Table 14 – Capital Commitments taken forward to 2019/20

Scheme	£m
Side wards Wrexham Maelor hospital	0.05
Upgrade Hafan ward Bryn Beryl hospital	0.20
Internal brokerage	1.18
YGC repayment of brokerage	1.50
Total	2.93

The minimum “net” funding available after agreed commitments is therefore assessed to be £11.771m.

In order to provide an element of flexibility within the programme it is good practice to allow for an element of over commitment. The Capital Programme Management Team (CPMT) have therefore adopted a “working” figure in the order of £14m.

Table 15 - Capital programme “working” figure

Scheme	£m
Wrexham Maelor business continuity	3.00
Mental Health – response to external reviews	0.63
Estates	2.50
Safe Clean Care	1.00
Medical Devices	1.83
Informatics	3.00
Service continuity/transformation	
YG – theatre refurbishment	0.15
Llanfair PG PCC	0.40
Eyecare measure	0.18
Transformation/cash releasing programme	1.25
TOTAL	13.94

The Board is asked to approve the capital allocation in principle, recognising that the business case approval process will consider individual cases where appropriate. This will include any revenue implication for the Health Board.

3.11 Cash

The Health Board has received repayable Strategic Cash Support of £113.73m between 2014/15 – 2018/19. The Health Board has a further cash pressure relating to the 2018/19 revenue deficit as £4m was managed internally rather than being requested through the Strategic Cash Support mechanism. Coupled with the anticipated budget deficit for 2019/20 of £35.0m the expected cumulative cash deficit by 31 March 2020 is £152.73m

The cumulative revenue deficit at the same date is expected to be £191.51m, and the difference of £38.78m is explained by movements in the balance sheet over the same period, the cash implications of which are funded by Welsh Government on a non-repayable basis.

Strategic Cash Assistance received in previous years will need to be recovered by Welsh Government and whilst they have advised that this will not be recovered in 2018/19 consideration of the repayment will be informed through ongoing review of the future Integrated Medium Term Plan submissions. See table below.

Table 16 – Cash Pressures

Figure 20: 2019/20 Cash pressures		
	£'m	£'m
Repayable cash brokerage received for 2014/15	20.60	
Repayable cash brokerage received for 2016/17	20.00	
Repayable cash brokerage received for 2017/18	35.13	
Repayable cash brokerage received for 2018/19	38.00	
Cumulative repayable brokerage brought forward		113.73
Deficit budget for 2019/20		35.0
Shortfall in strategic repayable cash brokerage from 2018/19		4.0
Cumulative cash deficit at 31 March 2020		152.73

4 Risks

The following Risks have been identified:

Table 17 - Risks

	2019/20	
	Worst Case	Best Case
	£'000	£'000
Continuing Healthcare Growth	-2,121	0
Prescribing - including no cheaper supply & hospital drugs	-2,000	0
WHSSC - CQUIN	-603	0
WHSSC - HRG4+	-3,639	0
WHSSC - Uplift on English 2% - 6.4%	-3,187	0
GDS forecast underspend clawback	-200	0
Total Risks	-11,750	0

4.1 Continuing Health Care and GP Prescribing

It is proposed that Continuing Health Care (Area Teams and Mental Health) and GP Prescribing budgets are uplifted for inflationary cost pressures only and are not funded for any anticipated growth on activity volumes.

The current assessment of 2019/20 growth for CHC / FNC and GP Prescribing is in the table below:

Table 18 - CHC / FNC and GP Prescribing

	2019/20 Estimated Growth £000
CHC	2,121
Prescribing	2,000

The table shows that should the Board decide to fund the inflation costs and outturn position only for CHC and GP Prescribing, these two budgets would be required to deliver potential additional growth containment actions of circa £4.1 million.

4.2 WHSSC

Price changes that affect the 2018/19 and 2019/20 tariff for activity in England has not been funded as part of the allocation process in both years. The majority of this impacts on our Specialist Commissioning activity. The HB is in discussion with both Welsh Government and NHS England and will not make payment until the issue is resolved.

4.3 GDS Clawback

GDS is a ring-fence budget and any underspend may be clawed back by Welsh Government.

5 Ring-fenced budgets - Intermediate Care Fund, Mental Health and General Medical Services

Ring Fenced budgets includes an allocation of £6.7m for the Integrated Care Fund which is part of the £15m annually available to support the integration of services, jointly commissioned between health and local authorities. It also includes an additional £5.1m of Mental Health Funding (see Table 2); £2.76m is for pay and price inflation uplift, and to fund unavoidable cost growth in mental health services and should also be used to enhance services.

Table 19 – Mental Health Funding

	HCHS and Prescribing Revenue Allocation £m
Mental Health Services	
Balance of £20m 2018/19	1.488
Psychological Therapies	0.850
£13m Additional MH Funding - includes pay & prices uplift	2.764
	5.102

5.1 General Medical Services

The GMS allocation is currently the 2018-19 allocation with an additional £1.1 million (BCUHB share of £5 million) Healthier Wales funding. GMS contract is still subject to national negotiations in terms of the pay and prices uplift for 2019/20, and once the 2019/20 contract agreement is confirmed this budget will be subject to an additional uplift from Welsh Government.

The additional £1.1 million (BCUHB share of £5 million) Healthier Wales funding is to be used to shift services from secondary to primary care, and will be explored through the use of enhanced services.

5.2 Community Pharmacy Contract

The Community Pharmacy contract negotiations have not been finalised for 2019-20 and the allocation for 2019-20 is issued at the 2018-19 allocation level. Once the 2019/20 contract agreement is confirmed, this assumption will be revised to reflect the specific uplift for pay and inflation.

5.3 General Dental Services

Contract negotiations have not been finalised for 2019-20 and the allocation has been issued based on the 2018-19 final allocation with adjustments being made for the following recurrent changes. Once the 2019/20 contract agreement is confirmed will be subject to a specific adjustment for pay and inflation

6 Baseline Budgets for 2019/20

The Financial Plan for 2019/20 includes the Hospital and Community services; General Medical Services; Community Pharmacy and General Dental Services. which are ring fenced budgets and therefore will be subject to change, once the 2019/20 contract agreements are confirmed, for pay and inflation.

The Financial Plan is the outcome of the assessment on:

- Income Assumptions
- Top Slice Budgets
- Underlying Recurrent Deficit
- Cost Pressures
- Service Development Commitments
- RTT and Activity Demand Pressures
- Savings Target / Plan
- Non Recurrent Slippage

The following table summarises the overall Health Board position for 2019/20.

Table 20 – Financial Gap Assessment

Financial Gap Assessment	2019/20 Plans £m		
	Recurrent	Non Recurrent	Total
Budget Deficit Brought Forward	35.00	0.00	35.00
Non Delivery of Savings	7.04		7.04
Underlying Deficit Assessment	14.36	-5.40	8.96
	21.40	-5.40	16.00
Underlying Deficit Carried Forward	56.40	-5.40	51.00
Cash Releasing Savings	-25.00		-25.00
	31.40	-5.40	26.00
Core Uplift	-22.32		-22.32
A Healthier Wales funding	-9.57		-9.57
New Cost Growth	30.29		30.29
Service Development Investments (Core Uplift)	9.45	-1.92	7.53
Top Slice	3.07		3.07
Forecast Deficit 2019/20	42.32	-7.32	35.00

See Annex D for Divisional Baseline Budgets for 2019/20.

7 Conclusion

This paper recommends a budget which will recognise a planned deficit in the 2019/20 financial year and therefore does not recover the cumulative deficit incurred to date. As a result of this, the Health Board is being asked to approve a budget which will breach its statutory financial duty for the three year period and will also certainly result in the Health Board have its accounts qualified by the Wales Audit Office on the basis of regularity, following the audit of the 2019/20 financial statements.

As referenced earlier the Health Board is not empowered to approve expenditure in excess of the resources allocated to it by Welsh Government and consequently the Chief Executive has formally written to notify the Chief Executive of NHS Wales.

By recommending an Interim Financial Plan which includes a deficit budget for the year and the cumulative three-year period ending 31 March 2020, the Executive Director of Finance cannot assure the Board that the plan has been prepared within the limits of available funds or takes account of the principles of sustainable development as such a deficit will need to be repaid in the longer term.

However, the Executive Director of Finance can assure the Board that the Interim Financial Plan has been prepared following discussion with appropriate budget managers; takes account of ring-fenced or specified funding allocations; and identifies potential risks.

Further, assurance can be given that the Health Board will continue to look at every opportunity to reduce expenditure and close the financial gap wherever possible.

8 Recommendation

The challenge for the Board moving forward remains the need to improve quality and performance and reduce operating costs, thereby delivering value to our population. Financial discipline needs to be seen as important as providing a safe service of high quality to our population.

The Board is asked to:

1. Note and comment upon the 2019/20 outline budget set out in Section 3.
2. Note that approving a budget which does not plan for a breakeven position increases the Health Board's cumulative deficit. This will be the sixth year where the Health Board will not have achieved breakeven, and the cumulative deficit may need to be repaid in the longer term.
3. Recognise that approving a budget which does not plan to break-even is by definition a 'novel or contentious' matter which has necessitated the Chief Executive

as Accountable Officer to write to the Chief Executive of NHS Wales to explain the situation.

4. Note that failure to achieve breakeven for the three-year period may mean that the Health Board's accounts are qualified by the Wales Audit Officer on the basis of regularity, following the audit of the 2019/20 financial statements.

5. Note and endorse the assessment of the Health Board's underlying deficit of £56.4m as outlined in Section 3.3.

6. Consider and approve if in agreement the cost pressures outlined in Section 3.4. The Board is advised that the Health Board's financial risk profile will increase should it decide not to recognise these cost pressures.

7. Consider and approve if in agreement the Service Development Investments outlined in Section 3.5. The Board is advised that the Health Board's financial risk profile will increase should it decide not to recognise these cost pressures.

8. Note that the budget does not secure assured delivery of performance targets including RTT.

9. Consider and note the level of the savings challenge for 2019/20 and the basis on which this will be managed in order to achieve the budgeted resource allocation.

10. Approve the Executive Director of Finance's advice of a total savings target of £34.5m, which includes cash releasing savings of £25m.

11. Subject to recommendations 5 to 10, approve the recommended budget outlined in Section 3.

12. Subject to recommendation 11, approve the delegated authority for the Executive Director of Finance to agree Service Level Agreements and Contracts.

13. Approve the use of the Accountability Agreements.

14. Note and approve the Capital allocation as set out in Section 3.10, recognising that the Health Board will, through the Finance and Performance Committee, develop plans to spend this allocation over the year within the outlined limits.

15. Note the Cash implication as set out in Section 3.11, and the requirement to repay the cumulative cash deficit over the longer term.

16. Note the ring-fenced allocations as set out in Section 5.

17. Note the Risks as set out in Section 4 and Governance considerations set out in Section 2 and 7.

**Detailed analysis of the Cost Pressure Assessments and comparison
across Health Boards**

Cost Pressure	Description and Basis of Calculation
Pay	Total cost pressure for A4C pay awards across 2018/19 and 2019/20 is £40.72m, with funding from WG and additional income of £30.29m, which leaves a cost pressure of £10.43m (1.49%)
Non Pay Inflation	Total non-pay budgets excluding prescribing and CHC / Complex Care Packages is £130.73m, against which a 1% uplift has been identified for inflationary cost pressures
WHSSC - Underlying Deficit & Growth	Uplift to WHSSC baseline as agreed by HB CEOs at £4,77m (3.8%) for BCUHB, which includes £1.1m for Risk Rebasing, £1.7m for Rollover cost pressures and £0.98m on LTA 2% uplift
EASC / WAST	Nationally agreed 2% uplift on WAST / EASC contracts
EASC fye of 18/19 funding	Full year effect of additional EASC funding agreed in 2018/19 by CEOs which includes Clinical Desk Enhancements
English/ Wales 2%	2% uplift on Wales LTAs and English providers
Packages of Care - inflation	Assessment of the most likely inflationary cost pressure on CHC / FNC and Packages of Care. The total budget is £101.8m and across the Area Teams and Mental Health the most likely cost pressure £3.21m (3.2%). £1.98m to Area Teams and £1.23m for Mental Health
NICE &HCDs (Drug Treatment Fund)	Assessment of the full year effect of new drugs funded from the Drug Treatment Fund in 2018/19 is £4,000,000 (7.7%). The allocation of £3.5million for 2018/19 has been overspent
Prescribing inflation	Based upon the latest available data for both the Top 10 Growth areas in 2018/19 and the No Cheaper Stock

	<p>price increases are not normally held in place for a full 12 Month period, it is estimated that the Growth pressure on the Prescribing budgets will be a minimum of £1m for 2019/20, with a risk of it could potentially be up to £3m if No Cheaper Stock prices increase significantly.</p> <p>Funding of £1m (0.6%) has been allocated with a further risk of £2m highlighted</p>
Drugs : Non-GP Prescribing	<p>Funding of £2m (3.9%) has been identified which includes £0.8m for Intravenous immunoglobulin products and Public Health Wales charge increases</p>
Flu Immunisation - Children's FYE	<p>Immunisation funding is provided by WG and a shortfall in the funding available for Childhood Immunisations has been identified of £0.36m which has been funded (0.1%)</p>
YGC Rates	<p>Following the redevelopment of the Ysbyty Glan Clwyd site it is anticipated that the rate charges applicable to the site will increase in 2019/20 by £0.6m</p>

Service Development Investment – additional narrative

Scheme	Description
Smoking Cessation Practitioners	Once WG monies are withdrawn this will ensure service continues. Smoking is still the largest single preventable cause of ill health, smoking causes 5% of all adult hospital admissions
Food-wise in Pregnancy	Evidence shows that women who eat well and gain the appropriate amount of weight are more likely to have healthy babies. This will impact positively on all health board services in the short, medium and long term.
Nursing Support to S136 Suite	Additional nursing capacity for S136 Suite - Funded from MH Monies
Changes to Specialist Child and Adolescent Mental Health Services (CAMHS) Psychiatry Out of Hours Provision	Improve Access to CAMHS out of hours - Funded from MH Monies
Infant Feeding Co-ordinator, 1.5 WTE (Band 7)	To improve Breast Feeding rates and support correct infant feeding (this is part of our activity around obesity reduction)
Implement Gender Service	All Wales Service – additional funding for local support service
Business Case Health Improvement	Tbc
Immunisation	Support Areas to increase delivery of immunisation. (this will contribute to a reduction in bed days due to influenza and other preventable diseases and contribute to improve sickness absence rates of staff)
Bobath Children's Therapy service	New service agreed by Execs
Exec Nurse Consultant Dementia Post	New post agreed by Execs
Care Closer to Home	Transformation Fund bid - 6 Local Authorities and BCU Health Board have been working together to establish integrated community based services. The early development of these services has been supported from a range of funding streams including the ICF. This proposal seeks to build upon existing partnership work, allowing innovation in the development which will contribute to the overall transformation required
Primary Care Optometry	Current expansion funded via RTT - further 3 Enhanced Services commissioned by the HB

Ophthalmology Business Case	Tbc
SICAT / 111 / GP Out of Hours	Tbc
Minor Injuries East Area Business Case	Tbc
Broadcare Software licences and support	New licence for Broadcare CHC system
Additional Bed Capacity at YGC	Centralised Vascular Ward on YGC site
Robot Surgery	Based on Capital Purchase option (@ £2.1m). Includes Urology, Gynae, and Colorectal specialities. NB - Interdependency with the Urology Services Review, with site decision, service model, capacity plans and theatre requirements yet to be determined. Revenue Costs presented exclude capital charges.
Orthopaedic Network Manager	Investment in the Clinical Network to support the implementation of the Orthopaedic Plan from 2019-2022
3rd Tier for Critical Care - YGC	Establishing of a 24/7 resident critical care tier at Ysbyty Glan Clwyd
3rd tier anaesthetics rota - YG	Obstetrics Anaes Business Case £327,000, expected spend 18/19 £100,000
RTT -including 8 weeks Diagnostics	The planned care delivery group is meeting to produce a plan on RTT delivery. Specifically on Endoscopy there are potentially a number of consultant vacancies, along with poor quality estate in Wrexham, which is leading to operational estates issues impacting on service delivery giving rise to clinical risk. There are productivity opportunities such as appointment bookings not being optimised including less than fully utilised premium pay weekend working sessions
LINC Business Case	LINC business case agreed by CEOs
WHSSC - CIAG Schemes	These new WHSSC investments have gone through a formal 'prioritisation process' and only the top scoring schemes have been considered for funding in 2019/20. This includes investments in PET CT scanning, TAVI, and Genomics services
MP MRI Urology	Potential investment tbc
Orthopaedic Business Case	Tbc
Stroke Service	Tbc
Additional Capacity Unscheduled Care East Locality	Funding of escalation capacity in secondary care
90 Day Plan	Tbc
Acute Medical Model	Tbc

Acute paediatric service - 2 posts at 14 sessions	Additional staffing agreed by Execs to support service in the West
Thrombectomy Pathway available 24/7	A new WHSSC commissioned service for Thrombectomy at Aintree Hospitals Liverpool
WAST & EASC 1% Uplift	Nationally agreed 1% uplift on Wales LTAs
Motor Neuron Disease Care Coordinator Service	Continuation of pump prime funding from charity
Development Improvement Capacity / Capability	Additional management capacity
Pump Priming Improvement / Transformation Schemes	Invest to Save bid
Estates - Statutory Compliance including H&S	Additional revenue funding for estate maintenance
Patient Advisory Support Service	Extend service
WCCIS	Roll out of WCCIS into Mental Health and Community Nursing - additional project management capacity
Infective Blood Enquiry	Tbc

Savings 2019/20

		2019/20 - Year 1																
Savings Area	Target £m		West £m	YG £m	Centre £m	YGC £m	East £m	YMW £m	North Wales Hospital Services £m	Other North Wales £m	Womens £m	Mental Health £m	Corporate Services Review £m	Referral Demand Mgt £m	Total Cash Releasing £m	Total Planning £m	2020/21 Year 2	2021/22 Year 3
Divisional Budget Mgt	6.00	Pay	0.37	0.53	0.61	0.63	0.66	0.56	0.31	0.07	0.25	0.00	0.54		4.53	4.53	4.53	4.53
		Non Pay	0.04	0.14	0.13	0.16	0.07	0.14	0.39	0.05	0.03	0.00	0.31		1.47	1.47	1.47	1.47
			0.41	0.67	0.74	0.80	0.73	0.70	0.71	0.11	0.28	0.00	0.85	0.00	6.00	6.00	6.00	6.00
Planned Care		Non pay															2.00	2.00
Chronic Conditions		Non pay															0.50	0.50
Contracts	0.50	Non pay												0.50	0.50	0.50	0.50	0.50
Medicines Management	4.50	Non pay	0.55	0.37	1.51	0.49	1.16	0.42							4.50	4.50	4.00	4.00
Central Procurement	4.50	Non Pay	0.63	0.36	0.81	0.43	0.89	0.38	0.00	0.38	0.15	0.00	0.46		4.50	4.00	3.00	3.00
CHC General	0.00	Non Pay	0.00		0.00		0.00								0.00	3.00	5.00	5.00
Mental Health	1.00	Non Pay										1.00			1.00	2.00	3.00	3.00
Workforce Optimisation	5.00	Pay	0.38	1.04	0.04	1.49	0.42	0.62	0.52	0.02	0.41	0.00	0.07		5.00	11.00	6.00	6.00
Community Services	2.00	Pay	0.57		0.62		0.81								2.00	2.00	3.00	3.00
Estates / Assets	1.50	Non Pay											1.5		1.50	1.50	2.00	2.00
		Pay	1.32	1.56	1.27	2.12	1.89	1.18	0.83	0.09	0.66	0.00	0.61	0.00	11.53	17.53	13.53	13.53
		Non Pay	1.22	0.87	2.45	1.08	2.12	0.94	0.39	0.43	0.18	1.00	2.28	0.50	13.47	16.97	21.47	21.47
Total Cash	25.00	£m	2.53	2.44	3.72	3.21	4.01	2.12	1.23	0.51	0.84	1.00	2.89	0.50	25.00	34.50	35.00	35.00
Total %	1.7%	%	1.6%	2.7%	1.9%	3.0%	1.8%	2.3%	1.3%	3.7%	2.2%	0.9%	2.5%	0.3%	1.7%	2.4%		
Total Planning	34.50	£m	3.22	2.90	4.87	3.76	4.85	2.60	2.59	0.32	1.05	3.57	4.27	0.50	34.50			
Total %	2.4%	%	2.1%	3.3%	2.4%	3.5%	2.2%	2.8%	2.8%	2.3%	2.8%	3.2%	3.6%	0.3%	2.4%			

DRAFT - Divisional Baseline Budgets 2019/20

Note - this subject to changes around savings requirements and underlying deficit positions

	2019/20 RECURRING	Adjustments	Pay Award	Cost Growth Assumptions	Underlying Deficit Assessment	Non Recurrent Slippage	Cost Pressures	Savings	Total
	£	£	£	£	£	£	£	£	£
WG RESOURCE ALLOCATION	-1,473,967,487								-1,473,967,487
AREA TEAMS									
West Area	154,886,990		2,883,595		1,716,000			-2,532,270	156,954,315
Central Area	199,325,488		4,458,029		725,000			-3,719,908	200,788,609
East Area	219,450,390		3,960,793		1,675,000			-4,010,129	221,076,054
Other North Wales	13,808,201		196,248		0			-513,371	13,491,078
Commissioner Contracts	183,510,388				329,000			-500,000	183,339,388
Provider Income	-18,917,515				-200,000				-19,117,515
Total Area Teams	752,063,942		11,498,665	0	4,245,000		0	-11,275,679	756,531,928
SECONDARY CARE									
Ysbyty Gwynedd	88,794,506	0	3,595,930		1,761,000			-2,437,713	91,713,723
Ysbyty Glan Clwyd	106,160,252	844,885	4,229,677		2,870,115			-3,207,177	110,897,752
Ysbyty Maelor Wrexham	93,020,426	0	3,745,525		1,998,000			-2,118,247	96,645,704
North Wales Hospital Services	93,728,511		2,755,506		1,816,000			-1,226,615	97,073,402
Hepatitis C Budget	2,902,317								2,902,317
Womens	37,772,034		1,561,374		0			-842,606	38,490,802
Total Secondary Care	422,378,046	844,885	15,888,012	0	8,445,115		0	-9,832,357	437,723,701
Total Mental Health & LDS	112,773,953		4,417,516		2,998,000			-1,000,000	119,189,469
Total Corporate Budgets	117,628,903	0	4,992,562	0	-260,000	0	0	-2,891,964	119,469,501
Other Budgets incl Reserves									
Savings Target to be Allocated	-7,039,999				7,039,999				0
Reserves	12,380,590	-411,754	704,212	0	-1,500,000		0	0	11,173,048
Total Cost Growth funding	0	0	0	19,863,685	0		0	0	19,863,685
Service Development Investments							9,451,309		9,451,309
Service Development Investments Slippage						-1,931,559			-1,931,559
WG Funding	5,977,527	0	0	0	0	0	0	0	5,977,527
2019/20 Allocation Funding	69,237,960	0	-37,500,967	-8,818,679	0	0	-9,566,000	0	13,352,314
Non Recurrent Slippage						-5,400,000			-5,400,000
Capital Charges	28,398,000		0						28,398,000
Medical Education and R&D	-7,100,182								-7,100,182
Losses	2,242,303								2,242,303
External Support	-74,771								-74,771
Holding Codes	101,215								101,215
Other Budgets incl Capital Charges	23,566,565	0	0	0	0	0	0	0	23,566,565
TOTAL INCOME AND EXPENDITURE	35,000,000	433,131	-0	11,045,006	20,968,114	-7,331,559	-114,691	-25,000,000	35,000,000

2019/20 Efficiency Programme

Efficiency Theme	Benchmark Value of Efficiency Opportunities (£m's)	Workstreams	Potential Efficiency/Productivity Gain
Outpatients	3.0	<ol style="list-style-type: none"> PROMS-based Arthroplasty Follow-Up Self-Care for Follow-Up Prostate Cancer Optometry-led follow-up ENT Follow-Up Programme Specialty-agreed Outpatient ratios Clinical & Technical validation of waiting list 	<ul style="list-style-type: none"> Up to 50% reduction in follow-up demand (Trafford) Circa 500 patients 30% reduction in Secondary Care demand Alignment with AB Model from 1.48 to 0.78 Work ongoing to quantify impact Work ongoing to quantify impact
Acute LoS	3.0	<ol style="list-style-type: none"> ERAS-style #NoF Programme Daycase Arthroplasty Programme Discharge to Assess SAFER (Incl Stranded Pt, DToC, MFD) Prehabilitation 	<ul style="list-style-type: none"> Up to 7,200 bed days (720 pts x 10 day los reduction) 0 day length of stay for 20% of arthroplasty demand Work ongoing to quantify impact Work ongoing to quantify efficiency saving 30% reduction in los for major Cancer patients
Primary Care Variation	5.1	<ol style="list-style-type: none"> Dermatology Pathway redesign Diabetes Pathway redesign Rheumatology Pathway redesign Referral variation – Gastro/Urology Out of area repatriation P/Care Health Pathways (eg York Model) 	<ul style="list-style-type: none"> Work ongoing to quantify impact Work ongoing to quantify impact Work ongoing to quantify impact Work ongoing to quantify impact Work ongoing to quantify impact Work ongoing to quantify impact
Theatres	5.0	<ol style="list-style-type: none"> Theatre Scheduling Programme High Volume/Non Teaching Cataract lists Four Orthopaedic pts per list Reduce short-notice cancellations 	<ul style="list-style-type: none"> Work ongoing to quantify impact Additional 630 patients Work ongoing to quantify impact Work ongoing to quantify impact
Secondary Care Variation	3.0	<ol style="list-style-type: none"> Review of specialty based performance and service models eg Single ENT/Ophthalmology On-Call Model 	<ul style="list-style-type: none"> Work ongoing to quantify impact
TOTAL	19.1		

Glossary

A Healthier Wales: Our Plan for Health and Social Care

Published by Welsh Government in 2018 the document sets out a long term future vision of a ‘whole system approach to health and social care’ focused on health and well-being, on preventing illness and on enabling people to live independently for as long as they can, supported by new technologies and by integrated health and social care services which are delivered closer to home, on close collaborative working and the impact on health and well-being throughout life. These are consistent with the aims of our Living Healthier, Staying Well strategy.

The Plan builds on Prudent Healthcare, which is designed to meet the needs and circumstances of patients and actively avoid wasteful care that is not to the patients benefit.

A Healthier Wales confirms the use of the Quadruple Aim as a central feature in developing a shared understanding. The four themes of the Quadruple Aim are:

- Improved population health and well-being
- Better quality more accessible health and social care services
- Higher value health and social care; and
- A motivated and sustainable health and social care workforce.

It also sets out ten national design principles which will facilitate the Quadruple Aim and the wider principles of Prudent Healthcare being used to drive change in the whole system.

Bevan Commission

The Bevan Commission is a group of international experts providing advice to the Minister for Health and Social Services and ensuring that Wales can draw on best healthcare practices from around the world while remaining true to the principles of the NHS as established by Aneurin Bevan

Clusters

Care closer to home section refers to Clusters. Services are already delivered from local areas that we term as ‘clusters’ serving a population between 30-50,000. Our new service model will build on a foundation of local innovation through clusters of primary and community care providers. Primary and community care will offer a wider range of professionally led services and support. Within a local area, clusters of GPs, nurses and

other professionals in the community, such as dentists, community pharmacists and optometrists, will work closely with an expanded range of professionals, including physiotherapists, occupational therapists, paramedics, audiologists and social workers as a seamless health and well-being service focussed on prevention and early intervention. These services will support people in making decisions about looking after themselves and staying independent, so that they have access to the best professional or service to meet their particular need – including by using rapidly evolving in-home web based support, as well as in person. There will be better ways to access other sources of non-medical care and support, such as how to manage debt, housing problems or local community services and activities.

Health and Well-being Centres

Care closer to home plan makes reference to Health and Wellbeing Centres which are locations where a range of services are available with co-location of other service providers, inclusive of GP practice services and enhanced care, they could include minor injuries and illness services or step up step down beds. The Health and Wellbeing Centres have been further developed following engagement into three levels, the service descriptions are below:

The Health & Well-being Centre - Medium to large local campus, based around existing Primary Care practices, Health Centres or Community Hospitals.

Health & Well-being Centre - Access points to health and wellbeing services in primary care and community settings.

Health and Well-being Access Points - Access points to health and wellbeing services in community hubs, non-primary care settings. In some circumstances these could be connected to other health sites, e.g. pharmacy, dental surgery etc.

Primary Care provision and Health and Wellbeing Access Points will be developed in partnership with other organisations.

PICU – Psychiatric Intensive Care Unit

SAFER

The Unscheduled care plan refers to SAFER:-

S – Senior review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions.

A – All patients will have an expected discharge date and clinical criteria for discharge. This is set assuming ideal recovery and assuming no unnecessary waiting.

F – Flow of patients will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10 am.

E – Early discharge. 33% of patients will be discharged from base inpatient wards before midday.

R – Review. A systematic multi-disciplinary team review of patients with extended lengths of stay (>7 days – ‘stranded patients’) with a clear ‘home first’ mindset

SuRNICC – Sub-Regional Neonatal Intensive Care Centre

The Social Services and Well-being Act

Strategic Direction (section 2) refers to The Social Services and Well-being (Wales) Act which focuses on the individual well-being of people who need care and support, and carers who need support. A major aim is to maximise their ability to feel good and function well by increasing their sense of control; strengthening their resilience and ability to access resources to cope when needed; and feeling included and being able to participate.

One of the major requirements of the SSWB Act was the development of a Regional Population Needs Assessment and Area Plan. The North Wales Area Plan was approved earlier in 2018 and prioritises partnership working in the following areas:

- Older people with complex needs and long term conditions, including dementia
- People with learning disabilities
- Carers, including young carers
- Children and young people
- Integrated Family Support Services
- Mental health

Partnership work programmes have been established for each of these priority areas, and the priorities also link with Health Board well-being objectives.

The Well-being of Future Generations (Wales) Act

Strategic Direction (section 2) refers to The Well-being of Future Generations (WBFG) Act which gives us the opportunity to think differently and to give new emphasis to improving the well-being of both current and future generations. The Act requires us to think more about the long-term, work better with people, communities and other organisations, seek to prevent problems and take a more joined-up approach. The Act puts in place seven well-being goals, and we need to maximise our contribution to all seven.



We need to change the way we work, ensuring we adopt the sustainable development principle defined within the Well-being of Future Generations Act – this means taking action to improve economic, social, environmental and cultural well-being, aimed at achieving the seven goals.

There are five ways of working which we need to think about when working towards this:



Throughout the development of our plan we have sought to use the five ways of working to inform our decisions and help us prioritise the actions we will take to work towards our own well-being objectives and in turn, contribute to the seven national well-being goals.



Three Year Plan 2019/22

Communications and Engagement Plan

February – April 2019

The following workshops and forums have helped shape the development of the plan to the end of January 2019:-

- Operational teams informing Health Board wide workshops - 4 October and 8 November 2018 with a further planned care workshop held on 13th December 2018;
- Regional Partnership Board - 15 November 2018; draft plan presented 11 January 2019;
- Local Partnership Forum, Stakeholder Reference Group and Healthcare Professionals Forums - December 2018;
- CHC Services Planning Committee - December 2018 and January 2019;
- Board workshop - 10 January 2019; and 28 February 2019;
- the Strategy Planning Equality Scrutiny Group and work through the Equalities Stakeholder Group to identify additional opportunities to engage.

Pre engagement stage – planning and preparing the ground

February to March 2019

Purpose of Engagement	Informing/educating (I)	Engagement and involvement (E)	Co design/co production (C)	Formal Consultation (FC)
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Activity & Comments	Workstreams for engagement						
	HIIT	CCtH	Excellent Hospital Care	Purpose	Who	Date	Status
Media package (BBC Wales) We will set up a number of filming opportunities for the BBC to explain our future direction and offer real examples of change underway to pave the way for the publication of our three-year plan. Filming will take place over three days and will be broadcast on television and radio and online on Wednesday 20 th February. This will be prior to the publication of the monthly NHS Wales performance statistics on the 21 st February	✓	✓	✓	I	Comms	18 th /19 th Feb	Complete

Activity & Comments	Work Streams for engagement						
	HIIT	CCtH	Excellent Hospital Care	Pur pos e	Who	Date	Status
Publication of performance data by Welsh Government BBC Wales package about action being taken to improve emergency department performance. Including interview with Deputy Director of Nursing Trevor Hubbard about the latest performance figures at Wrexham Maelor Hospital. This will provide a rounded view of our current situation and our plans for the future, which will have been featured the previous evening by the BBC.		✓	✓	I	Comms	21 st Feb	Complete
Denbighshire County Council	✓	✓	✓	I E	Planning	Mid February	
Message from the Chair and Chief Executive Issue a message to all staff using: <ul style="list-style-type: none"> Email Staff app 	✓	✓	✓	I	Comms	28 th Feb	Complete
Stakeholder Reference Group Quarterly meeting to receive another regular update on the progress of the plan's development	✓	✓	✓	I	Planning	5 th March	Complete
Executive Director of Planning and Performance to update members of the Regional Partnership Board	✓	✓	✓	I E		8 th March	Complete

Rheumatology Service Review Workshop Workshop to hear from service users, carers, clinical, operational staff, and third sector organisations supporting people who use our services to create a clear view on the future service, generating options and considering the assessment criteria. A further three workshops across East, West and Central will be held- Dates to be confirmed			✓	E C	Planning	11 th March	Complete
Engagement Practitioners Network – West Area Opportunity to inform stakeholders about our three year plan priorities and invitation to get involved	✓	✓	✓	I E	Engagement Team	12 th March	Complete
Gwynedd and Anglesey Public Service Board meeting	✓	✓	✓	I E	Chief Executive	13 th March	
Women's – Transformation of Gynaecology Services A range of engagement events and materials in development but yet to be completed		✓	✓	I E C	Planning	TBA	
Publication on BCUHB website of Board papers ahead of meeting on 28th March	✓	✓	✓	I	Corporate Office	21 st March	
Conwy and Denbighshire Public Service Board meeting	✓	✓	✓	I E	Chief Executive	25 th March	
Engagement Practitioners Forum – East	✓	✓	✓	I E	Engagement Team	27 th March	

Opportunity to inform stakeholders about our 3 year plan priorities and invitation to get involved							
Board meeting in public <ul style="list-style-type: none"> • Live tweet key discussion points and decisions • Message from Chair and Chief Executive to all staff via email and Staff App • Press release with offer of media interviews • Social media (Facebook and Twitter) activity to signpost to the Three Year Plan • Update <i>Get Involved</i> website and <i>Living Healthier, Staying Well</i> pages on BCUHB website 	✓	✓	✓	I E	Comms	28 th March	
Continue to develop key public facing materials to support engagement with staff, stakeholders and public including in Easy Read and BSL	✓	✓	✓	I E	Planning Workstream leads Comms	29 th March	
Identify key communities/geographic neighbourhoods to engage with to improve our understanding of barriers to accessing services	✓	✓		E C	G Roberts Engagement Team	29 th March	
Issue Team Brief with key messages about plan via management cascade and on intranet	✓	✓	✓		Comms	2 nd April	
Presentation at full North Wales CHC meeting	✓	✓	✓	I E	Planning	8 th April	

Flintshire Public Service Board meeting	✓	✓	✓		Chief Executive	10 th April	
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Health Board		GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
28.3.19	To improve health and provide excellent care	

Report Title:	Summary of In Committee Board business to be reported in public
Report Author:	Mrs Kate Dunn, Head of Corporate Affairs
Responsible Director:	Mrs Grace Lewis-Parry, Board Secretary
Public or In Committee	Public
Purpose of Report:	Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session.
Approval / Scrutiny Route Prior to Presentation:	<p>Health Board 24.1.19 considered:</p> <ul style="list-style-type: none"> • Approval of minutes • Presentation of the financial aspects to the 3 Year Plan • Briefing on Wylfa • Enabling strategies for the 3 Year Plan • Lease issue in primary care practice
Governance issues / risks:	It is good governance, and in line with Standing Orders, to report on in-committee business at the next available meeting held in public.
Financial Implications:	None pertaining to this paper.
Recommendation:	The Board is asked to note this paper.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√

3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Leadership and Governance			
Equality Impact Assessment			
No equality impact assessment is considered necessary for this paper.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – JANUARY 2019

The Welsh Health Specialised Services Committee held its latest public meeting on 22 January 2019. This briefing sets out the key areas of discussion and aims to ensure everyone is kept up to date with what is happening in Welsh Health Specialised Services.

The papers for the meeting are available at:

<http://www.whssc.wales.nhs.uk/2018-19-whssc-joint-committee>

Integrated Commissioning Plan 2019-22 (ICP)

The Joint Committee received a presentation that outlined the latest developments with the ICP.

After carefully considering (1) the latest financial reconciliation with a £2.924m funding gap and the positions of individual health boards in this regard; (2) the recent savings and assumptions underpinning the reduction in the funding gap; and (3) the risks associated with the CIAG and strategic priorities, all voting members present agreed to approve this latest version of the ICP, meaning that all seven health boards would commit to the identified funding levels eliminating the £2.924m funding gap.

Adult Thoracic Surgery for South Wales

The Joint Committee received a paper that (1) informed members of health boards' decisions with regard to the outcome of the public consultation and the WHSSC recommendations for the future thoracic surgery service model; (2) proposed the governance arrangements for taking forward the development of the commissioning and implementation plans; (3) confirmed the expectation previously discussed by members regarding the framework for ensuring value for money from the new service model; (4) confirmed the expectation that there will be transition costs associated with the implementation of the new service model; and (5) confirmed that a meeting is being arranged to identify lessons learned from the experience of undertaking the public consultation and that a report will be submitted to Joint Committee in May 2019.

Members:

- Noted the decisions of the six affected health boards to support the recommendations for the future thoracic surgery service model;
- Noted that support for the recommendations was subject to a number of conditions, including the requirement that a workforce plan to provide thoracic surgical cover to the MTC will be agreed within 6 months;
- Supported the proposed governance arrangements for taking forward the commissioning and implementation plans;
- Noted the previously agreed approach for ensuring that the new service model will provide value for money to commissioners;
- Noted there are anticipated costs of transition that include project management, staff training and costs related to the period of transition as the new service is ramped up and that the scale of these costs will be identified through the implementation project; and
- Noted a report detailing lessons learned from the experience of undertaking the public consultation will be brought to Joint Committee in May 2019.

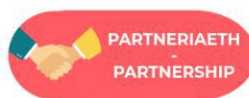
Fetal Medicine

The Joint Committee received a paper that sought support for the release of funding to increase capacity within the fetal medicine service provided by CVUHB in order to mitigate the current clinical risk to patients in the short term.

Members approved the release of funding to increase fetal medicine capacity in the short term.

Action log & matters arising

Members noted the action log.



MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

UPDATE REPORT – JANUARY 2019

1. Introduction and Background

The Mid Wales Joint Committee for Health & Care is a formal sub-committee of Health Boards and a formal Regional Planning area of the Welsh Government. Membership of the Joint Committee includes representation from the three Local Health Boards, Welsh Ambulance Services NHS Trust and the three Local Authorities delivering health and care services across Mid Wales with Community Health Council representatives being associate members. The Joint Committee membership also includes the roles of Lead Chair, Lead Chief Executive, Lead Director of Planning and Lead Clinical Executive Director undertaken by relevant representatives of the Mid Wales healthcare organisations on an annual rotational basis.

The Joint Committee's role provides a focus on joint planning and implementation across the Mid Wales region. A Mid Wales Strategic Intent has been developed which sets out how the Joint Committee intends to ensure there is a joined up approach to the planning and delivery of health and care services across Mid Wales over the next three years. The final version of the Strategic Intent document was approved by the Joint Committee at its meeting on 14th January 2019.

The Strategic Intent outlines how the Joint Committee's partner organisations will work together to address the current health and care needs of the Mid Wales population as well as the challenges for the future. It also explains the overarching aims and objectives over the next 3 years and describes what the Joint Committee intends to do and achieve across Mid Wales. A work programme has been developed to support the delivery of these aims and a set of priority areas for joint working across Mid Wales have been identified. These priorities are consistent with those of the strategic change and regional work programmes of the Joint Committee's partner organisations and regional partnerships.

The following report provides an update on the work undertaken by the Mid Wales Joint Committee and the areas of work that are being progressed and achievements that are being made to implement the Joint Committee's Strategic Intent and work programme.

2. Mid Wales Work Programme

The latest summary update report on the Joint Committee's Work Programme is attached to this report at Appendix 1. The Mid Wales Planning and Delivery Executive Group oversees the delivery of the detailed work programme and provides assurance on its delivery to the Mid Wales Joint Committee. The Mid Wales Joint Committee Programme Lead and Programme Manager have met with a majority of the Priority Leads to discuss the scope of work and development of a detailed work plan for the respective priority areas. The development of the underpinning detailed work programmes is in progress and will be reviewed in detail at the next meeting of the Planning and Delivery Group to be arranged for February 2019.

3. Joint Committee Groups

The Joint Committee groups are now established with Terms of Reference and membership agreed and finalised for the Planning and Delivery Executive Group and Clinical Advisory Group and a set of principles agreed for the Public and Patient Engagement and Involvement Forum.

3.1 Planning and Delivery Executive Group

The Mid Wales Planning and Delivery Executive Group, chaired by Carol Shillabeer the Lead Chief Executive for the Joint Committee, met on 13th December 2018.

Representatives from Hywel Dda University Health Board were in attendance to discuss the development of the Mid Wales Ophthalmology Plan. Following detailed discussions it was agreed that this work be split into phases with the first phase to focus on Mid Wales Community Primary Care Ophthalmology services. A first workshop was held on 3rd January 2019 to share the latest position on community primary care services across Mid Wales, the plans being progressed and the potential for developing a Mid Wales approach. A further workshop has been arranged for 21st February 2019 to develop a draft plan for Mid Wales which will be presented to the Joint Committee meeting on 11th March 2019.

3.2 Clinical Advisory Group

The Mid Wales Clinical Advisory Group, chaired by Dr Wyn Parry the Joint Committee Lead Clinical Director, met on 20th November 2018. Updates on the Mid Wales perspective were received from those members representing Betsi Cadwaladr University Health Board, Hywel Dda University Health Board, Powys Teaching Health Board, Welsh Ambulance Service NHS Trust and Shrewsbury and Telford NHS Trust. It was noted that each organisation covered a huge geographical area for which there were significant challenges. However, there were significant opportunities for developing services across Mid Wales and working across boundaries which could be influenced by the group. Key enablers include making more use of telemedicine and sharing of records for all aspects of care including social, primary and community services.

The group considered the priority areas identified within the Mid Wales Strategic Intent and Work Programme. Members agreed that these needed to be prioritised to address those pathways which were causing the most concern and that Ophthalmology should be the top priority. It was noted that a significant amount of work had been undertaken by the lead for the community element of this work and workshops were being held to discuss and draft the Mid Wales Ophthalmology Plan.

3.3 Public and Patient Engagement and Involvement Forum

Although the Mid Wales Public and Patient Engagement and Involvement Forum does not have a formal meeting schedule, a small group of Engagement and Involvement Leads for partner healthcare organisations, Local Authorities and Community Health Council representatives has been established, known as the Mid Wales Public and Patient Engagement and Involvement Steering Group, to discuss and agree how best to engage and involve the public and patients in the work of the Joint Committee using existing organisational mechanisms.

The first “people’s” event coincided with the Rural Health Conference held in November 2018. This was an information sharing and engagement event for people and frontline

staff on the Joint Committee's strategic intent and priorities, proposed patient success measures and an opportunity to feedback on any other areas of work which need to be considered in the long term. Although there was good attendance for the Rural Health and Care element of this event the numbers of public who attended the event was disappointingly low.

As a result the Steering Group has considered the format of future events in order to better attract a public audience. Options for future events in late Spring 2019 currently being developed include events at local cafés at locations across Mid Wales for late afternoon / early evening and a facebook event. These events will showcase projects undertaken across Mid Wales which include patient experience and staff experience stories. Individual health and care organisations will be offered the opportunity to use these events as vehicle for their own respective engagement and involvement activities.

Also running alongside these events is a piece of work being undertaken to collate individual organisational engagement and involvement mechanisms in order to identify those opportunities where the Joint Committee can engage and involve the public and patients in the work of the Joint Committee.

4. Regional working and Strategic service change programmes

There are a number of regional working and strategic change programmes that have an impact on Mid Wales and key developments of importance to Mid Wales are as follows:

4.1 Hywel Dda University Health Board – Transforming Clinical Services

The Hywel Dda University Health Board consultation 'Our Big NHS Change' concluded on 12th July 2018. The Health Board reported the findings and their interpretation of the feedback received together with recommendations for the next steps of the programme to their Board meeting in public on 26th September 2018. They supported the commitment to embark on an ambitious 20 year journey to transform health care and approved 11 recommendations from clinicians.

The Hywel Dda University Health Board Health and Care Strategy – *A Healthier Mid and West Wales: Our future generations living well*, which translates the 11 clinical recommendations into the Health Board's Health and Care Strategy, was approved at the Hywel Dda Board meeting on 29th November 2018. The Health and Care Strategy describes the:

- 20 year vision for the population health outcomes for current and future generations: and
- 10 year health and care strategy.

The strategy follows on from and builds upon the closing report of the "Our Big NHS Change" consultation and describes how Hywel Dda University Health Board will deliver the changes to move forward towards the preferred service configuration and deliver upon the ambitions set out in the 11 clinical recommendations.

4.2 Herefordshire & Worcestershire Sustainability and Transformation Partnership (STP) Stroke Review

A review of Stroke Services is currently being undertaken by the Herefordshire and Worcestershire Stroke Programme Board, which was established in July 2017. It is made up of commissioners, clinical and operational staff from Herefordshire Clinical Commissioning Group, South Worcestershire Clinical Commissioning Group, Wye Valley NHS Trust, Worcestershire Acute Hospitals NHS Trust, Worcestershire Health and Care NHS Trust, Herefordshire Council (Public Health), NHS England Strategic Clinical Network lead, third sector and patient representation. Welsh Ambulance Services NHS Trust and Powys Teaching Health Board attend the Board to understand and assess the impact of the options for residents using these services from Mid and South East Powys and develop actions in response.

The review is considering Hyper Acute Stroke Unit and Acute Stroke Unit (HASU AND ASU) services currently provided at Wye Valley Hospital in Hereford and Worcestershire Royal Hospital in Worcester. These services do not consistently meet key national clinical standards as they are currently set up, particularly in relation to 7 day provision.

The Programme Board has undertaken a period of engagement, to facilitate conversations around the stroke pathway with interested parties, stakeholders and workforce. This is taking place ahead of the development of a pre-consultation business case in early 2019.

4.3 NHS Future Fit programme

NHS Future Fit is the major change programme relating to the hospital services provided at Royal Shrewsbury Hospital and Princess Royal Hospital, Telford. A public consultation on the change proposals concluded on 11th September 2018. This set out the proposed new model for one hospital to become an Emergency Care site and the other to become a Planned Care site, with 24 hour urgent care at both sites.

The preferred option set out in the consultation was for Option 1, which would see the Emergency Care site at Royal Shrewsbury Hospital and Planned Care at Princess Royal Hospital. Health organisations delivering services across Mid Wales submitted responses to this consultation. In particular, Powys Teaching Health Board undertook extensive local consultation activity across Powys, which informed their response to this consultation.

The Future Fit Programme Board have approved all Future Fit documentation, including the Decision Making Business Case. These will be submitted to the Joint Committee of Shropshire and Telford & Wrekin Clinical Commissioning Groups (CCGs) meeting on Tuesday 29th January 2019 to make a decision on the future of local hospital services for people across Shropshire, Telford & Wrekin and Mid Wales.

5. Rural Health and Care Wales

Rural Health and Care Wales was established in response to the twelfth recommendation of the Mid Wales Healthcare Study that a centre be developed to focus on research, development and dissemination of evidence in health service research that addresses the particular challenges of Mid Wales.

The second Rural Health and Care Wales Annual Conference was held in November 2018 for which the theme was “Improving the Health, Well-being and Care of Rural Populations”. The event was opened by Dr Chris Jones, Chair of Health Education and Improvement Wales, and chaired by Bernardine Rees, Mid Wales Joint Committee Lead Chair. The event was well attended by approximately 150 delegates and feedback received was overall very positive, with considerable interest in continuing to stage a rural conference in Mid Wales as an ongoing annual event.

A presentation was received by the Mid Wales Joint Committee at its meeting on 14th January 2019 outlining the proposed future governance arrangements for Rural Health and Care Wales through the establishment of an All Wales Rural Alliance for which Rural Health and Care Wales would be a part of. Members supported the proposal to develop an All Wales Rural Alliance to be hosted by Powys Teaching Health Board and agreed that further work would be undertaken to develop a paper for presenting to the next Joint Committee meeting in March 2019. Members also noted that the current funding arrangements for Rural Health and Care Wales were due to end in March 2019 and that future funding arrangements needed to be confirmed as soon as possible due to the HR implications for those members of the Rural Health and Care Wales team.

6. Scrutiny

The Mid Wales Joint Scrutiny Working group met on the afternoon of 14th January 2019 following the Mid Wales Joint Committee meeting held in the morning. Those in attendance included members of the scrutiny working groups for two of the three Local Authorities covering Mid Wales – Ceredigion County Council and Powys County Council, together with Hayley Thomas, Joint Committee Lead Director of Planning and Peter Skitt, Joint Committee Programme Lead. Items discussed included:

- The working group terms of reference which are due for review and a brief outline was provided on the Joint Working assurance model used for Public Services Boards to consider as part of the review process.
- Mid Wales Joint Committee extreme red scoring risks.
- Further clarification on the details of a request made for a presentation to be provided by the Welsh Ambulance Services NHS Trust representatives.
- Mid Wales Joint Committee Work Programme.

7. RECOMMENDATION

For information – Partner organisations are asked to note the Mid Wales Joint Committee update report for January 2019.

APPENDIX 1

Aim:	1. Health, Wellbeing and Prevention - Improve the health and wellbeing of the Mid Wales population				
Objective:	Support the population of Mid Wales to become healthier with a focus on promoting healthy habits and behaviours.				
Priority:	Green Health Prescribing				
Action	Lead	Outcomes	Target date	Current Status	Update
<p>Develop a strategy for Green Health for Mid Wales.</p> <p>Develop the Network of Green Health activities available across through continuation of collaboration with Rural Health and Care Wales.</p>	<p>HDdUHB Ros Jervis, Director of Public Health,</p>	<p>A clear Mid Wales Green Health Strategy which ensures the optimised networking and involvement of all partners.</p> <p>A wider range of Network of Green Health activities available across Mid Wales.</p>	Mar 19		<p>The Mid Wales Green Health in Practice Network held a workshop in December 2018, the Network designed a framework of common standards for design, delivery and evaluation of social, green, blue, active, reflective, etc services, including key messages for the public and technical specifications for providers and prescribers. This framework is included within the RHCW update paper for the MWJC meeting on 14/01/19.</p> <p>Running alongside this work the MWJC Programme Lead, MWJC Programme Manager and Priority Lead met on 03/01/19 to discuss the scope of work for this priority and the development of a detailed work plan. A paper proposing the establishment of a strategic group for social and green solutions for health will now be developed with a proposal to look at providing Public Service Boards, Regional Partnership Boards, MWJC, RHCW and Health Boards with an 'art of the possible'. Following consideration by PSBs this paper will be presented to a future MWJC meeting.</p>

Aim:	2. Care Closer to Home - Creating a sustainable healthcare system for the population of Mid Wales which has greater focus on care closer to home.				
Objective:	Ensure that, where appropriate, patients receive the majority of their care away from the acute hospital setting and nearer to home.				
Priority:	Ophthalmology				
Action	Lead	Outcomes	Target date	Current Status	Update
Develop an integrated community focused ophthalmic approach across Mid Wales with a co-ordinated approach across primary care, community and hospital care services which will include enhancing the provision of community outpatient clinics and Optometric triage.	PTHB Primary Care element Andrew Powell, AD Primary Care	Increased use of National eye care pathways across Mid Wales. Reduced waiting times for Cataract Surgery. Increased use of outreach clinics.	Mar 19		Representatives from HDdUHB attended the second meeting of Planning and Delivery Executive Group to discuss the development of a Mid Wales Ophthalmology Plan. Following detailed discussion it was agreed that this work be split into two phases with the first phase to focus on Mid Wales Community Primary Care Ophthalmology services. A first workshop was held on 03/01/19 to share the latest position on community primary care Ophthalmology services across Mid Wales, the plans being progressed and the potential for developing a Mid Wales approach. Work will now be undertaken to scope out current service provision across Mid Wales, plans under development, available opportunities and patient needs. A further workshop has been arranged for 21/02/19 in which the scoping work will be used to develop a draft plan for Mid Wales which will be presented to the Joint Committee meeting on 11/03/19.

Aim:	2. Care Closer to Home - Creating a sustainable healthcare system for the population of Mid Wales which has greater focus on care closer to home.				
Objective:	Ensure that, where appropriate, patients receive the majority of their care away from the acute hospital setting and nearer to home.				
Priority:	Ophthalmology				
Action	Lead	Outcomes	Target date	Current Status	Update
Develop an integrated community focused ophthalmic approach across Mid Wales with a co-ordinated approach across primary care, community and hospital care services which will include enhancing the provision of community outpatient clinics and Optometric triage.	HDdUHB/BCUHB <i>Ophthalmology other elements</i> Stephanie Hire, AD Scheduled Care; Gordon Wragg, SDM Head and Neck services	Increased use of National eye care pathways across Mid Wales. Reduced waiting times for Cataract Surgery. Increased use of outreach clinics.	Mar 19		Representatives from HDdUHB attended the second meeting of the Planning and Delivery Executive Group to discuss the development of a Mid Wales Ophthalmology Plan. Following detailed discussion it was agreed that this work be split into two phases with the first phase to focus on Mid Wales Community Primary Care Ophthalmology services.

Aim:	2. Care Closer to Home - Creating a sustainable healthcare system for the population of Mid Wales which has greater focus on care closer to home.				
Objective:	Ensure that, where appropriate, patients receive the majority of their care away from the acute hospital setting and nearer to home.				
Priority:	Community Dental Service				
Action	Lead	Outcomes	Target date	Current Status	Update
Phase 2 - Expansion of the Newtown-based Community Dental Service to accept referrals appropriate to the specialty of Oral and Maxillofacial surgery.	PTHB Andrew Powell, AD Primary Care	Improved access to community dental services and an enhanced community provision.	Mar 19		Business plan for the development of a community led sedation / GA service based at Bronglais General Hospital is currently under development. The timescale has been delayed due to challenges in respect of activity data collection to identify where patients are currently going for treatment. Following receipt of all activity data in December 2018 a validation exercise was undertaken to ascertain the number of patients who would benefit from being referred to the dental service at Newtown. However, due to anomalies in the information provided a request for further information has been made to HDdUHB.
Phase 3 - Development of a Community led Sedation/GA service based at Bronglais General Hospital.	PTHB Andrew Powell, AD Primary Care	Improved access to community dental services and an enhanced community provision.	Sept 19		Phase 2 needs to be completed first but work is being undertaken on identifying space and theatre lists for this phase of work.

Aim:	2. Care Closer to Home - Creating a sustainable healthcare system for the population of Mid Wales which has greater focus on care closer to home.				
Objective:	Ensure that, where appropriate, patients receive the majority of their care away from the acute hospital setting and nearer to home.				
Priority:	Oncology				
Action	Lead	Outcomes	Target date	Current Status	Update
Review the existing oncology pathway for Mid Wales in order to improve access to community based oncology services, along with the repatriation of work back to Mid Wales as appropriate.	HDdUHB Dr Elin Jones, Locum Consultant – Oncology Services	Equity of access to oncology services and wherever possible care closer to home.	Sept 19		MWJC Programme Lead, MWJC Programme Manager and Priority Lead to meet in January 2019 to discuss the scope and development of a detailed work plan.

Aim:	2. Care Closer to Home - Creating a sustainable healthcare system for the population of Mid Wales which has greater focus on care closer to home.				
Objective:	Ensure that, where appropriate, patients receive the majority of their care away from the acute hospital setting and nearer to home.				
Priority:	Welsh Community Care Information System (WCCIS)				
Action	Lead	Outcomes	Target date	Current Status	Update
Explore/improve access to WCCIS for Community staff working in the Dyfi valley and surrounding areas.	PTHB Kara Price WCCIS Project Manager – Health	Delivery of an integrated service delivery model allowing cross border assessment and care planning	Sept 20		MWJC Programme Lead, MWJC Programme Manager and Priority Lead meeting on 10/01/19 to discuss the scope and development of a detailed work plan.

Aim:	2. Care Closer to Home - Creating a sustainable healthcare system for the population of Mid Wales which has greater focus on care closer to home.				
Objective:	Improve the management of long term conditions within the community through better care within the community, promoting and supporting self management.				
Priority:	Respiratory				
Action	Lead	Outcomes	Target date	Current Status	Update
Develop an integrated community focused respiratory approach across Mid Wales with co-ordinated services across primary care, community and hospital care services in order to ensure early diagnosis of respiratory conditions and improved provision of chronic disease management through enhanced support from specialists within the community to optimise treatment and support for patients.	HDdUHB TBC	An aligned approach across the Mid Wales area with a networked team delivering care closer to home. Development of a cross health Board MDT approach including Primary and Secondary care.	Sept 19		Due to a delay in the start date for the HDdUHB Respiratory consultant alternative options are now being explored to identify a lead for this priority area.

Aim:	2. Care Closer to Home - Creating a sustainable healthcare system for the population of Mid Wales which has greater focus on care closer to home.				
Objective:	Improve the management of long term conditions within the community through better care within the community, promoting and supporting self management.				
Priority:	Dementia				
Action	Lead	Outcomes	Target date	Current Status	Update
Develop an integrated multi agency and multi professional dementia care approach across Mid Wales through joint working across health, social care, the voluntary sector and other agencies in order to improve identification and awareness/understanding of dementia and improve the support provided to those with dementia and their family/carers	HDdUHB TBC	An integrated Dementia delivery plan for Mid Wales with networked service delivery approach between Health Boards and Local Authorities.	Sept 19		MWJC Programme Lead meeting with HDdUHB Dementia lead on 17/01/19 to explore options for how this work can be progressed.

Aim:	2. Care Closer to Home - Creating a sustainable healthcare system for the population of Mid Wales which has greater focus on care closer to home				
Objective:	Development of accessible and appropriate telemedicine services across Mid Wales to support people and prevent them from having to travel further than required to appointments.				
Priority:	Telemedicine Strategy and Implementation Plan				
Action	Lead	Outcomes	Target date	Current Status	Update
Ensure that the four telehealth projects that were approved by the Telehealth and Innovation Subgroup of MWHC are implemented and operationally sustainable, revisit the outcomes and increase the roll out over a wider area.	HDdUHB Hazel Davies, General Manager BGH	First year implementation of the Telemedicine Strategy and Implementation Plan (3 year Strategy and Plan) which will facilitate the development of accessible and appropriate telemedicine services available across Mid Wales and supports the delivery of care as close to home as possible.	Mar 19		MWJC Programme Lead, MWJC Programme Manager and Priority Lead meeting on 09/01/19 to discuss development of detailed work plan.

Aim:	2. Care Closer to Home - Creating a sustainable healthcare system for the population of Mid Wales which has greater focus on care closer to home				
Objective:	Creation of integrated care hubs as local health 'hubs' for services in communities across Mid Wales, enabling outreach facilities from acute hospitals in order to improve access to health and social care, well-being, prevention and health promotion services.				
Priority:	Bro Ddyfi Integrated Health and Care Centre.				
Action	Lead	Outcomes	Target date	Current Status	Update
Develop the Bro Ddyfi Integrated Health and Care facility in order to improve access to health and social care, well-being, prevention and health promotion services.	PTHB Hayley Thomas, Dir Planning and Performance	Creation of an integrated care hub for Ddyfi valley area, enabling outreach facilities from Bronglais General Hospital and a facility to build the MDT working across all professions.	Aug 19		A start date for the Bro Ddyfi Integrated Health and Care Centre is currently awaited. Initial discussions held with lead in November 2018 to develop detailed work plan.

Aim:	3. Rural Health and Care Workforce - Create a flexible and sustainable rural health and care workforce for the delivery of high quality services which support the healthcare needs of rural communities across Mid Wales. Care Closer to Home - Creating a sustainable healthcare system for the population of Mid Wales which has greater focus on care closer to home				
Objective:	<p>Ensure the Mid Wales workforce has the right skills, knowledge and experience to work in a rural area.</p> <p>Develop and extend new/enhanced workforce roles, including for example Physician Associates, Associate Nurses, Nurse Specialists and Consultant Nurses and Therapists, which will support integrated working across primary, community and secondary care.</p> <p>Develop community based multidisciplinary teams that integrate with social services and work closely with the third sector.</p>				
Priority:	Workforce plan for Mid Wales				
Action	Lead	Outcomes	Target date	Current Status	Update
Develop a robust workforce plan for Mid Wales which is within the Health Board workforce plans and which considers the rurality of Mid Wales.	HDdUHB Lisa Gostling, Dir of Workforce and OD	Delivery of a Mid Wales workforce that is sustainable and has the ability to respond to staffing requirements across the area, ensuring Health Board boundaries are not a barrier to service continuity.	Mar 19		MWJC Programme Lead, MWJC Programme Manager and Priority Lead met in November 2018 to discuss scope of work and development of detailed work plan. First draft work plan developed and attached at Appendix B.

Aim:	4. Hospital Based Care and Treatment - Create a sustainable and accessible Hospital Based Care and Treatment service for the population of Mid Wales with robust outreach services and clinical networks.				
Objective:	Establish a clear strategy for Hospital Based Care and Treatment services for the population of Mid Wales.				
Priority:	Clinical Strategy for Hospital Based Care and Treatment				
Action	Lead	Outcomes	Target date	Current Status	Update
Develop a clinical strategy for Bronglais General Hospital / Mid Wales.	HDdUHB Peter Skitt, County Director Ceredigion / Programme Lead MWJC	Bronglais as an important part of a clear vision of how services could be provided through networks crossing organisational boundaries, through better use of new staff groups and through using technology enabled healthcare.	Mar 19		Development of Clinical Strategy for Bronglais General Hospital nearing completion. Draft document 'Bronglais General Hospital – The next chapter' to be presented to HDdUHB Executive Team meeting on 11/02/19 and presented to the MWJC meeting on 11/03/19.

Aim:	4. Hospital Based Care and Treatment - Create a sustainable and accessible Hospital Based Care and Treatment service for the population of Mid Wales with robust outreach services and clinical networks.				
Objective:	Establish a clear strategy for Hospital Based Care and Treatment services for the population of Mid Wales.				
Priority:	Clinical networks				
Action	Lead	Outcomes	Target date	Current Status	Update
Develop clinical networks across those secondary care services which provide services to the population of Mid Wales.	PTHB Wyn Parry, Medical Director and Lead Clinical Director MWJC	Networked services providing care for the people of Mid Wales with partners in Hywel Dda, Powys, Betsi and English providers. Creation of opportunities for outreach services across the Care Hubs in Mid Wales.	Mar 20		Action on the development of clinical networks is on-going and is being progressed via the Mid Wales Clinical Advisory Group. The first meeting of this group was held in November 2018 for which the group agreed that Ophthalmology was the top priority area which needed to be focused on.

Aim:	4. Hospital Based Care and Treatment – Create a sustainable and accessible Hospital Based Care and Treatment service for the population of Mid Wales with robust outreach services and clinical networks.				
Objective:	Establish a clear strategy for Hospital Based Care and Treatment services for the population of Mid Wales.				
Priority:	Colorectal Surgery at Bronglais General Hospital				
Action	Lead	Outcomes	Target date	Current Status	Update
Reintroduce the elective colorectal surgery at Bronglais General Hospital (BGH).	HDdUHB Peter Skitt, County Director Ceredigion / Programme Lead MWJC	Sustainable Colorectal surgical pathway at BGH, ensuring a Mid Wales focus on service delivery.	Mar 19		Consultant appointments in progress and theatre staff have been appointed. An equipment review is currently in progress.

Aim:	5. Communications, Involvement and Engagement - Ensure there is continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners.				
Objective:	Develop and implement clear mechanisms for engagement and consultation, and communication with the relevant population, and community/stakeholder groups; ensuring that plans, priorities for service development and evaluation of services are co-produced				
Priority:	Public, Staff and Patient Engagement and Involvement				
Action	Lead	Outcomes	Target date	Current Status	Update
Establish the Mid Wales Public and Patient Engagement and Involvement Forum.	WAST Estelle Hitchon, Director of Partnerships and Engagement	Mid Wales Public and Patient Engagement and Involvement Forum in place which is open to individuals and representatives of groups and organisations with an interest in engaging and involving public and patients in the work of the MWJC. This will facilitate the on-going engagement, involvement and communication of the Joint Committee's work across Mid Wales.	Sept 18		Membership of the Forum is open to individuals and representatives of groups and organisations with an interest in engaging and involving public and patients in the work of the Mid Wales Joint Committee for Health and Social Care. Although the Forum does not have a formal meeting schedule a Mid Wales Public and Patient Engagement and Involvement Steering Group has been established to jointly discuss and agree how best to engage and involve the public and patients in the work of the Joint Committee using existing organisational mechanisms.

Aim:	5. Communications, Involvement and Engagement - Ensure there is continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners.				
Objective:	Develop and implement clear mechanisms for engagement and consultation, and communication with the relevant population, and community/stakeholder groups; ensuring that plans, priorities for service development and evaluation of services are co-produced				
Priority:	Public, Staff and Patient Engagement and Involvement				
Action	Lead	Outcomes	Target date	Current Status	Update
Hold a people's conference in Autumn of 2018 as an information sharing event for people and frontline staff.	WAST Estelle Hitchon, Director of Partnerships and Engagement	People's conference held in November 2018 to facilitate engagement, involvement and communication across Mid Wales on the Joint Committee's priorities and patient success measures.	Nov 18		<p>The first people's conference coincided with the Rural Health and Care Conference held on 13/11/18 which was an information sharing and engagement event for people and frontline staff on the following:</p> <ul style="list-style-type: none"> • Joint Committee's strategic intent and priorities. • Proposed patient success measures. • Provide an opportunity to feedback on any other areas of work which need to be considered in the long term. <p>Although there was good attendance for the Rural Health and Care element of this event the numbers of public who attended the event was disappointingly low. As a result the Steering Group have considered what the format of future events should be to better attract a public audience.</p>

Aim:	5. Communications, Involvement and Engagement - Ensure there is continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners.				
Objective:	Develop and implement clear mechanisms for engagement and consultation, and communication with the relevant population, and community/stakeholder groups; ensuring that plans, priorities for service development and evaluation of services are co-produced				
Priority:	Public, Staff and Patient Engagement and Involvement				
Action	Lead	Outcomes	Target date	Current Status	Update
Use existing patient fora and engagement mechanisms across the health and care community in Mid Wales to facilitate engagement, involvement and communication across Mid Wales through a MWJC presence.	WAST Estelle Hitchon, Director of Partnerships and Engagement	Use of existing patient fora and engagement mechanisms across the health and care community in Mid Wales will facilitate the on-going engagement, involvement and communication across Mid Wales.	On-going		<p>Mid Wales Public and Patient Engagement and Involvement Steering Group established to jointly discuss and agree how best to engage and involve the public and patients in the work of the Joint Committee using existing organisational mechanisms.</p> <p>Membership includes representatives from Health and Local Authority organisations and Community Health Councils across Mid Wales. Members of Steering group to use existing mechanisms to support dissemination of MWJC communication across Mid Wales. Work in progress on updating schedule of existing patient fora and engagement mechanisms across the health and care community in Mid Wales.</p>

RAG STATUS DEFINITION			
Status	Definition	Monitoring	Action
	Progress below expectations	The activity requires remedial action to achieve objectives. The timeline/objectives are at risk.	Highlight to Planning and Delivery Executive Group and Mid Wales Joint Committee explaining reason for this and proposed action.
	Progressing towards expectations	The activity is progressing, however, may not be as timely and smooth as expected. No action will normally be taken at this time but it will be closely monitored. The timeline/objectives may be at risk.	Raise awareness to the Planning and Delivery Executive Group.
	Meeting expectations	The project is on target to succeed. The timeline/objectives are within plan.	None