

**Betsi Cadwaladr University Health Board  
Special Measures Improvement Framework  
October 2018-March 2019 - Overview Report**

**1. Purpose of the Report**

This report sets out an overview of the progress made by Betsi Cadwaladr University Health Board ('the Health Board') against the October 2018 – March 2019 expectations set out in the updated Special Measures Improvement [Framework](#) (SMIF) issued by Welsh Government in May 2018 and comprising the four themes of leadership & governance, strategic & service planning, mental health and primary care including out of hours services. This report is also informed by the work that has been progressed as a result of recommendations made by a number of external reviews including the WAO Structured Assessment 2018 and the Health & Social Care Advisory Service (HASCAS) and Ockenden reports.

**2. Introduction/Context**

2.1 Following the Health Board being placed in special measures in June 2015, a continuous organisation-wide programme of work to strengthen governance arrangements and make improvements to services has been in place. This remains a dynamic process, as the organisation works not only to address the specific expectations set out in the SMIF, but also to respond to emerging challenges.

2.2 This report is the fifth of a suite of reports setting out the progress made against the SMIF expectations. It specifically covers the period which ran from October 2018 to March 2019 and builds upon the significant number of actions previously taken. These were reported in the [first](#) report published in May 2016, the [second](#) report published in November 2016, the [third](#) report published in January 2018 and the fourth [report](#) published in November 2018.

2.3 In November 2018, following publication of the fourth progress report, the then Cabinet Secretary for Health & Social Services gave an oral statement updating on the Health Board's progress since May 2018. He noted the strong focus on Board capability, including the fact that all board level vacancies had been addressed. He also noted the introduction of more robust appraisal and assurance systems, an increased commitment to partnership working in support of 'A Healthier Wales', the comprehensive plans put in place to address the Ockenden and HASCAS recommendations, developments in mental health services, better staff engagement, progress against some specialist service strategies and continuing improvement in GP out of hours services.

2.4 Alongside these improvements, the Cabinet Secretary also acknowledged the Health Board's challenging financial position and the need to accelerate progress on strategic and service planning, both in respect of specific areas such as orthopaedics and also from a whole-system perspective in describing more clearly the plans for service transformation. The Cabinet Secretary emphasised the need for the Health Board to spend the next 6 months focusing on finance, strategic & service planning – especially unscheduled care and referral to treatment targets (RTT) – and on delivering the Ockenden and HASCAS recommendations.

2.5 Following a meeting of the Welsh Government, Wales Audit Office (WAO) and Healthcare Inspectorate Wales (HIW) Tripartite Group in January 2019, the Minister for Health and Social Services issued a written [statement](#) in February 2019 on joint escalation and intervention arrangements across NHS Wales. The Minister noted that progress had been seen in several areas across the Health Board, most notably on GP out of hours services, which had improved to a level comparable to other organisations and was therefore removed as a special measures concern. Further improvements were also noted in mental health, quality and safety governance and board effectiveness under the new Chair. The way in which the organisation had responded to the Ockenden and HASCAS recommendations was also highlighted.

2.6 Whilst noting the positive steps forward, the Minister acknowledged that the Health Board still faced a challenging improvement agenda as it worked to improve performance and governance within the context of a sustainable 3 year plan. It was therefore decided that the Health Board would remain at its current escalation status of special measures. The Director General of NHS Wales [wrote](#) to the Health Board on 22.2.19 confirming the outcome of the tripartite meeting and setting out the concerns that remained around the lack of necessary pace for change, particularly in relation to finance, planning and performance.

2.7 On 4.3.19, the Chairman and Chief Executive, with other senior colleagues, gave [evidence](#) to the Public Accounts Committee in relation to finance and performance, progress against previous PAC recommendations, mental health services, special measures and concerns management. On 4.2.19, the North Wales Community Health Council (CHC) also provided [evidence](#) before the PAC and, whilst noting the challenges faced by the Health Board, acknowledged progress under special measures in terms of aspects of public engagement, systemic culture change and vision.

### **3. Progress**

3.1 The Special Measures Improvement Framework Task & Finish (SMIF T&F) Group, established by the Health Board at the outset of special measures, continues to meet regularly to track progress. Its membership comprises both Independent Members and Executives / Directors, with advisory input from David Jenkins (appointed as additional support by Welsh Government). It has been given a new impetus following the new Health Board Chair's decision to personally chair the T&F Group, with an enhanced focus on pace and delivery. At the Chairman's request, the Executive Team held a special measures session in January 2019, devoted to scrutinising in detail and better articulating the progress made. As a result of this additional scrutiny, evidence was provided to support the view that a number of the 'open' SMIF expectations had in fact been fully met. The SMIF T&F Group has continued to fulfil its purpose in advising and assuring the Board on the effectiveness of the arrangements in place to respond to the SMIF. An example of an assurance report submitted to the Board by the Group's Chair can be found [here](#).

3.2 In reviewing progress made between October 2018 and March 2019, the T&F Group believes that some important progress has been made, though it is clear that

significant challenges still remain. Key achievements to highlight across the themes are as follows:

- GP out of hours services have improved and have been removed from special measures
- The Health Board has approved a Workforce Strategy, which is an important milestone contributing to the formulation of the Health Board's longer term plans
- The Health Board has approved an Estates Strategy – another important milestone that underpins overarching plans
- The Health Board has developed an interim annual plan for 2019/20, with a 3 year outlook, recognising that this is a working document that will be subject to further changes as the detail of key areas such as planned care and financial planning progresses
- There is evidence of continuing improvement in engagement, through extensive use of social media, attendance by Health Board staff at high-footfall events out in communities, and the piloting of the Live Lab approach to healthy lifestyles in conjunction with Public Health Wales and the Future Generations Commissioner
- Across the Health Board, positive patient/service user feedback dominates the listening and learning data trends, at an estimated ratio of 70/30 percent in favour of positive comments
- Ongoing Board development – including work on strengths based leadership and developing high performing teams. Procurement of external facilitation for Board development is nearing completion, with final interviews to be held in April 2019
- Additional secondary care posts have been created to support unscheduled and planned care delivery
- Progress on unscheduled care – the new service improvement approach, based on 90 day improvement cycles – has started to deliver some results in respect of demand management, speeding up flow through hospitals and improving discharge procedures
- The Health Board has made a sustained improvement reducing the number of patients delayed on our Emergency Department forecourts (ambulance handover) – in February 2019 there has been a 73 % reduction compared to the same period in 2018
- The introduction of the Single Integrated Clinical Assessment and Triage (SICAT) service, in conjunction with Welsh Ambulance Services Trust, has been a key success factor in a transformational response to the challenges of increasing unscheduled care demand
- A key milestone for the improvement of Adult and Older People's Mental Health Inpatient Services was achieved in January 2019 when the Board approved a Strategic Outline Case (SOC) including development of the care environment in the Ablett Unit at Ysbyty Glan Clwyd
- Positive feedback has been received from Healthcare Inspectorate Wales (HIW) on the quality and safety of mental health services in the Ablett Unit, Hergest Unit and Nant-Y Glyn Community Mental Health Team

- Board members have undergone dementia friend training and Ysbyty Gwynedd has been formally recognised for being 'dementia friendly'
- An Improvement Group and also Stakeholder Group are established and overseeing the implementation of the HASCAS/Ockenden recommendations
- A new post of Executive Director of Primary Care and Community Services commenced during this reporting period; this post represents a major step forward in progress towards transformation
- Positive steps forward in supporting primary care resilience have been seen through fewer GP practice resignations, managed GP practices moving back onto General Medical Services contracts, all trainee GP posts in north Wales filled for the first time, and more robust clusters
- Sustained improvement in the timeliness of responses to concerns and incidents
- Ongoing efforts to learn from incidents as shown by, for example, the significant improvements in infection rates, being the best in Wales in respect of some bacteraemia

Further information on these highlights and measures of success are included later in this report.

#### **4. Special Measures Improvement Framework Themes:**

This section of the report outlines the progress made in meeting each of the specific expectations set out under the four themes for the time period October 2018 to March 2019:

##### **4.1 Leadership and Governance**

4.1.1 Expectation: *Board development activities delivered to ensure members of the Board are fully engaged on the challenges and delivering on the strategic objectives*

4.1.2 The Board has engaged in workshops on a monthly basis, supplemented by externally facilitated Board development focused on strengths based leadership and developing high performing teams. Board workshops have covered strategy, planning, unscheduled care, finance and risk. During this period, the Board has been supported by Mr David Jenkins as an independent adviser appointed by the Minister for Health and Social Services. The full Board is spending more time than ever in less formal settings, to scrutinise strategic objectives such as referral to treatment time (RTT) targets and the financial position. In January 2019, Mr Michael Hearty became a specialist adviser to the Board, primarily focused on finance.

4.1.3 The reduced frequency of Board meetings held in public has freed up time for the Executive Team to work together on priorities, and the Executive portfolio review process has facilitated a more effective allocation of responsibilities to support delivery of the full Health Board agenda.

4.1.4 The positive impacts of this development activity are being seen in the way the Board conducts its business. Following the completion of his work with the Health Board, Mr Jenkins reported that he believed the Board now to be in a much better position in terms of its ability to identify issues requiring focus and its ability to scrutinise and challenge. He also remarked that governance was better and the Board's confidence in its ability to make improvements had grown. Also, the WAO noted in their most recent [structured assessment](#) issued in November 2018: *"We looked at how the Board organises itself to support the effective conduct of business. We found the Health Board has good arrangements to support board and committee effectiveness, and shows recent signs of strengthened scrutiny, and is working to develop a strong focus on fewer but key priorities"*. The Special Measures Improvement Framework Task & Finish Group therefore deems this expectation to be achieved, though Board development will continue to be an ongoing feature of business as usual.

4.1.5 Expectation: *Action to sustain senior leadership and capacity including the structure below the executive team*

4.1.6 Action to build additional sustainable leadership and capacity is underway in a number of key areas within the structure. Utilising additional funding provided by Welsh Government, the appointment process is progressing and most appointments have been made in respect of members of the turnaround team, in mental health, and in respect of extra secondary care posts. As part of Welsh Government's £6.8m package of special measures support announced in the summer of 2018, £2.317m extra funding has been provided to close the operational management capacity gap across the 3 main hospital sites. This has freed up clinicians to focus on patient priorities, harmonising structures and strengthening leadership.

4.1.7 In respect of the turnaround team, the additional investment has enhanced the Board's central Programme Management Office, increased programme management capacity for change programmes and will continue to further develop service improvement skills and capacity to support clinical teams to deliver change. Service improvement leads are being appointed to support the development and embedding of sustainable change plans. In mental health, the enhanced structure includes the establishment of triumvirate management teams and Local Implementation Teams (LITs) responsible for implementing the Quality Improvement and Governance Plan (QIGP) and producing local delivery plans.

4.1.8 This expectation has largely been achieved, however the position remains dynamic, with a new Executive Medical Director and Executive Director of Finance to be appointed in May. Work is also underway to consolidate interim leadership appointments for the 3 acute hospitals as part of the ongoing work to strengthen the capacity and governance arrangements across the organisational structure.

4.1.9 Expectation: *Financial plan on schedule to deliver to the finance control total agreed for 2018/19*

4.1.10 The Health Board remains in a very serious financial position and did not meet its financial control of £35m deficit, ending the year with a deficit of £40.3m,

£5.3m over the control total. As a result the Health Board has failed its three year financial duty.

4.1.11 The principal reason the control total was not met was failure to deliver the savings target of £45m, set as part of the 2018/2019 Financial Plan. The Health Board delivered £38.3m of savings, a shortfall of £6.7m

4.1.12 A Savings Programme Task Group has been established, reporting into the Finance and Performance Committee to provide additional and detailed scrutiny of the Health Board's 2019/20 savings programme, thus enhancing governance and oversight.

4.1.13 The Health Board has also commissioned an external financial review as part of focused efforts to improve the financial position. With financial support from Welsh Government, Price Waterhouse Coopers have been engaged to work alongside the Health Board in reviewing and improving its approaches to delivering sustainable improvement and change whilst at the same time saving money. The findings from the review are due to be reported to the Health Board in June 2019, with staged reporting in the interim.

4.1.14 Expectation: *Continued improvement and engagement to enable shared learning from concerns, complaints, incidents and claims*

4.1.15 Under the clinical leadership of the Executive Director of Nursing & Midwifery, the governance arrangements supporting learning from concerns, complaints, incidents and claims have been reviewed and refreshed. The Board now has an identified Champion for quality and concerns who carries the board level commitment and focus on this key area of work. The Champion has a deeper level of insight and knowledge allowing them to better support the Board in understanding the key issues.

4.1.16 The Board is sighted on the key quality and safety issues, linked to areas where concerns are commonly raised. This is done via the Quality, Safety and Experience (QSE) Committee and the Quality and Safety Group (QSG). The QSG, which is led by clinical executives, provides assurance reports to the QSE Committee. QSG also provides multi-disciplinary review and oversight, with an emphasis on promoting learning. All divisions of the Health Board provide monthly reports on their quality and safety issues, including concerns.

4.1.17 Progress on serious incident investigations and learning is tracked during weekly incident review meetings chaired by the Associate Director, Quality Assurance. The Health Board has collaborated with the Welsh Risk Pool to play a key role in driving the national claims process reform on behalf of NHS Wales. This aims to promote more effective learning from claims.

4.1.18 Corporate concerns management and support structures have been revised in order to enable the corporate team to deliver more training, support and mentorship to staff. This has facilitated the concerns management process and subsequent learning from concerns. All investigations are led by the relevant service

team, which means that lessons learnt can be acted upon earlier in the process and closer to the point of care.

4.1.19 Concerns related data is now available at ward level following roll out of the 'harms' dashboard, and implementation of a ward/unit accreditation programme has included consideration of concerns data. 'Harm summits' take place to promote harm reduction via shared learning in key areas where complaints/incidents arise. For example, the Health Board has seen significant improvements in its infection rates and continues to have the best cumulative monthly rate per 100,000 population of all health boards in Wales for *St. aureus* bacteraemia, *Klebsiella sp* bacteraemia and *Pseudomonas aeruginosa* bacteraemia. It also has the third best rate per 100,000 population for *E. coli* bacteraemia.

4.1.20 The work outlined above, coupled with investment in additional capacity in recent years, has led to improvements such as in the timeliness and quality of responses to complaints and serious incidents.

4.1.21 There has also been a sustained improvement in the management of all incidents. In particular, better management of serious incidents has resulted in a reduction in the overall number of such incidents being reported. This trend has been particularly evident over recent months.

4.1.22 Following receipt of the Public Service Ombudsman for Wales (PSOW) annual letter relating to 2017/18, the Health Board was required to reflect on the learning from the 2 public reports issued in respect of north Wales cases. The Health Board undertook a range of actions to learn lessons in [response](#) to the failures. The PSOW was satisfied with the learning that took place and closed both cases.

4.1.23 The Health Board recognises that the investigation and understanding of concerns (complaints and incidents), alongside the views of service users, is a crucial source of learning and improvement. It is acknowledged that, although improvement is evident in this area, more work is required to systematically disseminate learning and to be able to evidence implementation of lessons learnt.

4.1.24 Expectation: *Demonstrate active leadership and commitment working with partners in the Public Services Boards and Regional Partnerships to deliver on the plans and actions agreed to benefit the well-being and health of the people of North Wales including tackling inequalities*

4.1.25 The new Chair brought an added impetus to partnership working when he joined the Health Board in September 2018, by requiring increased time commitments and more active participation in the Public Services Boards (PSBs) and Regional Partnership Board (RPB). The Chief Executive now attends Public Services Board meetings. The Executive Director of Public Health has now assumed the chairmanship of the RPB and has been instrumental in encouraging joint organisational development activities between the members. The newly appointed Executive Director of Primary and Community Care has also contributed to improvements in working relationships across the 6 local authorities.

4.1.26 The Health Board has engaged with the PSBs and RPB in the development and finalisation of its 3 year outlook and 2019/20 annual plan, ensuring alignment with a whole systems approach to health and social care. It also worked with PSB and RPB partners on all four of the north Wales bids submitted to the Transformation Fund, to support service development. This joint working will continue in order to deliver on the successful bids in partnership. The Special Measures Task & Finish Group deems the requirements of this expectation to be achieved, but acknowledges that effective partnership working must continue to mature and remain a core component of day to day business to fully transform services.

4.1.27 Expectation: *All follow-up reviews recommendations progressed and plans in place for completion of actions to include the Deloitte, HASCAS and Ockenden Reviews*

4.1.28 Deloitte recommendations are being progressed and scrutinised. They are embedded within special measures monitoring arrangements, with oversight by the relevant committee, and are reviewed as an integral part of the monthly special measures meetings with Welsh Government.

4.1.29 1 The Health Board has established robust governance and reporting arrangements, incorporating terms of reference for an Improvement Group guided by a Stakeholder Group, to oversee the implementation of the recommendations from the HASCAS report and the Ockenden Governance review jointly. All recommendations from both the HASCAS and the Ockenden reports have been mapped together to ensure the necessary actions identified are embedded across the organisation and are not dealt with in isolation. Progress is reported to the Board in public session.

4.1.30 The Stakeholder Group, which is a subgroup of the Improvement Group, comprises representatives of the Community Health Council, Bangor University, St Kentigern Hospice, North Wales Police, north Wales local authorities, community voluntary councils, the North Wales Adult Safeguarding Board and Care Forum Wales as well as 6 Tawel Fan family members. Psychological support continues to be available to support family members if requested.

4.1.31 In November 2018, the Board received a [paper](#) providing a progress report against the HASCAS/Ockenden recommendations. A further [paper](#) detailing improvements made was considered by both the Quality, Safety & Experience (QSE) Committee and the full Board in January 2019. This highlighted progress made in care for the older person, including dementia strategy implementation, restrictive practice guidance, recruitment to senior clinical posts, safeguarding, care pathways, partnership working, concerns management and estates issues. To date, over 60% of the HASCAS/Ockenden recommendations are either complete, or nearing completion. Further detail is available [here](#).

4.1.32 Work is underway in relation to end of life care on older persons' mental health (OPMH) wards. This includes seeking to provide care in the patient's environment of choice, and the implementation of advanced care planning, treatment escalation plans and the all Wales arrangements for care decisions for the last days of life. Risk assessments will be undertaken with families to ensure early



conversations in respect of care planning and choice. Palliative care training is to be delivered to staff within all care settings.

4.1.33 A number of ongoing initiatives aim to improve the experience for people with dementia, who are presenting for unscheduled care to the emergency departments. Specifically, the three hospital sites are involved in the Dementia Friendly Hospital Programme (and Board members have received Dementia Friend training). Good work is underway at all sites but notably, Ysbyty Gwynedd was awarded Dementia Friendly Hospital accreditation by the Alzheimer's Society at the end of last year - the first acute hospital in Wales to achieve this. As part of this programme of work the following initiatives are also underway:

- Butterfly alert cards are being rolled out, which allow a person affected by a dementia to alert emergency department staff as to their needs. The cards aims to support patients in ensuring that their dementia and any anxiety are recognised, that this leads to quicker triage, that triage is dementia friendly and the triage nurse identifies with the person and their family/carer how the person can be best supported to receive the most appropriate treatment
- The orange wallet scheme supports people with forms of disability that may not be visible and any conditions that impact upon understanding and communication when using public services
- An Emergency Department Dementia Pledge is in place which is a public facing statement that sets out what each department has committed to

4.1.34 Therefore, it can be demonstrated that plans are in place and recommendations are being progressed via an integrated governance structure with regular reporting to the Board. The Special Measures Task & Finish Group therefore deems this expectation to have been met.

## **4.2 Strategic and Service Planning**

4.2.1 Expectation: *Demonstrable progress on the implementation on the agreed clinical services strategy including the emergence of supporting plans in specific clinical areas, and an estates strategy to underpin future models of care*

4.2.2 The Health Board does not yet have an agreed, detailed clinical services strategy in place. The Health Board has linked with other Health Boards in Wales who have already progressed with their clinical strategies and this learning is informing the development of the BCU clinical services strategy. However, several components of an overarching clinical strategy are already in place including:

- Vascular plan - very specialist surgery will be provided at Ysbyty Glan Clwyd, where a state of the art vascular hybrid theatre and equipment has been established with significant investment from Welsh Government and the

Livsey Trust. There has been a successful recruitment of senior clinical staff and the new centre will open in April 2019

- Orthopaedics plan (see 4.2.13 below)
- Ophthalmology plan (see 4.2.14 below)
- Urology and pelvic cancer – the Health Board is undertaking a strategic review of urology services and developing a business case for robotic assisted surgery to support urological and other cancer site surgery
- Stroke services plan – this focuses on the whole stroke care pathway and includes proposals for establishment of a hyperacute stroke unit; plans are progressing with exemplary stakeholder and clinical engagement.
- With the support of Welsh Government, the Health Board has completed major developments at Ysbyty Glan Clwyd, and the Emergency Department at Ysbyty Gwynedd.
- The Sub-regional Neonatal Intensive Care Centre (SuRNICC) has been open for over a year and the benefits of this specialist centre are being realised for babies across North Wales. The new service provides both special care and intensive care cots, with on-site parent accommodation.
- The Health Board has also agreed a shared approach to transforming services for children and young people, people with a learning disability, people with mental health needs and community services through the Regional Partnership Board and are working collaboratively to develop and implement these

It will be necessary to build upon these as part of a whole system approach, including primary care, and to complete the suite of plans comprising the full, integrated, clinical services strategy. The development of the clinical strategy will take place over the coming months. The technical evidence already gathered in support of strategic planning programmes will be reviewed, alongside information and feedback from our partners and stakeholders.

4.2.3 In January 2019, the Health Board considered its priorities for 2019/20, within the context of a 3 year outlook aligned to the Board's strategic direction set out in *Living Healthier, Staying Well*. The Board recognised specific challenges and the plan was further developed by service transformation groups, drawing together information on the financial implications alongside the impact on the estates, workforce and digital strategies. The plan includes a commitment to develop a clinical services strategy by the end of September 2019. In keeping with the Health Board's overall improvement approach, the work to develop the clinical strategy will utilise the 3D methodology and follow the three distinct steps within the process of engagement, namely 'discover, debate and deliver'. Further information on this, and the detail of the timescales associated with the development of the strategy, is available [here](#).

4.2.4 In March 2019, the Board received the 2019/20 [annual plan](#) and approved this as an interim working document, recognising that the financial implications were not fully aligned and further work was required in relation to planned care in particular. The development of the financial plan is being supported externally as previously described. As mentioned previously, the Health Board's Workforce Strategy and

Estates Strategy were approved in March 2019. They set out the challenges and opportunities faced and provide the context / parameters which will enable improvements in service models and delivery to be made.

*4.2.5 Expectation: A Board approved three-year integrated medium-term plan submitted by March 2019, for the 2019-2022 planning cycle*

Following discussion with Welsh Government, and confirming our own understanding, it has not been possible to meet the IMTP criteria. Accordingly, an annual plan, with a 3 year outlook, has been developed. This is underpinned by and Estates Strategy and a Workforce Strategy. A Digital Strategy is also under development. From this base, the Health Board will work towards further development of the explicit requirements of an Integrated Medium Term Plan.

*4.2.6 Expectation: Delivery against agreed milestones set out in the 2018/19 operational plan on schedule, including:*

- *Sustained progress to reduce RTT and diagnostic waiting times as planned and agreed by the end of March, 2019; and*
- *Continued sustainable improvement in unscheduled care performance with a further decrease in patients waiting over 1 hour for patient handover, less than 4 and more than 12 hours in emergency care facilities that maintains progress made in the first six months of the year and which achieves targets agreed in the annual plan*

This was not fully achieved.

4.2.7 The Health Board has not delivered against the agreed milestones by the end of March 2019, although financial and Delivery Unit support was received during this period from Welsh Government for RTT, which went some way towards mitigating the seriousness of the position.

4.2.8 The Health Board has also benefitted from additional special measures funding for secondary care, announced in July 2018, which has helped build capacity and resilience in the teams.

4.2.9 There is a significant number of patients waiting longer than their planned, expected or national waiting times for their diagnostic examination. This is on all sites and across the range of referral sources (urgent, cancer, surveillance or routine).

4.2.10 The Health Board's 3 endoscopy units are unable to manage the current demand and the backlog of patients has continued to grow. The emergent operational and clinical risks have been escalated to the Board and decisive action has been taken to source additional capacity. This work has progressed alongside a detailed review of individual clinical risk to ensure potential harm to patients is minimised.

4.2.11 Some improvements have been made in relation to unscheduled care performance, driven by a series of 90 day plans. The plans have required effective partnership working and clinical leadership, to better manage demand in the pre-

hospital environment as well as improving flow on the 3 acute hospital sites, and supporting complex discharges working with local authorities and third sector organisations. This has achieved a sustained improvement in ambulance handovers (1337 patients delayed in February 2018 compared to 358 delayed in February 2019) and a reduction in delayed transfers of care (reduced from 104 patients in February 2018 to 70 in February 2019).

4.2.12 The 90 day planning methodology has also been used to progress quality improvements in a number of areas including infection control and falls reduction. The information on the safety and quality of services has also significantly improved with the development of the 'harms' dashboard, which gives a real time overview of quality indicators, down to ward level, which has been the subject of positive comments within the Wales Audit Office's Structured Assessment.

4.2.13 Expectation: *Delivery of the sustainable orthopaedic services plan progressing on the agreed timeline*

The orthopaedics plan is progressing. The Health Board and Welsh Government undertook a detailed review of the key elements of the plan, considering prevention, community based services as well as secondary care internal and commissioned activity. The discussion considered both the sustainable service gap and expansion needed to meet population health needs as well as the non-recurrent and commissioned activity required to reduce and subsequently eliminate backlog over a three year period. The efficiency and productivity gains expected were identified and linked to the engagement with the national Planned Care Programme. The cost and deliverability of both recruitment and capital requirements were tested. Further work on the actions agreed is progressing, with assessment of the immediate decisions needed to realise progress in the short and medium term, including commencement of recruitment, capital development and commissioning decisions.

4.2.14 Expectation: *North Wales ophthalmology plan being implemented to agreed timescales*

The ophthalmology plan is in the process of being implemented. The Eye Care Collaborative Group (ECCG), chaired by the Area Director West, has been established to support the development of an improved, revised service model in line with the strategic plan for eye care in North Wales. The Health Board is participating in a transformative programme of work introduced by Welsh Government to ensure eye care is improved and cases prioritised through integrated clinical risk stratification of patients under the Eye Care Measures Programme. The Delivery Unit visited the Health Board in April to assess organisational readiness for implementation of the Eye Care Measures. The Health Board has received funding from the Eye Care Sustainability Fund of £429,724, to fund the testing of a more efficient cataract pathway, plus the purchase of necessary equipment.

### **4.3. Mental Health**

4.3.1 Expectation: *LHB continuing to deliver on the plan to progress the work on the recommendations and embedding the lessons learnt/findings of HIW*

*inspections, the HASCAS investigation and Ockenden Review as part of the delivery of the TQ&G Plan*

4.3.2 During this period, there have been 3 unannounced Healthcare Inspectorate Wales (HIW) visits to mental health premises/services – Nant y Glyn Community Health Team, Hergest Unit and the Ablett Unit. The reports have all highlighted the quality and safety of the care provided, the commitment of staff, positive feedback from service users and improvements in access for patients. There has also been positive feedback on improvements in the quality of leadership and management and the robustness of governance arrangements. Further work is required to ensure there is consistency across all sites and aspects of the service, to achieve sustainable improvements to the environment of care and some aspects of care planning and record-keeping.

4.3.3 The work to progress the HASCAS and Ockenden recommendations has gained momentum. Stakeholders, including Tawel Fan families have been active participants in the Stakeholder Group, which is guiding the work of the Health Board, ensuring that the impact of changes on service users and carers, are being taken into account. The Group enables a more in-depth assessment to be made whilst at the same time provides a means of identifying emerging issues that need to be brought to the attention of the Health Board. Members of the Group have taken the opportunity to examine in detail individual recommendations and the progress being made, contributing valuable insights needed to secure improvements. The embedding element is the key issue yet to be fully addressed; the Quality, Safety & Experience [Committee](#) is to lead on giving consideration to this aspect and will determine that which constitutes evidence of embedding.

4.3.4 The Mental Health and Learning Disabilities Division has developed a bespoke Quality Improvement and Governance Plan (previously the TQ&G Plan), which draws together a series of improvements themes. This is monitored by the QSE Committee. Key achievements in the period include:

- Improvements to care pathways for older people's mental health
- Staff engagement
- Improvements in the environment of care
- Strengthened clinical governance arrangements.

4.3.5 Expectation: *Continued progress demonstrated in delivering on the Mental Health Strategy*

Progress on delivering the strategy is being demonstrated. Key milestones and plans for 2019/20 have been agreed and progress has been made against the priorities below:

- Working to prevent mental health crises by focusing on early intervention and promoting emotional resilience
- Developing local alternatives to admission
- Reviewing and improving bed management and patient flow

- Working with criminal justice services to divert demand arising from the police
- Working with CMHTs and voluntary third sector agencies to review their role with people at risk of severe mental health crises

In addition, work has progressed with the launch of the 'Today I Can' programme alongside the mental health strategy, which has spread and been adopted by other sectors and organisations.

4.3.6 Expectation: *Key posts in management structure filled and resilient to any unforeseen staff absences*

Tiers 1 – 4 of the Mental Health & Learning Disabilities Division organisational structure are now all in place, creating more resilience within the system. The SMIF Task & Finish Group therefore considers this expectation to be met.

#### **4.4 Primary Care**

4.4.1 Expectation: *Progress being maintained over the winter period in implementing the national out of hours standards*

GP out of hours has now been removed from special measures.

4.4.2 Expectation: *Evidence of strengthened resilience and sustainability in primary care services*

The vision for integrated, resilient and sustainable health and social care clusters has been developed, as described below. In terms of strengthening primary care resilience, impacts have been seen through fewer GP practice resignations, managed GP practices moving back onto General Medical Services contracts, and all trainee GP posts in north Wales filled for the first time,

4.4.3 Expectation: *Vision, direction and implementation plan for primary care clusters agreed and being delivered*

The vision for integrated, resilient and sustainable health and social care clusters has been developed, with Health Board actions mapped out into the Care Closer to Home workstream. This has been co-produced with partners, and received commitment from the Public Services Boards to support and prioritise the approach once it has been formally agreed.

4.4.4 The Health Board has contributed to the successful Regional Partnership Board (RPB) bid to the Transformation Fund to support the delivery of the shared vision for clusters. A Community Transformation Board has been established, with Local Authority directors and other RPB partners, following the successful Transformation Fund application. Implementing the vision for clusters, led collaboratively with increased local autonomy will be critical to success. A cross-organisation workshop has been arranged to sense-check the detail of proposals

prior to then commencing roll-out. It is anticipated that this expectation will be fully achieved following the workshop in May 2019.

4.4.5 Expectation: *Programme established in partnership to develop and implement agreed proposals for the configuration of health and well-being centres in North Wales*

4.4.6 A workstream for health and well-being centres has been mapped out with reference to the Care Closer to Home strategy. Ongoing dialogue is taking place with partners and other stakeholders to better understand the requirements within different levels of centres and at cluster level, including non-Health Board estate. The Health Board estates strategy has been widened to include primary care estates considerations.

4.4.7 It is recognised that achieving success will require the estate to be used in partnership with other services.

## **5. Equality Impact Assessment**

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

## **6. Conclusions/Next Steps**

As described in this report, the Health Board has made progress against the October 2018 to March 2019 expectations of the Special Measures Improvement Framework. However, a number of the milestones on finance and those set out under the strategic and service planning theme have not been fully achieved. It is recognised that significant challenges remain in some areas as outlined in this report, and there is considerable further work to be done. Significant service transformation is required to ensure that future milestones can be achieved sustainably in relation to both performance and finance in the medium to long term. This will require working effectively with staff, stakeholders and communities. The Board is focused and clear on the work needed, and is committed to making progress over the next 12 months. The Board has a clear understanding of those areas requiring additional focus and the improvements required. The additional special measures support provided by Welsh Government will continue to be used to move forward on key priorities. Progress made during each of the special measures phases will continue to be monitored to ensure that improvement is achieved and sustained.

The Board approved this report for submission to Welsh Government at its meeting held on 2.5.19