Bundle Strategy, Partnerships and Population Health Committee 5 February 2019

AGENDA

9.00am Boardroom, Carlton Court, St Asaph LL170JG

1   SP19/1   Apologies for absence

2   SP19/2   Declarations of Interest

3   09:00 - SP19/3   Draft minutes of the meeting held on 4.12.18   and summary action plan

         SP19.3a Minutes SPPHC 4.12.18 v.02 draft.docx

         sP19.3b Summary Action Log.docx

4   09:05 - SP19/4   Revised Cycle of Business

Mr Mark Wilkinson

         SP19.4a COB coversheet.docx

         SP19.4b SPPH COB 2019_20 v.03 draft.doc

5   09:15 - SP19/5   Annual Operational Plan Quarter 3 monitoring

Mr Mark Wilkinson

         SP19.5a Annual Operational Plan Q3 Coversheet.docx

         SP19.5b Annual Operational Plan Full Q3 report 24.01.19 v2.pdf

6   09:35 - SP19/6   Development of the 3 year plan 2019/21

Mr Mark Wilkinson

         SP19.6a   3 Three Year Plan 2019_coversheet.docx

         SP19.6b 3 Three Year Plan 2019_Draft work programme 28.01.19 v2.xlsx

         SP19.6c   3 Three Year Plan 2019_Assurance Checklist v.0.02.docx

         SP19.6d   3 Three Year Plan 2019_Comms plan.docx

6.1   10:20 - Comfort break

7   10:30 - SP19/7   Enabling Strategies supporting the Three Year Plan – Estate, Workforce and Digital

Mrs Sue Green and   Mr Mark Wilkinson

         SP19.7a Enabling Strategies_coversheet.docx

         SP19.7b Enabling Strategies_LHSW Estate Strategy v0 04 Jan 2019.docx

         SP19.7c Enabling Strategies_Estates Appendix 1 - Current Estate Locality Map Dec 18.pdf

         SP19.7d Enabling Strategies_Workforce Strategy v2 120119.docx

         SP19.7e Enabling Strategies_Digital support for three year plan FINAL 17.1.19.pdf

8   11:00 - SP19/8   Staff Engagement – NHS Staff Survey 2018 – Draft Organisational Improvement Plan and Divisional Improvement Plans

Mrs Sue Green

         SP19.8a Staff Survey cover sheet.docx

         SP19.8b Staff Survey 2018 Report SPPH Committee v0.5.docx

         SP19.8c Staff Survey Improvement Plan - DRAFT APPENDIX 1.xlsx

         SP19.8d Staff Survey Master Draft Divisional Improvement Plans Appendix 2.docx

10   11:30 - SP19/9   Reconnecting with the public – an update on public engagement

Mrs Katie Sargent and Mr Rob Callow in attendance

         SP19.9a Engagement coversheet .docx

         SP19.9b Engagement update report Jan19.doc

11   11:50 - SP19/12   Welsh Language Standards update

Mrs Eleri Hughes Jones in attendance

         SP19.12a Coversheet WL Standards Update 5.2.19.docx

         SP19.12b Welsh Language Standards Update - SPPH 5.2.19 (2).doc

         SP19.12c Welsh Language Standards.pdf

12   12:05 - SP19/11   EU Exit transition planning

Mr Mark Wilkinson

    SP19.11a EU Exit transistion cover sheet.docx

    SP19.11b EU transition planning briefing FINAL 29 01 19.docx

14   12:20 - SP19/13 BCUHB – Main Budget Changes - Additional funding in 2019-20
       Rob Nolan in attendance

    SP19.13 BCUHB Main Budget Changes_Additional Funding 2019.20.docx

15   12:30 - SP19/14 North Wales Regional Partnership Board update
       Mr Mark Wilkinson

    SP19.14a NW RPB update.docx

    SP19.14b NW RPB agenda December 2018.pdf

    SP19.14c RPB minutes 13.12.18.pdf

16   SP19/15 Public Service Boards
       Mr Mark Wilkinson

    SP19.15 PSB updates.docx

17   SP19/16   Issues of significance to inform the Chair's assurance report

18   12:35 - SP19/17   Date of next meeting 2.4.19 Ysbyty Gwynedd , Bangor

Strategy, Partnerships and Population Health Committee (SPPHC)
Draft minutes of meeting held on 4.12.18
in the Boardroom, Carlton Court, St Asaph

Present:

Mrs Marian Wyn Jones	Independent Member (Chair)
Cllr Medwyn Hughes	Independent Member
Mrs Bethan Russell Williams	Independent Member
Ms Helen Wilkinson	Independent Member

In Attendance:

Mr Graham Alexander (GA)	Programme Director ~ Wrexham Maelor Redevelopment *(part meeting)*
Mrs Sally Baxter (SB)	Assistant Director ~ Health Strategy *(part meeting)*
Mr John Darlington (JD)	Assistant Director ~ Corporate Planning
Mrs Sue Green	Executive Director Workforce and Organisational Development
Mr Rob Nolan	Finance Director ~ Commissioning and Strategy
Miss Teresa Owen	Executive Director Public Health
Dr Chris Stockport	Executive Director Primary and Community Care
Mrs Lesley Singleton	Assistant Director Partnerships (MHLD) *(part meeting)*
Mr Mark Wilkinson (MW)	Executive Director Planning and Performance
Ms Diane Davies (DD)	Business Support Manager ~ Committee secretariat

AGENDA ITEM	ACTION
Opening remarks The Committee Chair welcomed the Executive Director Planning and Performance to his first meeting as Committee Lead Director since his appointment.	
SP18/90 Apologies for Absence Apologies were received from Mrs Gill Harris in respect of item SP18/93	
SP18/91 Declaration of Interest It was noted that Mrs Bethan Russell Williams and Ms Helen Wilkinson declared their interests in items pertaining to the Third Sector due to their substantive roles as Chief Officers of local voluntary councils.	
SP18/92 Draft minutes of meeting held on 9.10.18 for accuracy, matters arising and review of Summary Action Log	

SP18/92.1 The minutes were ***approved*** as an accurate record subject to the amendment of 2 typographical errors. Closed actions were accepted and the action log was updated.	DD
SP18/92.2 The Executive Director Public Health advised that the response from the Welsh Language Commissioner in respect of compliance against the Welsh Language Standards had been received and was being processed. It was agreed that the response be circulated to members for information.	TO
SP18/92.1 Committee Cycle of Business **SP18/92.1.1** The Executive Director of Planning and Performance advised that a revised COB had been drafted following the Board's approval on 6.9.18 to an amended frequency of SPPH Committee meetings to bimonthly. **SP18/92.1.2** He commented that it would be necessary to schedule items in respect of the Regional Partnership Board and Public Service Boards at an appropriate frequency as well as scheduling Civil Contingency items. The Committee questioned whether the receiving of minutes would also be included within updates. The Executive Director of Planning and Performance felt it appropriate that an explanation be provided should an item not be submitted at the scheduled meeting. **SP18/92.1.3** He emphasised the need to schedule SPPH Committee meetings to convene at an appropriate date in order that key strategy and planning items delegated for scrutiny by the Committee on behalf of the Board were discussed prior to Health Board meetings. The Committee concurred and emphasised the need for the IMTP to be effectively managed in this way. The Executive Director of Workforce and OD advised that the Primary Care Strategy, Estates Strategy and Workforce Strategy should be included within the COB. **SP18/92.1.4** Following further discussion it was agreed that the Executive Director of Planning and Performance, Assistant Director ~ Corporate Planning and the Business Support Manager meet to prepare a further draft for consideration at the next meeting. ***The Committee resolved to*** • re-draft the Cycle of Business and submit to the next meeting • note the amendment of the Lead Director's title within the Terms of Reference. • note that Engagement would be an agenda item at the next meeting, as this was currently being reviewed.	MW/JD/ DD DD
SP18/93 Annual Operational Plan monitoring 2018/19 quarter 2 *The Director Partnerships MHLD joined the meeting* **SP18/93.1** The Executive Director Planning and Performance explained that the report provided an update of progress against the Annual Operating Plan Key Deliverables 2018/19 and also included a summarised core priorities document to focus on	

performance to the year end.

SP18/93.2 The Assistant Director Corporate Planning provided a brief overview of the areas which had improved since the previous submission. He advised that the concern around timeliness of reporting expressed by the Committee previously was currently being addressed and had resulted in the refocused key priorities identified for Quarters 3 and 4.

SP18/93.3 In response to the Committee's question, the Assistant Director Corporate Planning confirmed that no progress had been identified in respect of the refocused areas in which no RAG status was demonstrated in the report. The Committee Chair stressed the need for delivery and completion of the scoping work.

SP18/93.4 The Committee questioned whether the 45% completion rate had been achieved in areas which would make the greatest difference. Lengthy discussion ensued on the ability to identify the value of action impacts in order to better appreciate BCU's qualitative progress as opposed to quantitative progress. The Committee emphasised the need to clearly articulate impacts for decision making on priorities. It was suggested that other organisations had tools which could demonstrate this.

SP18/93.5 In response to the Committee, it was confirmed that the Executive Leads were engaged with the plan and had provided greater clarity. It was noted that attaining a balance of process work being undertaken, eg Unscheduled Care, and also quantitative achievement was considered important. The Executive Director Planning and Performance stated that social values needed to be demonstrated in measures going forward in the following year.

SP18/93.6 In discussion of the report headlines and the experience of members, it was suggested that the narrative could benefit from the input of the organisation's Communications Team to provide an overall consistent style and considered outlook in order to avoid a narrative of failure. The Committee Chair emphasised the need for timely Executive reporting and it was agreed that the timing of meetings could be discussed at CBMG to ensure sign off.

MW/MWJ

SP18/93.7 In respect of Improving Health and Tackling Health Inequalities (IHTHI) the 76% achievement rate was noted. The Executive Director Public Health pointed to the key issues and their remedial actions being undertaken in respect of Alcohol awareness raising and 'Making Every Contact Count' development. She assured the Committee that she believed the IHTHI actions to be deliverable and moving in the right direction having made a step forward in planning actions, highlighting that the Equalities work was very close to achievement.

SP18/93.8 In respect of Care Closer to Home the 30% achievement rate was noted. The Executive Director of Primary and Community Services reflected on the large volume of work which had been undertaken in this area but not fully demonstrated in the completion rate. He stated that some detail had not been updated which would have resulted in the application of green status to some actions. He added that there was reprioritisation taking place in some areas to address actions that had been incorrectly ordered. Considerable discussion ensued following the advice that some

actions were delayed due to the involvement of other partners. It was also noted that awaiting transformation funding could potentially also delay actions. The Executive Director Planning and Performance advised that as planning was a dynamic process these issues could be incorporated going forward. In response to the Committee, the Executive Director of Primary and Community Services advised that relationship building had improved and meetings had become more effective.

SP18/93.9 In respect of Women's Services the 94% achievement rate was noted and commended. The Executive Director of Public Health reflected that the Division had also benefitted from additional support and that discipline and strong governance had been introduced and maintained.

SP18/93.10 In respect of Children and Young People's services the Executive Director of Public Health explained that the plan was being rebased as there had been over ambition. She advised that key priorities were being explored and that work would be undertaken with the Planning Directorate to move this forward. The Committee Chair emphasised the need for progress in this area and questioned the effectiveness of partnership working. Discussion ensued on Public Service Boards and sign off processes. The Committee agreed on the importance of ensuring effective working within PSBs.

SP18/93.11 In respect of Mental Health and Learning Disabilities the 68% achievement rate was noted. The Assistant Director Partnerships (MHLD) reflected on the successful partnership work that was undertaken within the Directorate. She referenced the additional £2.3m WG funding which would make an impact going forward and embed a new model of working going forward. The Assistant Director Partnerships (MHLD) explained that 30% achievement in respect of the Mental Health Measure was disappointing, citing that there had been a 30% increase in referrals which had affected capacity and demand which was being looked into. In referencing Winter Planning activity, she confirmed that best practice elsewhere had evidenced part of their work. The Assistant Director Partnerships (MHLD) also reminded that the Learning Disability Strategy was being developed for sign off in the new year. She confirmed that alignment work between the Mental Health Strategy and Primary Care Strategy in the development of embedding MH services within primary care was pivotal. Advising that a meeting was shortly to take place between herself and the Executive Director of Primary and Community Services to discuss the same. In respect of Unscheduled Care and Planned Care it was noted that these areas were being reframed.

The Committee resolved to

receive the report and the refocused plan for 2018/19
note progress across all service transformation priority areas including remedial actions identified for Q3 onwards

SP18/94 Special Measures : review of expectations allocated to the SPPH Committee

SP18/94.1 The Committee considered the special measures progress monitoring log.

It was noted that some items had not been updated. The Chair requested that all Executives update the log and arrange for the completed overarching log to be circulated to members. In the discussion that ensued the ability to consider further differentiation on ratings progress was questioned along with the process of document version control. The Executive Director of Workforce and Organisational Development suggested that the timings of Executive updates to the overarching monitoring log could be rescheduled to coincide with calendar intervals, rather than at various Committee dates to ensure that future updates could be better planned for. The Executive Director of Planning and Performance undertook to discuss the feedback on governance with the Board Secretary.	Execs / MW MW
SP18/94.2 The Committee discussed the challenges around Referral to Treatment and the delivery of the IMTP. In respect of the Winter Planning Resilience Plan the Committee queried the RAG rating as the plan had been developed by the assigned date. In discussion of work involving the Regional Partnership Board it was highlighted that there was a need to schedule work involving partners at an early stage.	
The Committee resolved to	
• provide feedback to the Board Secretary	
• circulate the overarching monitoring log to members following Executive updates	MW
The Director Partnerships MHLD left the meeting	
SP18/95 Development of the Integrated Medium Term Plan (IMTP) 2019/22 **SP18/95.1** The Executive Director of Planning and Performance advised of the reasons that the IMTP going forward would likely be referred to as BCUHB's 3 year plan, explaining the challenges of providing an IMTP for Welsh Government (WG) against the timelines outlined and the decisions that would need to be taken regarding submission. The Committee Chair emphasised the challenge of delivering the IMTP against a balance budget. The Executive Director of Planning and Performance reminded the format adhered to a WG template and included enabling plans. **SP18/95.2** The Assistant Director Corporate Planning advised of the 3 workshops which had resulted in the draft version provided to the Committee. He emphasised that it was necessary to provide a plan which would be deliverable. Attention was drawn to the challenges of RTT and Planned care which would be the subject of another focussed workshop to ensure programmed work would be undertaken. **SP18/95.3** The Committee Chair reminded that a version had been considered at the Together for Mental Health Partnership Board on 16.11.18. Discussion ensued on the lack of detail regarding Equality Impact Assessment in which the Committee stressed the need for this to be addressed throughout the planning process. The Executive Director WOD stated there was also a need to ensure more emphasis on opportunities to advance Equality & Human Rights. The Committee suggested that Equality should run as a golden thread throughout the plan. **SP18/95.4** The Committee referenced the IMTP produced by Hywel Dda UHB and	

provided a number of suggestions. These included providing a shorter narrative evidenced with hyperlinks, shorter introduction, more mapping against demographic, providing an explanation of transformation work, less NHS jargon, overall reduction in the length of the document, inclusion of sharper language written in a simplified user-friendly and consistent style. The Committee also questioned whether 'improvement' and/or 'Together' should be included within the title such as 'Our journey together'. The Chair reiterated her concern regarding understanding the difference between the plan compared to the previous year's document and emphasised the need to be achievable. The need for credibility was stressed by members.

SP18/95.5 The Assistant Director Corporate Planning drew attention to the timeline of preparation by 24.1.19. The Committee sought assurance on delivery of the plan especially alignment with finance and workforce. The Committee Chair stressed this to be a crucial issue, as BCU had previously failed to do so, iterating concern with Planned Care progress in particular. The Executive Director of Workforce and Organisational Development reflected that Executive Team ownership needed to be built on and needed component parts drawn up ie the strategies that were being developed.

SP18/95.6 In respect of concern on capital availability, the Executive Director of Planning and Performance stated that 'reality check' statements needed inclusion for example 'if this then that' as well as containing ambition and references to 'help required'. Discussion ensued on Recruitment and Retention which was noted to be part of the Workforce Strategy going forward. Noting that whilst modern service models needed to be part of the solution, other strategies such as Estates and Finance would also be important in attracting and retaining staff. The Executive Director of Planning and Performance questioned whether the strategies being developed by the new *Health Improvement and Education Wales* were being factored into BCU's Workforce strategy.

SP18/95.7 The need to engage was emphasised by the Committee Chair and she sought assurance on whether in depth engagement had taken place. The Executive Director Primary and Community services advised that GP contractors had not been effectively engaged with to date due to a number of conflicting priorities. It was confirmed that Public Service Boards had been engaged and that further work with PHW was being explored. In respect of engagement with the Regional Partnership Board (RPB), this was understood to be the subject of wider discussion outside the meeting. The Committee highlighted the need to ensure the PSB's were engaged with the plan, noting that a member confirmed that there was alignment and therefore not concerning, with work being undertaken in priority workstreams.

The Assistant Director Health Strategy joined the meeting

SP18/95.8 The Executive Director of Planning and Performance emphasised the need for the Health Board to be working to an agreed plan from 1.4.19. The Committee Chair stressed the importance of BCU's Clinical Services Strategy and sought assurance on the pace of current progress. The Executive Director of Planning and Performance confirmed Year 1 of the 3 year plan would be in place by 1.4.19 with KPIs and the Accountability framework in support (including completed narrative). The

Finance Director Commissioning and Strategy reminded of the need to also address deficit reduction and balance by the end of year 3.
 	
SP18/95.9 The Committee Chair thanked the NWCHC representative for his observation in respect of how 'Compassion' and 'Timely' featured within the plan from the public's perspective which was considered helpful – especially to reflect within the outset of the document as well as within appropriate areas.
 	
The Committee resolved to
 	
• Receive the report and the working draft IMTP
• Emphasise the need to ensure delivery to Board on 24.1.19
• Escalate concern to the Board with
    o Need for clear KPIs
    o Length of document and quality
    o RTT / Planned Care
    o Clarity on Clinical Services Strategy
    o Demonstrating affordability
• Note areas where gaps remained, and challenges, which would require resolution	

SP18/96 Review of the Committee's allocated risks extracted from the corporate risk register **SP18/96.1** The Committee reviewed the assigned risks. In respect of CRR01 – Population Health, the Executive Director Public Health explained that the Audit Committee had considered the suggested change provided by the Committee previously and on reflection a decision was made not to amend. The Committee questioned this process and requested feedback from the Office of the Board Secretary. Following discussion the no change position was agreed. **SP18/96.2** In respect of CRR09 Primary Care Sustainability, the Executive Director Primary and Community Services advised of the increases in managed practices and that transformation work would need further consideration regarding capacity, reflecting that the 'likelihood' score needed to be considered also. The Committee suggested that examples such as Cluster Leadership could be included. In respect of CRR14 Staff Engagement, the Executive Director Workforce and Organisational Development questioned whether the target date should be amended. **SP18/96.3** It was drawn to the Committee's attention that further updates were required, in the discussion which followed it was agreed that each Executive Lead would review the controls in place and the risks would be considered at the next meeting. Further clarity on the governance process was also to be sought from the Office of the Board Secretary to enable the Executives to ensure timely and appropriate sign off going forward. *The Committee resolved to* note the updates provided	MW MW

agree to consider updates at the next meeting	
SP18/97 Wrexham Maelor hospital campus redevelopment programme **SP18/97.1** The Programme Director joined the meeting to present this item. He provided background to the redevelopment programme and advised that the Health Board had approved a strategic review of the site to ensure that the accommodation and infrastructure was fit for purpose for the future requirements of the hospital. The Wrexham Maelor Redevelopment Programme was established to develop proposals and the associated Programme Business Cases. He advised of a number of workshops that had been undertaken. He emphasised that whilst there had been a major focus on the estate development proposals there had also been discussion on the process to be adopted around new ways of working. **SP18/97.2** The Programme Director advised that in early August 2018 written confirmation was received from Welsh Government for further work to proceed to build on the submitted Programme Business Case scoping document, referring also to the caveats outlined in the document. **SP18/97.3** In terms of risk, it was noted that Wrexham Maelor Hospital had experienced serious infrastructure failures e.g. Day surgery and endoscopy environment. He pointed out that further potential infrastructure failure, which could generate harm to patients and also represent health and safety risks for staff, would remain in the absence of the proposed programme. It was also noted that there was a risk of lack of available capital within the all Wales capital programme to support either or both of the PBCs, which would require close liaison with WG as the work progressed. **SP18/97.4** The Committee Chair questioned how the Wrexham Maelor Redevelopment process fitted in with BCU's clinical service reconfiguration. The Programme Director explained that a workshop had been held to consider this and resulted in the Investment Objectives outlined in the report which demonstrated connectivity between the campus and Health Board Strategy. The Executive Director Public Health questioned whether early intervention / screening pathway needs had been considered with relevant partners. Following discussion on partnership involvement, it was agreed that the Programme Director would liaise with the Planning Team on further external partnership involvement. The Committee emphasised the need for external partners to be involved with BCU developments at an early stage. **SP18/97.5** The Programme Director clarified that the Programme Business Case was a first step which, whilst providing strategic context, would not include a financial envelope but would reference affordability. He advised that following consideration by WG, further individual business cases might result. The Programme Director informed that he was also in the process of visiting other Health organisations outside Wales undergoing large scale reconfiguration to learn from their experiences. The Assistant Director Health Strategy also reminded the Committee that the impact of service reconfigurations taking place external to BCU would also need to be considered moving forward.	

The Committee resolved to note the report and receive further updates in due course.	GA/DD
SP18/98 North Wales Regional Partnership Board update **SP18/98.1** The Assistant Director Health Strategy presented the update. She highlighted the changes to BCU representation on NWRPB:- BCU's Vice Chair, Executive Director of Public Health, Executive Director of Primary Care and Community Services, Executive Director of Planning and Performance and the three Area Directors – West, Central and East. She referenced to proposals for a Transformation Fund which has been established to support the implementation of A Healthier Wales which was expected to be developed and signed off through the Regional Partnership Boards. **SP18/98.2** It was noted that the Health Board had been working collaboratively to develop transformation proposals. To date, together with an overarching summary response, submissions had been made in respect of learning disabilities, mental health, and children & young people. A further submission to support the transformation of community services was to be confirmed by the December NWRPB meeting for submission to Welsh Government (WG). **SP18/98.3** The Committee questioned what were the main barriers and challenges in respect of transformation bids. In the discussion which followed it was noted that governance processes would need to develop further between BCU and the NWRPB as the RPB matured, including earlier discussion on areas such as joint vision, legislation clarity and pooled budgets. It was agreed that a wire diagram illustrating the governance between NWRPB and other Boards would be circulated to members for information. ***The Committee resolved to*** note the report	SB
SP18/99 Issues of significance to inform Chair's Assurance Report To be confirmed following the meeting.	
SP18/100 Date of next meeting 5.2.19	

BCUHB STRATEGY PARTNERSHIPS & POPULATION HEALTH COMMITTEE
Summary Action Plan

Officer/s	Minute Reference and summary of action agreed	Original Timescale	Latest Update Position	Revised Timescale
9.10.18				
Andy Roach	**SP18/81 Mental Health Strategy** Revise timeline and provide update in the new year.	24.1.19	Added to Cycle of Business / Rolling Programme	Action to be closed
4.12.18				
Diane Davies	**SP18/92.1 Previous minutes** amend of 2 typographical errors	7.12.18	Completed	Action to be closed
Teresa Owen	**SP18/92.2 Summary action plan** Circulate response from the Welsh Language Commissioner	7.12.18		
Mark Wilkinson John Darlington Diane Davies	**SP92.1 COB** Executive Director of Planning and Performance, Assistant Director ~ Corporate Planning and the Business Support Manager meet to prepare a further draft	11.1.19	Meeting arranged 8.1.19. Redrafted cycle of business on agenda 5 February 19.	Action to be closed
Diane Davies	**SP18/92.1** Ensure Engagement scheduled to next meeting agenda	11.1.19	Agenda 5 February 19	Action to be closed
Mark Wilkinson Marian Wyn Jones	**SP18/93 Annual Operational Plan monitoring 2018/19 quarter 2** The Committee Chair emphasised the need for timely Executive reporting and it was agreed that the timing of meetings could be discussed at CBMG to ensure sign off.	10.1.19	Quarter 3 report is on the agenda 5 February 19 – meeting papers sent out and report finalised within one month of quarter end. Meeting schedules discussed at CBMG.	Action to be closed
Execs Mark Wilkinson	**SP18/94 Special Measures : review of expectations allocated to the SPPH**	18.12.18	29 January 19 - special measures improvement framework log has been	

	Committee The Chair requested that all Executives update the log and arrange for the completed overarching log to be circulated to members.		significantly refreshed and updated.	
Mark Wilkinson	**SP18/94 Special Measures : review of expectations allocated to the SPPH Committee** The Executive Director of Planning and Performance undertook to discuss the feedback on governance with the Board Secretary.	24.12.18	29 January 19 - special measures improvement framework log has been significantly refreshed and updated.	Action to be closed
Mark Wilkinson	**SP18/96 Review of the Committee's allocated risks extracted from the corporate risk register** The Committee questioned the process of Audit amendment to SPPH risk, feedback to be requested from OBS.	24.12.18		
Mark Wilkinson	**SP18/96 Review of the Committee's allocated risks extracted from the corporate risk register** Governance process clarity to be sought from the OBS to enable the Executives to ensure timely and appropriate sign off going forward.	24.12.18		
Graham Alexander Diane Davies	**SP18/97 Wrexham Maelor hospital campus redevelopment programme** • Prepare future reports to the Committee • Add updates to COB	20.12.18	Added to Cycle of Business/Rolling Programme	Action to be closed
Sally Baxter	**SP18/98 North Wales Regional Partnership Board update** It was agreed that a wire diagram illustrating the governance between NWRPB and other	31.12.18	Circulated	Action to be closed

	Boards would be circulated to members for information.			

29.1.19

Strategy, Partnerships and Population Health Committee

5.2.19

To improve health and provide excellent care

Report Title:	Strategy, Partnerships and Population Health Committee Revised Cycle of Business
Report Author:	Diane Davies ~ Business Support Manager
Responsible Director:	Mark Wilkinson ~ Executive Director Planning and Performance
Public or In Committee	Public
Purpose of Report:	On 6.9.18 the Board approved a range of proposals for Board and Committee arrangements, including amendment of the frequency of SPPH Committee meetings to bimonthly. As part of Board and Committee governance arrangements the Cycle of Business was considered at the SPPHC meeting held on 4.12.18 and it was agreed that a review would be undertaken by the Executive Director Planning and Performance, Assistant Director Corporate Planning and the Business Support Manager to re-align with the amended meeting cycle. The revised COB is attached for approval.
Approval / Scrutiny Route Prior to Presentation:	The Board approved the amended Committee meeting frequency on 6.9.18.
Governance issues / risks:	The review of items for inclusion within the revised Cycle of Business will strengthen governance through ensuring the appropriate scheduling of items.
Financial Implications:	None
Recommendation:	The Committee is asked to approve the draft Cycle of Business, identifying any gaps and appropriate scheduling of items.

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	WFGA Sustainable Development Principle *(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.)*	√
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			
Equality Impact Assessment Not required for a paper of this nature			

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

Board/Committee Coversheet v10.0

Cycle of Business Strategy Partnerships & Population Health Committee 2019/20 v.03 draft January 2019

Agenda Item	Lead officer	Feb 2	Apr 2	June 11	Aug 6	Sep work shop	Oct 1	Nov work shop	Dec 3	Jan work shop	Feb 4	Mar work shop
NB Consent items to be determined on a meeting by meeting basis												
Opening Business (Standing Items)												
Apologies for Absence		x	x	x	x		x		x		x	
Previous Minutes and Action Plan		x	x	x	x		x		x		x	
Governance Matters												
Committee annual report (A) (inc annual review of ToR and Cycle of Business)	Mark Wilkinson		A									
Cycle of Business review	Mark Wilkinson		x				x					
Corporate Risk Register – Review of allocated risks	Mark Wilkinson / Peter Barry			x					x			
Public Health and Partnership Matters												
Partnership Arrangements Mid Wales Health Collaborative: Well North Wales – see below ; 111; Public Health – as advised												
Public Service Boards - minutes as available		x	x	x	x		x		x		x	
NW Regional Partnership Board - Minutes as available - Including update on Transformation funding		x	x	x	x		x		x		x	
Planning Board – Substance Misuse				x			x					

Agenda Item		Feb 2	Apr 2	June 11	Aug 6	Sep work shop	Oct 1	Nov work shop	Dec 3	Jan work shop	Feb 4	Mar work shop
Strategic Matters												
3 year Plan – refresh including Estates Strategy and major project reports	Mark Wilkinson	x	x		x			x		x		
3 year Plan - Development	Mark Wilkinson	x	x			x	x	x	x	x	x	x
Living Healthier, Staying Well Strategy - refresh and supporting strategies Clinical Services strategy (CSC)	Mark Wilkinson Evan Moore (CSC)		CSC	CSC	CSC	LHSW CSC	LHSW CSC	LHSW CSC	LHSW CSC	LHSW CSC	LHSW CSC	LHSW CSC
Key enabler Strategy updates: Workforce [W] ICT [i] Estates [E] Quality Improvement [Q]	Sue Green Chief Information Officer Neil Bradshaw Deborah Carter		E	E	E Q	E	E	E	E	E	E	E
Staff Survey	Sue Green	x					x					
Engagement - updates	Katie Sargent	x		x		x	x	x	x	x	x	x
Civil contingency and business continuity progress and end of year update (E)	John Darlington		Plan	End of year update			Mid Year monitor		x			
Winter Resilience Planning - TBC	Meinir Williams											
Equalities: Strategic Equalities plan and Annual Report	Sally Thomas			x								
Major Strategic Projects (as required) (including Well North; Wylfa)	Wylfa – Wyn Thomas WNW – Glynne Roberts		Wylfa		x		WNW (A)		x		x	

Cycle of Business Strategy Partnerships & Population Health Committee 2019/20 v.03 draft January 2019

Agenda Item		Feb 2	Apr 2	June 11	Aug 6	Sep work shop	Oct 1	Nov work shop	Dec 3	Jan work shop	Feb 4	Mar work shop
Mental Health Strategy: Together 4 Mental Health Partnership progress	Andy Roach		x		x			x			x	
Learning Disabilities Strategy	Andy Roach		x		x						x	
Carer's Strategy	Chris Stockport / Ffion Johnstone				A							
Third Sector Strategy	Mark Wilkinson / Sally Baxter		x									
Volunteering Strategy incl Annual report (A)	Gill Harris			A								
Welsh Language Strategic Reports (A) Annual Monitoring report	Eleri Hughes-Jones	x		A								
Closing Business (Standing Items)												
Summary of In Committee business to be reported in public (as appropriate)		x	x	x	x		x		x		x	
Issues of Significance to Inform Chair's Report to Board		x	x	x	x		x		x		x	
Date of Next Meeting		x	x	x	x		x		x		x	
Exclusion of press and public (as appropriate)		x	x	x	x		x		x		x	
In Committee Items and Minutes (as appropriate)												
As appropriate		x	x	x	x		x		x		x	

Cycle of Business Strategy Partnerships & Population Health Committee 2019/20 v.03 draft January 2019

Agenda Item		Feb 2	Apr 2	June 11	Aug 6	Sep work shop	Oct 1	Nov work shop	Dec 3	Jan work shop	Feb 4	Mar work shop
Adhoc items for consideration (as appropriate)												
Consultation responses (as appropriate)		x	x	x	x		x		x		x	
Legislation & National Policy (as required)		x	x	x	x		x		x		x	
Policy approval as appropriate		x	x	x	x		x		x		x	
Social Services and Well-being Act (as appropriate)		x	x	x	x		x		x		x	
Well-being of Future Generations Act (as appropriate)		x	x	x	x		x		x		x	
Corporate Health at Work		x			x						x	
Workforce Strategic Developments (as arise)												

Strategy, Partnerships and Population Health
Committee

5.2.19

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Betsi Cadwaladr
University Health Board

To improve health and provide excellent
care

Report Title:	ANNUAL OPERATIONAL PLAN - QUARTER 3 REPORT
Report Author:	Mrs Bethan Venning, Corporate Planning Manager 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:	This paper presents an update of progress against the Annual Operating Plan Key Deliverables 2018/19 at the end of quarter 3.
Approval / Scrutiny Route Prior to Presentation:	The revised plan quarterly reporting format was presented to SPPH Committee in August 2018 for approval prior to its adoption. In December 2018, SPPH approved the refocused plan which incorporated the further development of the Planned Care (Referral to Treatment) and Unscheduled Care programmes. The monthly accountability reviews are being used to focus upon improvements required to ensure that expectations are met.
Governance issues / risks:	The Board's Annual Operational Plan set out the key priorities for the Health Board during the financial year 2018/19. The document defined actions which were required to deliver the commitments over the financial year and were endorsed by the Board in July 2018. These deliverables have been further prioritised to focus upon key areas of risk and delivery alongside the Board's responsibilities and commitment to improving the health of the people of North Wales whilst also striving continually to improve the quality, safety and accessibility of health services. The report aims to summarise the progress made against delivery of the plan on a quarterly basis. Where milestones are not being met, remedial actions are identified. The revised performance and accountability framework incorporates the key relevant performance trajectories which are now excluded from this report.
Financial Implications:	The operational plan sets out the financial parameters in which services are to be delivered in 2018/19.
Recommendation:	It is recommended that SPPH Committee:

| | • Receive this report and to note the positive progress made at the end of Q3.
• Note the further remedial actions identified for Q4.
• Determines whether and to what extent a Q4 report is required. |

Health Board's Well-being Objective*s* *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	WFGA Sustainable Development Principle *(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.)*	√
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 The operational plan was subject to an Equality Impact Assessment at the time of its development			

Annual Operational Plan 2018/19 – Quarter Three Report

This paper presents the cumulative progress made with our partners at the end of quarter three against the Annual Operating Plan Key Deliverables for 2018/19, covering the period 1st April 2018 to 31st December 2018.

In line with revisions to the performance and accountability framework, a more summarised report has been produced which focuses upon the key priorities for delivery in 2018/19. A summary of notable achievements made at the end of December include:

Improving Health and Reducing Health Inequalities

➢ Alcohol and substance misuse referral pathways have been reviewed and updated with referring mechanisms streamlined in Q3.
➢ North Wales Homelessness strategy was developed in Q3.
➢ The Guidelines on the Fair Treatment of Disabled People at Work in BCUHB have been revised.
➢ A Pregnancy and Maternity toolkit for managers has been developed and includes a list of suitable facilities for staff wishing to breastfeed
➢ The referral pathway for Orthopaedic patients accessing the Tier Three Obesity service is in operation.
➢ Hospital based smoking cessation services have commenced. During quarter one, the Help me Quit for Baby service was embedded in Community Midwife Teams. All Help Me Quit for Baby posts have been recruited into and staff now in post. During quarter two, a Help Me Quit Primary Care pilot was completed and the outcome report distributed to all practices and cluster leads. Based on the outcome of the trial, resources have been agreed to roll out the project to another seven practices across North Wales. The Health Board's Occupational Health service also signposts individual's to Help me Quit services.
➢ The Platinum Health at Work standard has been achieved and recognises our commitment to staff and population well-being and our overall social responsibility.
➢ A GP practice in Flintshire achieved the highest flu immunisation uptake in Wales out of 416 GP practices by exceeding 90.2% for the 65 years and over patient group, the first GP practice ever to exceed 90% in this category.
➢ A Health Improvement and Inequalities SharePoint site has been developed to provide a single point of information for members of the HIIT Group and staff.

Care Closer to Home

➢ The new healthcare centre in 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 has also been completed. 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.
- The Llandudno Hospital Ambulatory Care Unit (ACU) development was completed during the first half of the year with the unit becoming fully operational on 8th October 2018.
- Primary Care clusters have developed a range of innovative services such as advanced nurse practitioner, physiotherapy, audiology and pharmacy roles in care homes, family practitioner and specialist diabetes care. During quarter three, a Home Visiting Team within the North West Wrexham cluster was established.
- Within the Care Closer to Home programme, following the establishment of a Primary Care Academy work stream, the development of a business case for the Primary Care Academy is progressing well. A training workshop has been held to discuss the Academy requirements and to understand the current training provision and gaps.
- A model for Community Resource Team's has been agreed with our partners who are also members of the Community Resource Team Programme Board.

Women's Services

- Within Women's Services, the nursing workforce strategy has been completed and includes the future proofing of specialist Gynaecology clinical pathways. In addition, education and commissioning numbers have been calculated and reflected within our plans for 2019/22.
- The Breast Feeding strategy and action plan for North Wales has been developed.
- Capacity planning for 2019/20 has been undertaken for all services provided within the Directorate.

Children's and Young People's Services

- BCU led a First 1000 days workshop in December, which was well attended by Health Board, Public Health and Local Authority colleagues. The workshop included a discussion on prioritising the work on Adverse Childhood Experiences (ACE's) both within BCU and partner organisations. A workshop evaluation report is currently being developed which will contain identified actions and recommendations regarding prioritising the work around ACE's across North Wales.
- The Infant Feeding Strategic Plan was launched in November 2018.
- A sharing and learning workshop was held in November 2018 at Bangor University which builds on the Regional Physical Activity collaboration work 'Let's Get Moving' launched in June 2018.
- A new approach to communicating with parents of those children identified as very overweight was developed in Q3. This builds on the work in Q1 to review all processes and documentation within the Child Measurement Programme across North Wales with partners. This will be tested in the West Area commencing in January 2019. The pilot will run from January to July 2019.

➢ The Integrated Self-harm pathway with education has been fully rolled-out within all Local Authorities.

Mental Health and Learning Disabilities

➢ During quarters two and three, two external reference groups in partnership with Alzheimer's Society and CANIAD have been developed to develop clinical networks to support people with dementia and their families. These groups are also being used to explore ongoing work programmes and build on the Health Board's approach to Dementia care which was launched in quarter one.
➢ Within Mental Health and Learning Disabilities Service's, resource has been secured through a 'spend to save' initiative to enable reviews of all patients Out of Area with the aim of supporting people to return to more local care.
➢ Substance Misuse Service estates have been reviewed and plans for multi-agency provision developed and approved in partnership with Area Planning Board for Substance Misuse. During quarter three, the Psychology input across North Wales has increased with an Assistant Psychologist now in post.
➢ A scoping exercise with Primary Care, Psychiatric Liaison and WAST regarding frequent ED attenders has been completed and WEDFAN (Welsh Emergency Department Frequent Attenders Network) meetings are now held every two weeks to consider all frequent attenders.

Unscheduled Care

➢ Within Unscheduled Care, the first 90 day cycle completed in January 2019 with 134 of 161 tasks within the plans being completed. All outstanding tasks will carry forward into the second 90 day plan cycle. This plan will be finalised by the end of January 2019.
➢ The Single Integrated Clinical Assessment and Treatment Unit (SICAT) was established on 12th November 2018 with 200 calls being taken by the end of December 2018. Four GP's have been recruited with a new recruitment drive started to recruit an additional 4 GP's and triage nurses.
➢ Emergency Department Internal Professional Standards have been developed and rolled out for review and testing across 3 sites
➢ Improving discharge leaflet and the informed patient. The new discharge leaflet is in place with further targeted work to refine this with partners.
➢ Good roll out and education within Central and West around the 'what matters' conversation. Ward manager events are being held and District nursing support on the Maelor site with audit of compliance in place.
➢ Discharge to assess pathways identified and awareness sessions underway. Maelor site are reviewing the site to identify in the acute and community hospitals which patients are on which pathway in readiness for a discharge 2assess perfect fortnight in January
➢ Models of using the independent sector is proving beneficial for step down with therapy integration
➢ Community hospitals starting to use the "what are we waiting for " category and next steps are to roll this out further.

Planned Care

- ➢ Within Planned Care, the new Sub-Regional Neonatal Intensive Care Centre at Ysbyty Glan Clwyd opened during quarter one.
- ➢ The major refurbishment programme for Ysbyty Glan Clwyd has been completed bringing major improvements to the environment for patients and staff.
- ➢ The North Wales Eye Care Strategy was supported by the Board in April 2018.
- ➢ A review of acute Urology Services commenced in October 2018.
- ➢ A number of service reviews are currently underway including Stroke, Haematology, Rheumatology and Dermatology.

Appendix one of this report details the operational areas, the work streams within each and the key quarterly actions for each work stream. A RAG rating colour is attached to each quarter one, two and three action within the report.

Appendix One - CONTENTS

Improving Health and Tackling Health Inequalities – Quarter Three Report

The Improving Health plan is focussed upon three work streams with Equalities and Human Rights being the golden thread that runs through all the work streams:

Improving Health	Tackling Health Inequalities	Staff Health & Well-being	Equalities & Human Rights

The Health Board Lead for Improving Health and Tackling Health Inequalities is the Executive Director of Public Health.

Quarter Three Achievements

- A draft overarching communication plan has been created. A SharePoint site has also been developed to provide a single point of information for members of the HIIT group and staff.
- Health Board data extraction processes from Emergency Department data is being developed to inform alcohol licensing responses. Meetings are held with partners on a regular basis to clarify the available data with a plan to work with the new Symphony Project Manager when appointed.
- North Wales Homelessness strategy has been produced.
- The alcohol and substance misuse referral pathways have been reviewed and updated and the referring mechanism have been streamlined. The tobacco policy will be reviewed during 2019 in light of new legislation.
- The Guidelines on the Fair Treatment of Disabled People at Work in BCUHB have been revised. A Pregnancy and Maternity toolkit for managers has been developed and includes a list of suitable facilities for staff wishing to breastfeed.

Key Issues and Remedial Actions

- The North Wales Creative Arts Concordat has been launched on 27th September 2018 and work has commenced to develop the action plan.
- The formation of an Alcohol Awareness Group is progressing. Group members have been approached to explain the rationale of the group.
- The initial draft of the staff Health Needs Assessment has been completed and submitted to the All Wales Wellbeing Network Group for consultation. The Health Needs Assessment is being taken forward by this group to consult on an all wales basis. The next meeting of the group is planned for early 2019.
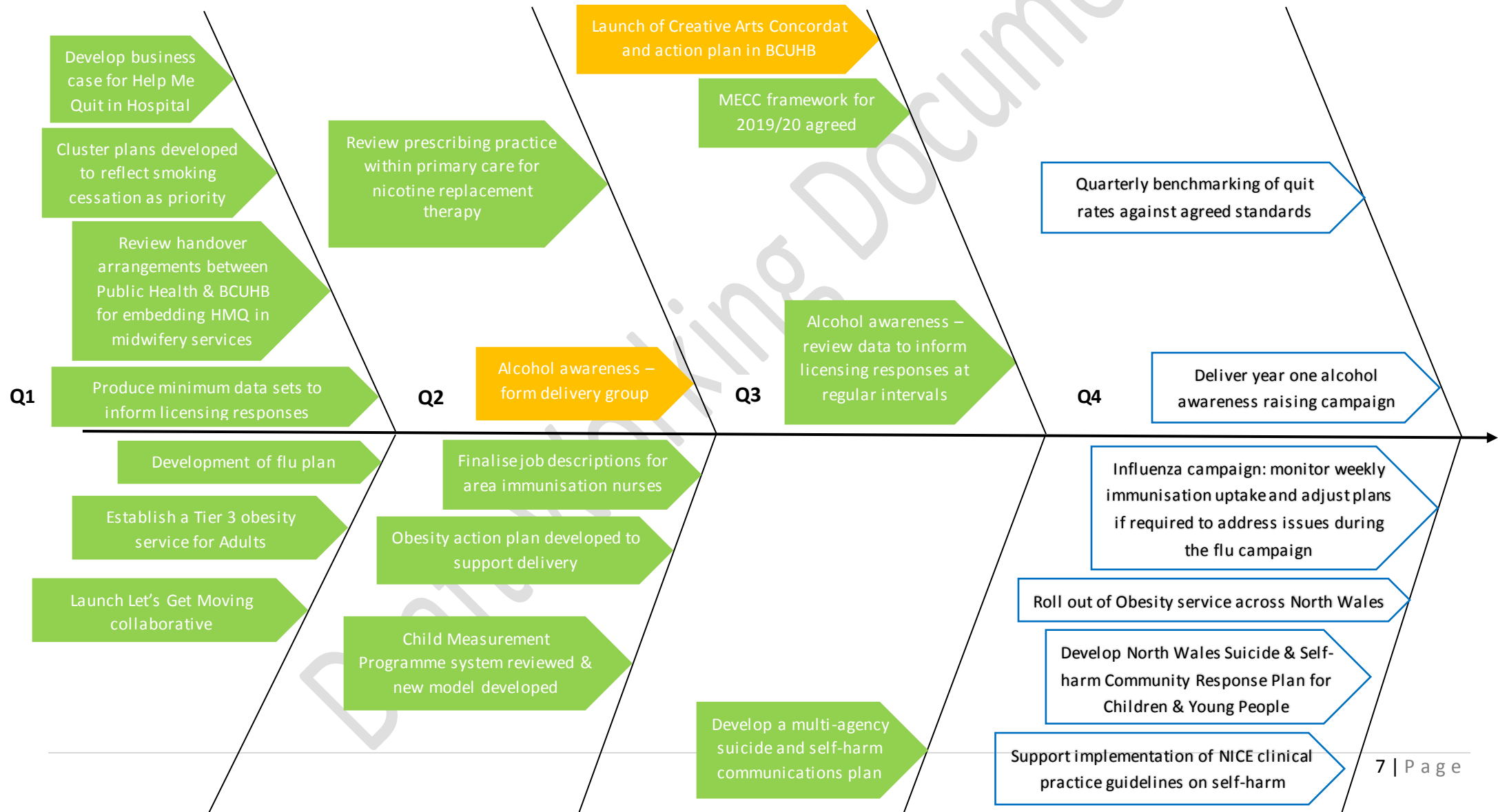
Plan for Quarter Four

- Review dental referrals to smoking cessation services with a plan produced to target the areas of greatest need.
- Progress North Wales Suicide and Self-harm plan.
- Increase the offer and take up of Treat Me Fairly training for primary care independent contractors.
- Complete safe, effective, quality occupational health (SEQOHS) portfolio.

Improving Health

This work stream has a strong focus on improving mental health and well-being, reducing suicide and self-harm, smoking cessation, supporting healthy weight and die, alcohol awareness raising and immunisation.

Q1
- Develop business case for Help Me Quit in Hospital
- Cluster plans developed to reflect smoking cessation as priority
- Review handover arrangements between Public Health & BCUHB for embedding HMQ in midwifery services
- Produce minimum data sets to inform licensing responses
- Development of flu plan
- Establish a Tier 3 obesity service for Adults
- Launch Let's Get Moving collaborative

Q2
- Review prescribing practice within primary care for nicotine replacement therapy
- Alcohol awareness – form delivery group
- Finalise job descriptions for area immunisation nurses
- Obesity action plan developed to support delivery
- Child Measurement Programme system reviewed & new model developed

Q3
- Launch of Creative Arts Concordat and action plan in BCUHB
- MECC framework for 2019/20 agreed
- Alcohol awareness – review data to inform licensing responses at regular intervals
- Develop a multi-agency suicide and self-harm communications plan

Q4
- Quarterly benchmarking of quit rates against agreed standards
- Deliver year one alcohol awareness raising campaign
- Influenza campaign: monitor weekly immunisation uptake and adjust plans if required to address issues during the flu campaign
- Roll out of Obesity service across North Wales
- Develop North Wales Suicide & Self-harm Community Response Plan for Children & Young People
- Support implementation of NICE clinical practice guidelines on self-harm

Tackling Health Inequalities

This work stream focusses on growing our Well North Wales Programme, developing health and well-being centres, mainstreaming social prescribing, tackling poverty and deprivation and providing services for the homeless.

Roll out of social prescribing to 50% of participating clusters

Appoint social prescribing project management support and establish steering group

Form local steering group (Flint) and agree BCU contribution

Flintshire homelessness profile developed

Complete scoping exercise and needs identification in Pen-y-Cae Denbigh and Llangefni
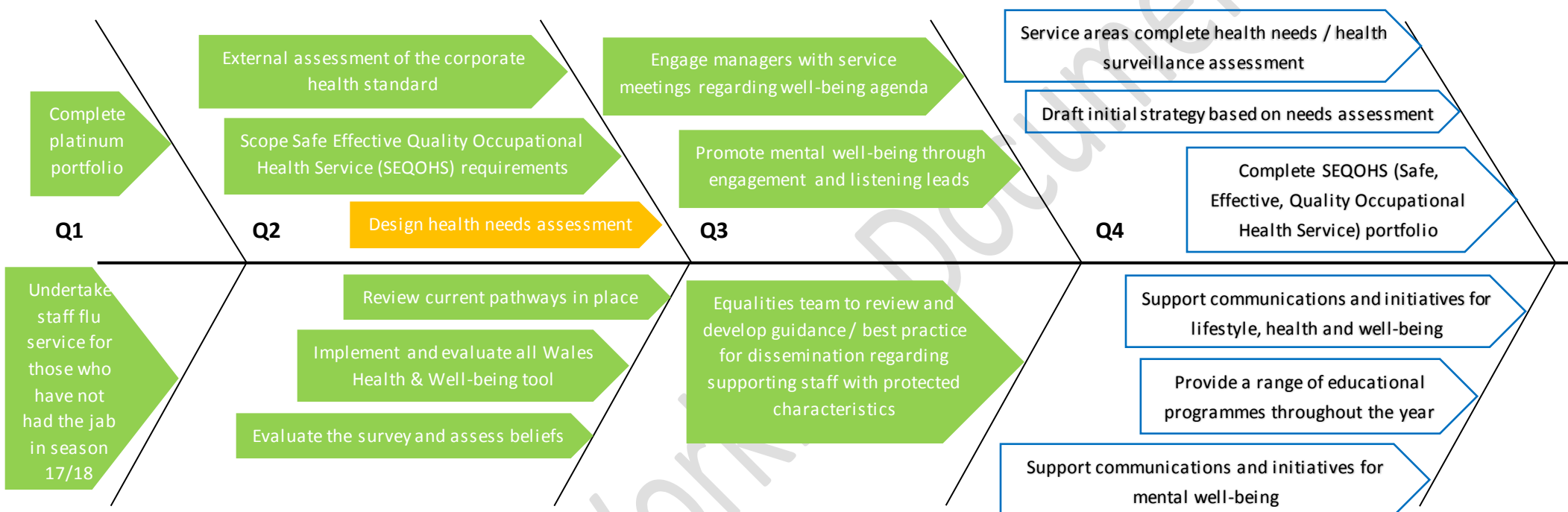
Homelessness delivery plan developed based on identification of needs and services

Identify current social prescribing practitioners and create network

Q1

Map current social prescribing activity

Q2

Q3

Extend provision of services at Abbey Road Community Centre in Bangor

Q4

Wrexham and Gwynedd homelessness profile developed

Identify best method and forums for capturing relevant activity

Denbighshire and Anglesey profile developed

Contribute to local partnerships re. housing and accommodation

Introduction of targeted interventions

Tackling food poverty – agree target areas in Central & West

Conwy homelessness profile developed
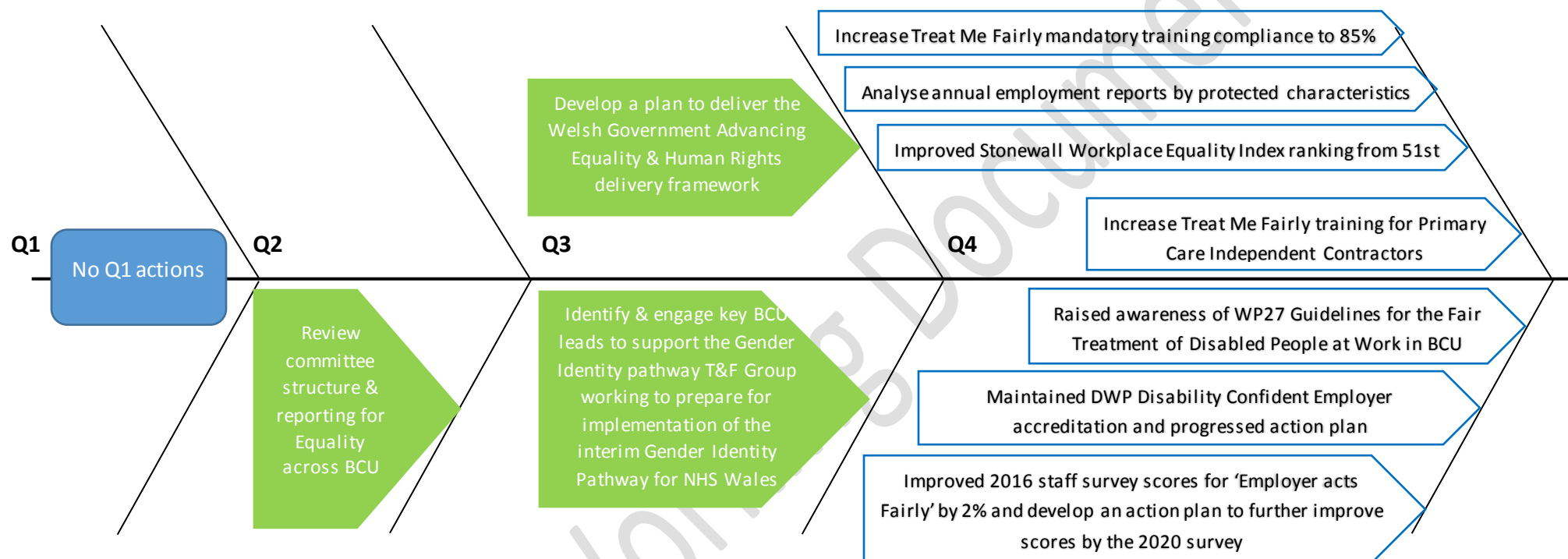
Create central repository for sharing good practice, stories and events

Staff Health & Well-being

This work stream aims to deliver workplace health, mental well-being and general well-being.

Q1

- Complete platinum portfolio
- Undertake staff flu service for those who have not had the jab in season 17/18

Q2

- External assessment of the corporate health standard
- Scope Safe Effective Quality Occupational Health Service (SEQOHS) requirements
- Design health needs assessment
- Review current pathways in place
- Implement and evaluate all Wales Health & Well-being tool
- Evaluate the survey and assess beliefs

Q3

- Engage managers with service meetings regarding well-being agenda
- Promote mental well-being through engagement and listening leads
- Equalities team to review and develop guidance / best practice for dissemination regarding supporting staff with protected characteristics

Q4

- Service areas complete health needs / health surveillance assessment
- Draft initial strategy based on needs assessment
- Complete SEQOHS (Safe, Effective, Quality Occupational Health Service) portfolio
- Support communications and initiatives for lifestyle, health and well-being
- Provide a range of educational programmes throughout the year
- Support communications and initiatives for mental well-being

Equalities & Human Rights

Q1 — No Q1 actions

Q2 — Review committee structure & reporting for Equality across BCU

Q3

Develop a plan to deliver the Welsh Government Advancing Equality & Human Rights delivery framework

Identify & engage key BCU leads to support the Gender Identity pathway T&F Group working to prepare for implementation of the interim Gender Identity Pathway for NHS Wales

Q4

- Increase Treat Me Fairly mandatory training compliance to 85%
- Analyse annual employment reports by protected characteristics
- Improved Stonewall Workplace Equality Index ranking from 51st
- Increase Treat Me Fairly training for Primary Care Independent Contractors
- Raised awareness of WP27 Guidelines for the Fair Treatment of Disabled People at Work in BCU
- Maintained DWP Disability Confident Employer accreditation and progressed action plan
- Improved 2016 staff survey scores for 'Employer acts Fairly' by 2% and develop an action plan to further improve scores by the 2020 survey

Care Closer to Home – Quarter Three Report

The Care Closer to Home plan is focussed upon five work streams:

Cluster Development	Service Model	Primary Care Workforce	Health and Well-being Centres	Digital Healthcare & Technology

The Health Board Lead for Care Closer to Home is now the Executive Director of Primary and Community Services.

Quarter Three Achievements

- A Home Visiting Team within the North West Wrexham cluster has been established.
- Partners have been engaged with to discuss the potential of developing a clinical hub with 111, WAST and GP Out of Hours. A model for making the best use of Advance Practice Paramedics within Primary Care has been agreed with WAST.
- A plan for how pharmacists can further support GP practices has been agreed.
- A Primary Care Academy work stream has been established.
- The Health Board vision for Primary Care clusters has been agreed and clearly articulated at Board level.

Key Issues and Remedial Actions

- It hasn't been possible to complete a business case for stroke rehabilitation service provision on the Llandudno hospital site as this isn't able to progress until the Stroke Services Review reaches a conclusion.

Plan for Quarter Four

- A single service model by which nursing homes can be supported using telehealth will be proposed.
- Determine how Care Closer to Home and Unscheduled Care collaborate on virtual clinical hub and clinical triage.
- Review the current commissioned dental services and make recommendations on how to progress.

Cluster Development

This work stream will support the development of clusters to enhance their role in designing and delivering primary and community services. The work stream lead is the Area Medical Director, East.
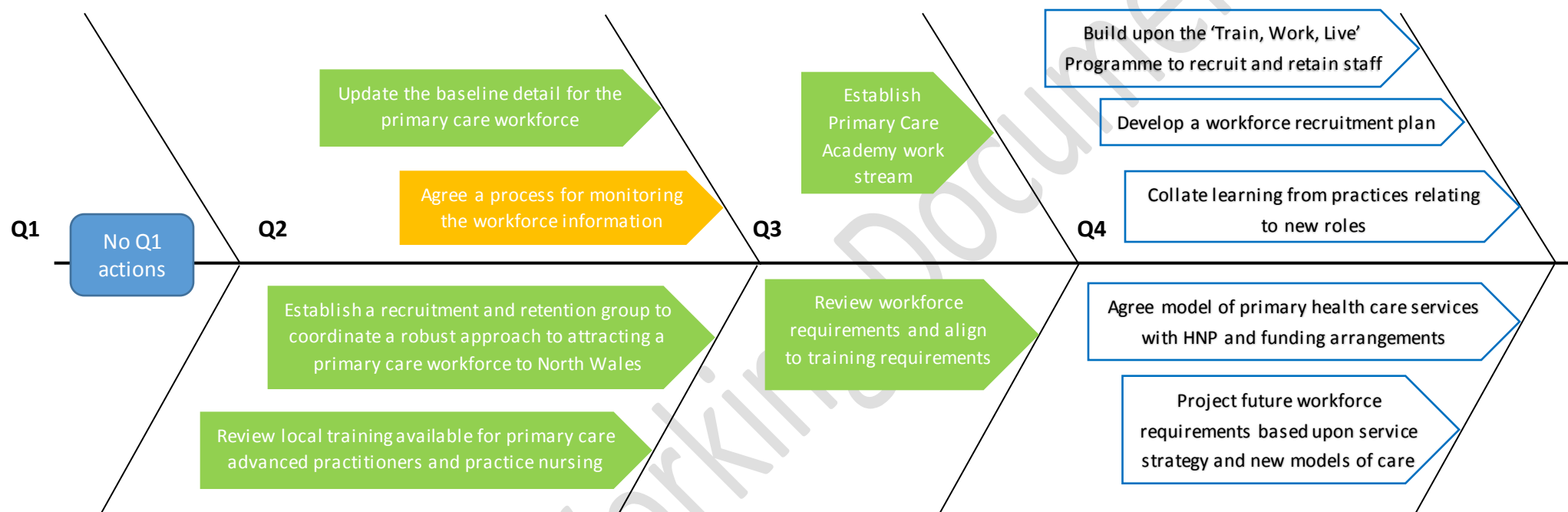
Q1
- Agree with cluster members their training priorities
- All practices to be signed up to Primary Care Dashboard
- Develop Immunisation plan
- Provide updates to clusters on new GDPR regulations
- Develop communications & engagement strategy
- Develop implementation plan for CVD risk assessment

Q2
- Data at cluster level used to inform review of cluster action plans
- Share cluster actions plans
- Implement plan to increase uptake of immunisations in child and adults

Q3
- Agree Health Board vision for Primary Care clusters
- Review membership of clusters
- Develop a training plan to meet the identified need
- Publish cluster newsletter

Q4
- Review and refresh training plan for subsequent year
- Review the implementation and development of the dashboard to inform future developments
- Complete roll out of Information Governance packs to all clusters
- Populate GP One and PC One with updated information on BCUHB clusters

Service Model

This work stream aims to improve access to primary and community care services and expand the number of multi-disciplinary community teams. The work stream lead is the Area Medical Director, Central.

Q1

- Phased implementation of warfarin enhanced service
- Agree CRT model with LA partners
- Commence provision of NHS Dentistry tendered services
- Programme of collaboration agreed for 2017-19

Q2

- Director of Primary and Community Care to work effectively with clusters and partners to develop a future plan
- Progress Navigation & Care Coordination roles and training
- Review the purpose and membership of Primary Care Transformation Group
- Community Pharmacy engaged and service commissioned

Q3

- Agree with WAST a model for making best use of Advance Practice Paramedics within Primary Care
- Establish Home Visiting Team in NW Wrexham cluster
- Plan for how pharmacists can further support GP practices agreed

Q4

- Review current commissioned services and make recommendations on how to progress
- Evidence of strengthened resilience and sustainability in primary care services
- Agree Health Board risk stratification model, principles and system
- Implement the outcome of the review of the BCU Delivery Agreement Schemes that where allocated 2018/19 funding

Primary Care Workforce

This work stream will build on work done to introduce a broader range of health and social care professionals including Specialist Nurses, Pharmacists and Therapists into independent and managed GP practices. The work stream lead is the Assistant Director for Primary Care and Commissioning, Central.

Q1

No Q1 actions

Q2

Update the baseline detail for the primary care workforce

Agree a process for monitoring the workforce information

Establish a recruitment and retention group to coordinate a robust approach to attracting a primary care workforce to North Wales

Review local training available for primary care advanced practitioners and practice nursing

Q3

Establish Primary Care Academy work stream

Review workforce requirements and align to training requirements

Q4

Build upon the 'Train, Work, Live' Programme to recruit and retain staff

Develop a workforce recruitment plan

Collate learning from practices relating to new roles

Agree model of primary health care services with HNP and funding arrangements

Project future workforce requirements based upon service strategy and new models of care

Health and Well-being Centres

This work stream will develop an Estates Strategy for Primary Care. The work stream lead is the Assistant Director of Community Services, Central.

Q1

- Llandudno Hospital – Commission emergency unit accommodation. Undertake work to inform LLGH Development Plan.
- Commission Flint Health & Well-being Centre
- Outline North Denbighshire business case submitted to WG
- Agree Primary Care Improvement Grant priorities
- Establish project team for Penygroes Primary Care development

Q2

- Review PDPs to identify themes & areas for concern
- Complete feasibility study for Bangor Health & Well-being Centre
- Appoint developer for Waunfawr development
- Continue development of business case for LLGH Outpatient Services
- Continue development of business case for Breast Service at LLGH

Q3

- Health & Well-being Centres: Identify immediate and medium term priorities and scope scale of projects & partner involvement
- Agree a support programme with SSP (Specialist Estates)
- Health & Well-being Centres: Progress pipeline priority schemes. Engage with stakeholders. Identify resource implications

Q4

- Development of North Denbighshire Hospital business case
- Progress business case for Conwy / Llandudno Junction development
- Progress business case for Kinmel Bay development
- Finalise scheme detail & business case for Ruthin clinic / hospital redevelopment
- Progress estate development plans for Queensferry & Cefn Mawr
- Finalise & approve Estates strategy

Draft Working Document

Digital Healthcare & Technology

This work stream will improve access to digital technology in the community, IT equipment, telehealth and supported self-management. The work stream lead is the Medical Director, Central.

Q1 — No Q1 actions

Q2 — No Q2 actions

Q3 — Engage with partners on developing virtual clinical hub with 111, WAST & GP OOH

Q4 —
- Propose a single service model by which nursing homes can be supported using telehealth
- Determine how CCTH and Unscheduled Care collaborate on virtual clinical hub and clinical triage

The governance framework for Care Closer to Home has been put in place and we have reviewed our plans in line with discussion of Q2 performance at SPPH. The activities related to the Digital work stream have been re-modelled for the three year plan. In collaboration with colleagues in IM&T, we have re-planned some of the activity over the next three years, as this will be a more realistic timeline. In the meantime, the aim for Quarter four of the current year will be:

- to complete engagement with the Unscheduled care programme to ensure successful implementation of the clinical triage hub and identify how Community and Primary services will work with this new service
- to work with IM&T to plan the implementation of WCCIS and the migration of GP systems to Micro test/Vision platforms next year
- to define the scale of the opportunity for telehealth, telecare and telemedicine for our 3 year plan.

Women's Services – Quarter Three Report

The Women's Services plan is focussed upon four work streams:

| Long Term Service Model | Women's Services Community Model | Gynaecology and Women's Specialist Services | Quality and Health Improvement |

The Health Board Lead for Women's Services is the Executive Director of Public Health.

Quarter Three Achievements

- The Deloittes work plan completed with a handover plan agreed and approved at Directorate Board in December 2018.
- The Nursing Workforce Strategy has been completed and includes the future proofing of specialist Gynaecology clinical pathways. In addition, education and commissioning numbers have been calculated to reflect the 2019/22 Three Year Plan.
- The Breast Feeding strategy and action plan for North Wales has been completed and will be launched in February 2019.
- Capacity planning for 2019/20 has been undertaken for all services provided within the Directorate.
- Pan North Wales 1000 days workshops have been held with good representation from Health and partners. The priorities have been identified and agreed and action plan will be developed during quarter four.

Key Issues and Remedial Actions

- An SBAR proposing the implementation of a co-produced Adverse Childhood Experience (ACE) informed parental support programme in the first 1000 days was produced. However it has since been agreed that this will be put on hold until the learning/outputs from a research SBAR in Torfaen have been published.
- 95% compliance with mandatory training, PADR and appraisals is monitored on a weekly basis. At the end of quarter three, compliance was PADR 95%, mandatory training 89% and appraisals 97%.

Plan for Quarter Four

- The All Wales Maternity Strategy will be published during quarter four however the foreseen recommendations have already been included in the 2019/22 Three Year Plan.
- The pathway for fertility is currently being revised in conjunction with current service provision. This is expected to be completed during quarter four.
- A point of delivery audit on vaccination for pregnant women is to be completed and reported on during quarter four.

Long Term Service Model

This work stream will focus on developing and implementing the longer term service model identified in the strategy. There are seven key areas for transformation and strategic development within the model namely Gynaecology, Obstetrics, Midwifery, Estates, Workforce Development, Information and Technology and Patient Experience. The work stream lead is the Director of Midwifery & Women's Services.

Q1

Agree Deloitte's work plan

Identify the service components, which will be in level 1, 2 and 3 centres

Q2

No Q2 actions

Q3

Implement Deloitte's work plan

Develop a Nursing Workforce Strategy

Implementation of post-natal acuity

Development of model for North Wales Abortion Care

Share best practice across North Wales – new ways of working

Introduction of the Breast Feeding Strategy for North Wales

Fully implement obstetric model to support SURNICC

Q4

Scope out requirements for 'one stop clinics' for gynae cancer

Contribute to development of Community Maternity and Gynaecology model

Estates development including colposcopy suite at YGC, centralised ante-natal clinic at YGC and Free Standing Midwife Led Units

Introduction of Senior Midwifery clinical roles to support medical staff rota at tier 1

Development of the model for NW Abortion Care

Implement recommendations from All Wales Maternity Strategy

Women's Services Community Model

This work stream will develop a model for Women's Services aligned to the community centre strategic developments.
The work stream lead is a Consultant Midwife.

Q1

Undertake a review of case loads

Identify any workforce issues

Each community team to organise midwives into pairs to cover clinics

Review NICE criteria for Consultant Led Care

Q2

Establish quarterly audits. All women will see no more than two midwives for routine antenatal and postnatal care

Agree what is an effective team agreeing standards and guidelines

Q3

Review and refresh existing latent phase of labour care bundle

Promote and advertise Active birth classes

Implement managing early labour in the community setting

Consider alternative funding streams for birth class venues

Q4

Support Maternity Voices to implement BRAIN

Develop and implement actions required to improve compliance with standard

Train midwives in active birth classes

Identify opportunities and develop a culture which promotes informed choice

Quarterly audits on birth choices information

Gynaecology and Women's Specialist Services

This work stream will develop and implement sustainability plans for Gynaecology and Women's Specialist Services through two cross cutting activities; Primary and Community Care and productivity, efficiencies and new ways of working.
The work stream lead is the General Manager for Women's Services.

No Q1 actions

Q1

Q2

Establish Alternative Settings for Agreed Procedures within Secondary Care project group

Complete capacity demand exercise

Produce a planning paper for the Directorate

Q3

Undertake benchmarking exercise

Review current management processes across all sites

Complete capacity and demand exercise and review activity across all services provided within Directorate

Q4

Audit compliance with best practice / targets

Develop plan for Safe Provision of Early Pregnancy Service standards

Establish Gynae Voices

Work with LLGH team to consider provision of colposcopy suite & develop engagement plan

Develop service model for NW Colposcopy service

Quality & Health Improvement

Through joint working with the North Wales Public Health Directorate, implement the Women's quality and health improvement priorities. The leads for this work stream are the Director of Midwifery and Women's Services and a Consultant in Public Health.

Q1

Breast feeding – BFI level 3 accreditation across community & secondary care

Set up workshop to agree scope and purpose of work as part of Well Being of Future Generations 'Live Lab's project

Q2

Work with Public Health Team to review Low Birth Weight rate

Recruit to remaining smoking cessation vacant posts

Q3

Hold a North Wales 1000 day's workshop with partners

Joint paper to Exec's on Child & Maternal obesity

Scope ACE's as part of Health Board ACE Review

Scope opportunities for social prescribing for weight management

Q4

Sign off Infant Feeding strategy & action plan

Revisit food wise in pregnancy training and awareness raising for Midwives

Promote 10 steps to a Healthy weight

Provide Midwifery input into two national 1st 1000 days programmes

Continually monitor the success of the Specialist Maternal smoking cessation & acute site smoking referrals

Agree and developed Year One action plan for first 1000 days

Children's and Young People's Services – Quarter Three Report

The Children's and Young People's Services plan is a joint partnership plan focussed upon six work streams:

| Promotion of Healthy Weight & Prevention of Childhood Obesity | Crisis Intervention for Children Experiencing an Urgent Perceived Mental Health Crisis | Prevention & Mitigation of Adverse Childhood Experiences | Improving Outcomes in the 1st 1000 days | Improving Emotional Health, Mental Well-being & Resilience of Children & their families | Children with Complex Needs due to Disability or Illness |

The Health Board Lead for Children's and Young People's Services is the Executive Director of Public Health.

Quarter Three Achievements

- The Regional Physical Activity collaboration 'Let's Get Moving' launched in June 2018 with a Children's, Young People and Families sub group established. A workshop as part of a sharing and learning event at Bangor University was held on 23rd November 2018.
- The Infant Feeding Strategic Plan was launched in November 2018.
- Healthy School Coordinators from across North Wales have met, have work plans in place for the year and share best practice with each other.
- BCU led a First 1000 days workshop in December, which was well attended by Health Board, Public Health and Local Authority colleagues. The workshop included a discussion on prioritising the work on ACE's both within BCU and partner organisations. A workshop evaluation report is currently being developed which will contain identified actions and recommendations regarding prioritising the work around ACE's across North Wales.

Key Issues and Remedial Actions

- It is envisaged that the business case for tier three obesity services will not be completed until quarter one 2019/20. As part of the business case development, detailed work on current referrals and activity will be undertaken.
- The Children's with complex needs definition has been agreed and group work completed around common types of complex care completed. Meetings have been arranged with stakeholders during quarter four and engagement with children and young people will take place by attending Local Authority Young Groups.

Plan for Quarter Four

- Link the work completed on children's and maternity obesity to wider Health Board work on developing business cases for adult and paediatric obesity services.
- Support Area immunisation groups to review uptake data and variation in relation to childhood immunisation rates and develop partnership actions to address them.
- Deliver a new pathway for children with complex needs including training and roll out of the plan.

Promotion of Healthy Weight & Prevention of Childhood Obesity

This work stream will co-produce and design services, which promote and support children and young people and their families to maintain a healthy weight. The work stream lead is the Assistant Area Director of Therapy Services, East.

Q1
- Develop & sign off Infant Feeding Strategy & action plan
- Review documentation & processes for Child Measurement Programme

Q2
- Review current provision of services at levels 1, 2 & 3 & referral mechanisms
- Review best practice from other areas
- Identify areas for improvement including opportunities for sign posting families
- Complete review of children & young adults currently referred by GP's to Secondary Care

Q3
- Review evidence base on effective weight management services for children and pregnant women
- Review best practice from other areas and shared priority areas
- Sign off and submit Tier 3 business case to internal committees
- Review current provision of services and priority areas across North Wales

Q4
- Link work on Children's and maternal obesity to wider HB work on developing business cases for adult & child obesity services
- Implementation of Healthy Child Programme
- Implementation of infant feeding action plan
- Scope opportunities for Social Prescribing as part of North Wales steering group

Draft Working Document

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Crisis Intervention for Children Experiencing an Urgent Perceived Mental Health Crisis

The main aim of this work stream is to improve the service provision for Children, Young People and their families. The work streams leads are CAMHS Consultant Nurse and Assistant Area Director for Children's Services, Central.

Q1

Establish working group looking at transition from CAMHS to adult services

Collective review of S136 attendances

Gather patient stories and establish a reference group

Establish Group to ensure needs of children in residential settings are met

Q2

Benchmark against other Health Boards & English Trusts

Completion of fieldwork

Roll out of integrated self-harm pathway with education

Review current transition protocol

Map current residential provision and gaps in services

Q3

Produce final report utilising patient's experiences

Produce an options appraisal for an integrated, multi-agency pathway

Review current protocol and compliance for transition between CAMHS & Adult Mental Health

Scope measures to improve care in residential settings

Q4

Develop business case for safe management of Children detained under S136 and business case for children in crisis

Implement changes to Police & Crime Act

Implement and evaluate actions to improve transition planning

Sustain seven day CAMHS service supporting Paediatric wards and Emergency Dept.

Prevention and Mitigation of Adverse Childhood Experiences

Through joint working with the Adverse Childhood Experiences (ACEs) Hub, this work stream will create and environment for change, supporting individuals and communities to create an ACEs aware society. The work stream lead is the Assistant Area Director for Children's Services, East.

Q1

Establish working group to prioritise work of ACE's

Q2

Identify & scope work currently underway across North Wales

Produce information on incidence of ACE's and impact for Health Board staff

Q3

Develop action plan, implement and monitor emerging evidence

Identify cross cutting themes with other Children's, Mental Health & Women's priority areas

Consider feasibility of rolling out the work of Anglesey Health Visitors on 'Routine Enquiry'

Q4

For each of the other priority areas – agree specific actions to increase ACE awareness, reduction & mitigation

Develop action plans for years 2 and 3

Work with ACE Support Hub in creating an environment for change, support individuals and communities to create an ACE aware society

Improving Outcomes in the 1st 1000 Days

This project describes the planned activities of BCU Children and Young People's Services and the Public Health Team to improve outcomes in the first 1000 days of life (conception to age 2). The work stream leads are the Head of Nursing for Children's Services, Central and Assistant Area Director for Children's Services, Central.

Q1
- Develop & approve Infant Feeding Strategy

Q2
- Implement ACE Routine Inquiry HV pilot on Anglesey
- Scope need for Regional 1st 1000 days programme & links to existing partnership approaches

Q3
- Support Public Health Team communication plan to disseminate key messages from Every Child: 10 steps national campaign
- Scope CYP Services role in supporting emerging work on families affected by imprisonment in N.W. and Police work on ACE's

Q4
- Support Wrexham's 1st 1000 days pathfinder multi-agency local group and identified priority areas
- Support emerging work on 1st 1000 days as identified by Conwy and Denbighshire PSB
- Support development of HB strategy for immunisation
- Universal promotion of importance of mental well-being in peri/post natal period and ways to improve (5 ways)

Draft Working Document

Improving Emotional Health, Mental Well-being and Resilience of Children and their Families

This work stream seeks to work in partnership with young people, schools, public health teams and professionals from all agencies in developing a joined up multiagency approach to promoting good mental health, wellbeing and resilience in all children, young people and families and ensuring that those who need help know what to do and where to go. The work stream leads are Head of Child Psychology and Psychological Therapies, BCUHB and Head of Education and Children's Services, Denbighshire County Council.

Q1

- Finalise pathways into CAMHS & adult services
- Engagement with referring partners
- Face to face interviews with staff
- Recruit into vacant posts
- Online survey of service users & referrers
- Summarise recommendations from key policies & legislation
- Ensure clinical governance arrangements in place & ongoing monitoring
- Set up reference group

Q2

- Qualitative case studies with sample of young people & families
- Define options for sustainable future model

Q3

- Hold a facilitated regional workshop
- Establish clear pathways for moving between levels of service
- Identify training needs
- Review and summarise baseline position
- Identify gaps in service & agree approaches based on best available evidence

Q4

- Define multi-agency delivery plans with clear measurable objectives and milestones and disseminate across N.W.
- Implementation of Mental Health Measure
- Deliver ADTRAC services for young people
- Produce final Local Primary Mental Health Support Service model for North Wales

Children with Complex Needs due to Disability or Illness

The aims of this work stream are to establish an agreed set of definitions, complete risk assessments to identify the priority areas and review patient pathways to improve the effectiveness, safety and quality of them. The work stream lead is the Assistant Area Director for Children's Services, East.

Identification of key stakeholders

Engage with Children and Young People

Baseline current pathway for highest risk theme

Children have multi-disciplinary Neuro development assessments

Deliver new pathway

Q1

Q2

Q3

Q4

Group work common types of complex care e.g. health, social, educational or physical, emotional and mixed

Share output and identify highest risk pathway

Establish a risk scoring criteria amongst the team

Phase 3 final cot configuration at SURNICC – all babies 27+0 to 31+6 cared for at YGC

Consultant Paediatrician and Paediatric Nursing within ED Dept.

Mental Health & Learning Disabilities – Quarter Three Report

The Mental Health and Learning Disabilities plan is focussed upon eight work streams:

Substance Misuse Services	Primary Care & Well-being	Quality, Safety & Assurance	CAMHS	Secondary Care	Forensic & Rehabilitation Services	Older People's Mental Health Services	Learning Disabilities

The Health Board lead for Mental Health and Learning Disabilities is the Executive Director of Mental Health & Learning Disabilities.

Quarter Three Achievements

➢ Overall use of nursing, admin and medical agency staff has reduced. There remains challenges with medical recruitment but work continues to recruit permanent consultants with all vacant posts being advertised via external recruitment sites.

➢ During quarter three, a benchmarking submission for Learning Disability Services has been completed. This will be used in future planning and service redesign requirements as a firm evidence base.

➢ In partnership with the Alzheimer's society and Caniad, two external reference groups have been developed with the aim of supporting clinical networks and exploring ongoing work programmes.

➢ A scoping exercise with Primary Care, Psychiatric Liaison and WAST regarding frequent ED attenders has been completed and WEDFAN (Welsh Emergency Department Frequent Attenders Network) meetings are now held every two weeks to consider all recent frequent attenders.

Key Issues and Remedial Actions

➢ An Older Person's Mental Health Programme Manager will commence in post in January 2019 and progress a number of key actions during quarter four.

➢ Bed modelling has been undertaken and will inform wider strategic developments such as the Ablett redesign project. In Community teams, the demand and capacity work will be complete by the end of quarter four.

➢ There is a Quality and Workforce Group aligned to CAMHS services who are working on an operational plan for transition and this will continue throughout quarter four.

Plan for Quarter Four

➢ Undertake improvements, upgrades and reconfiguration of environment and supporting health and safety and address the backlog maintenance issues / service improvements etc, links to Capital programme.

➢ Identify multi-disciplinary roles for development.

➢ Supported by the National Collaborative, work will commence to develop a specialist Learning Disabilities pathway by undertaking a thematic review with partners and providers to explore alternatives arrangements and commissioning requirements.

Learning Disabilities (LD)

This work stream will develop the strategy for Learning Disabilities and work with partners to improve support for individuals with a learning difficulty or disability.

Q1

- Scope & complete Workforce Plan including vacancies
- Commence repatriation group & develop repatriation plan
- Identify KPI's for all areas
- Partnership Board to complete initial strategy with sign off by Part 9 Board
- Scope out LD services across N.W.

Q2

- Scope current ways of commissioning panels
- Ensure findings are within current report completed via the CHC Implementation Group to SMT
- Identify patients in Out of Area provision – identify workforce costs to monitor & reviews these patients

Q3

- Identify via the scoping exercises / benchmarking data, new service priorities in monthly partnership board meetings and support development of business cases
- Shared vision and values to be identified and written within the strategy
- Engagement events to be held to enable views of all parties to be gathered
- Agree role & job description for ANP in Learning Disability Services

Q4

- Shared vision and values to be identified and written within the strategy
- Develop standard operational policies to support service priorities
- Commence work with partners to develop a specialist pathway
- Develop business cases for schemes that aim to reduce repatriation barriers
- Develop workforce plan
- Develop communication plan
- Develop integrated strategy

Substance Misuse Services

This work stream aims to integrate and align Substance Misuse Services to the Area Planning Board commissioning intentions.

Q1
- Scope current skills and existing interventions
- Agree NMP job descriptions
- Develop monthly Quality & Safety audit
- Benchmark against areas demonstrating good practice

Q2
- Work with Area Planning Board to develop Capital Bids for existing estates
- Policy, formulary to be agreed, and training undertaken for identified staff

Q3
- Review Substance Misuse buildings & develop estates plan
- Develop business case for enhanced services
- Audit to be fully embedded into practice in all areas
- Increase Psychology input across North Wales & review psychology assistant post
- Convene series of meetings with Hepatology, Substance Misuse and BBV service across North Wales

Q4
- Continued involvement in review of W.G. Working Together to Reduce Harm Delivery Plan
- Develop regional accountability and reporting arrangements for Substance Misuse Delivery Plan
- Prepare for consultation on Primary Care services
- Develop shared working protocols for new shared buildings with partner agencies
- Develop robust testing & treatment pathway in line with all Wales Liver Plan
- Implement and roll out non-medical prescribers programme

Primary Care & Well-being

This work stream will develop integrated teams to manage common co-morbidities between physical and mental health.

Q1

Undertake baseline review of current flow processes

Develop and roll out plan to ensure women are offered a mental health assessment in the antenatal and postnatal period by appropriately trained health professionals

Q2

No Q2 actions

Q3

With GP clusters, develop proposals for embedding services within Primary Care

Q4

Design, agree and implement pathway between primary & secondary care

Develop Social Prescribing plan

Pilot Primary Care model on identified site

Quality, Safety & Assurance

This work stream aims to ensure the priorities set in the BCU Quality Improvement Strategy and the national Together for Mental Health Strategy are achieved through the delivery of all project plans.

Q1

Sustain implementation of current estates plan and progress development of emerging fit for purpose estates plans that support service redesign

Q2

New management structure fully operational

Continued improvements in compliance with relevant targets including those in Mental Health Act and Mental Health Measure

Q3

Review current training requirements and propose a new model for training programme

Q4

For both the Risk Management Strategy and Quality Improvement Strategy, baseline current position and agree areas for improvement

Review current model for service user engagement & partnership involvement in service developments

Review process for responding to external reviews

Review Mental Health documentation

Develop an information and performance framework

Child & Adolescent Mental Health Services (CAMHS)

This work stream will develop an appropriate interface with CAMHS services to ensure the most effective transition for young people with mental health conditions into adult services.

Q1

Baseline current CAMHS model

Q2

Review and analyse current transition arrangements including Mental Health and eating disorders / Together for Children and Young

Q3

Review of workforce to ensure all are appropriately trained

Q4

Develop and implement training plan for adult Mental Health staff

Review and redesign the model for patients within transition period and develop outcome focussed pathways to adult services

Secondary Care

This work stream aims to remodel and enhance inpatient and community services to provide care closer to home. It will also deliver all care in North Wales for all ages unless clinical needs require more specialised out of area care.

Q1

PNMH team (led by AMH) will ensure there are clear clinical pathways in place and improved access to services.

Q2

Continued sustainable reduction in patient out of area placements, including CAMHS

Q3

Review existing systems and processes for data collection & reporting

Undertake scoping exercise with Primary Care, WAST, Psychiatric Liaison & Acute Physicians on ED attenders

Q4

Review current provision across inpatient services and agree model for efficient medicines management

Review whole system model for acute & community care

Analysis of capacity reports

Identify areas for action and implementation of new pathways in 2019/20: Emergency Medical Admissions, Chronic Conditions and Integration of mental and physical health services

Undertake Psychology Services review & develop service pathways

Older People's Mental Health Services

This work stream will finalise work aimed at addressing the outstanding priority areas from the Flynn-Eley Review (2014). It will also contribute to BCUHB becoming a more dementia friendly organisation.

Q1

- Launch BCU approach to dementia care
- Review Dementia action plan for Wales
- Introduce the coping with caring and loss intervention across all localities
- Review HASCAS & Ockenden reports & draft action plans

Q2

- Make a clear statement about purpose of and model for inpatient services
- Implementation of national & BCU Dementia Strategic Action Plan
- Develop proposal for Home Treatment Service and High Dependency ward
- Ensure dignified end of life care in inpatient settings
- Fully establish external reference group

Q3

- Develop with external reference group the framework for supporting clinical networks
- Align mandatory dementia training across the division to the all Wales 'Good Work' framework
- Work with partner organisations to better understand the challenges of rurality of people affected by dementia
- Explore models and solutions to support isolated OPMH wards

Q4

- Review existing isolated estate and develop plans to ensure they are safe and sustainable
- Implement proposed home treatment service
- Memory services to commence assessment within 28 days of referral
- Review current provision across inpatient services and agree model for efficient medicines management
- Undertake psychology services review and develop service pathways
- Implement key Dementia strategy actions

Forensic & Rehabilitation Services

This work stream will transform services to aid the repatriation of patients to North Wales and enhance community services for local care closer to home.

Identify multi-disciplinary roles for development

Undertake improvements, upgrades and reconfiguration of environment and supporting health and safety and address the backlog maintenance issues / service improvements required linked to the Capital programme

Develop long-term model for Forensic, Locked Rehab and Low Secure Service and supporting pathways

Q1

Q2

Q3

Q4

Develop plans with costings to the Division for repatriation of patients to North Wales

Undertake Psychology services review in line with WG guidance and develop service pathways

Unscheduled Care – Quarter Three Report

The Unscheduled Care 90 day plan is focussed upon three key work streams with future model for Unscheduled Care being the golden thread that runs through all the work streams:

| Demand Management | Improving patient Flow through our Hospital | Discharge Management ' Help me Home' |

Quarter Three Achievements

- The Single Integrated Clinical Assessment and Treatment Unit (SICAT) was established on 12th November 2018 with 200 calls being taken by the end of December 2018. Four GP's have been recruited with a new recruitment drive started for additional GP's, triage nurses and pharmacists.
- Established control hubs at each of the three DGH sites with the intention to improve operational command and control across the sites. This work will continue into the next 90 day cycle.
- The sites launched the Internal Professional Standards (IPS) for the three Emergency Quadrants. The next 90 day cycle will launch the IPS for in-patient care.
- The revised choice policy and accompanying leaflet was launched in December. This has been accompanied by staff training and support structure designed to help staff gain confidence when having difficult choice conversations with patients and their loved ones,

Key Issues and Remedial Actions

- Variance of improvement across the three sites demonstrated by the variance in delivering quality measures. Enhanced support has been provided to the two sites currently behind on the improvement trajectories.
- Key improvement tasks within the flow work streams remain outstanding, mainly associated with embedded implementation of elements of the SAFER bundle. These actions will be carried forward to the second 90 day plan.
- Tasks and actions have failed to deliver an improvement in the 4 hour standard. Changes to Emergency Department processes will drive a reduction in minors and paediatric breaches, and this will be the EQ focus in the next 90 day cycle

Plan for Quarter Four

- The second cycle of 90 day plans.
  Demand will focus on:
  - o Delivery of single structure GP Out of Hours and Urgent Care,
  - o Area focus on maturity of Community Resource Teams and partnership with LA will align to Care Closer to Home principles
  Flow will focus on:
  - In Patient IPS with greater rollout of SAFER/Red to Green and enhanced site Command and Control
  Discharge will focus on delivering trusted assessor and embed discharge to assess / stranded patients.

Unscheduled Care

The first 90 day cycle completed in January 2019 with 134 of 161 tasks within the plans being completed. All outstanding tasks will carry forward into the second 90 day plan cycle. This plan will be finalised by the end of January 2019.

New model – detailed design of new model completed and plans in place for implementation

Q1

Development of 90 day planning programme and approach

Plan for first 90 days developed

Q2

1st 90 day plan Implementation with programmes delivering key products (see below)

Q3

Delivery of 2nd 90 day plan.

Q4

Work streams set up and work begins to ensure that all quick wins are realised and major short term milestones are met

2nd 90 day plan developed

Full implementation of the model. It is expected that most work will be completed by end of 2020. Some aspects of the model may take longer to fully embed, for example new IT systems.

Unscheduled Care 1st 90 Day Plan

key Deliverables

Demand

> Single System Level Care Co-ordination Hub – interim solution established. Impact on reduction of HCP demand and ambulance conveyance with more than 200 calls redirected to alternative pathways.

> Pathways for Mental Health, Falls, MIU and District Nursing reviewed. Use of MIU in West increased by 25% within three weeks of 90 day plan initiation. Work is now ongoing to roll this out across all MIUs

Flow

> Emergency Department Professional Standards Developed and Rolled out. Command and Control systems established on all three acute sites. This has delivered more senior leadership with enhanced clinical presence until later

Discharge

> Consistent implementation of the BCUHB Choice Policy –new discharge leaflet in place and being refined with partners

> What Matters Conversation roll out events and education

Planned Care – Quarter Three Report

The current Planned Care plan is focussed upon six work streams.

| Capacity and Demand | Bed Model | Theatres | Cancer Delivery | Acute Services Reconfiguration | Specialty Plans |

The Health Board Lead for Planned Care is the Executive Director of Nursing and Midwifery.

Quarter Three Achievements

➢ A new MRI scanner has been purchased for Ysbyty Glan Clwyd and is due to be installed during May 2019. Business cases for the replacement of other radiology equipment are in the process of being developed in line with the capacity and demand work that has been completed including the introduction of mobile scanning capacity.

➢ The demand and capacity modelling work for 2019/20 has been completed.

➢ Transforming Cancer Services Together Colorectal Pathway Redesign launch event was held on 11th December 2018 with the support of a full time project manager.

➢ The Theatre Productivity Group is progressing the underlying efficiency work for the North Wales theatre plan in order to improve current theatre capacity to ensure accurate baseline data for a theatre review.

➢ The Robotic Assisted Surgery business case was discussed at December's EMG and will be amended in light of comments received. The final business case will be submitted alongside the Urology Review in March 2019.

Key Issues and Remedial Actions

➢ All Vascular consultants have been appointed and funding has been agreed for nursing to support a 16 bedded ward at Ysbyty Glan Clwyd. Further work is on going to review and agree the requirements for other members of supporting teams e.g. vascular scientist.

➢ The pathology business case for equipment replacement has not been completed however will continue to progress through the capital planning process.

➢ Outpatient planning board needs to re-energised going into the new financial year

Plan for Quarter Four

➢ Reduction of waste in secondary care through efficiency activities.

➢ Clinically agreed new:review model based upon clinical criteria.

➢ Endoscopy – focus on clearing backlog of cancer/urgent patients and developing capacity/demand plan

➢ Establish resource required to ensure all cancer patients have key worker and Holistic Needs Assessment (HNA) completed.

➢ Review current work streams to establish plan for 2019/20

➢ Development of Orthopaedic Business Case

➢ Liver Specialty Plan requires recruitment focus in Wrexham Maelor Hospital

Capacity and Demand

This work stream will improve the surgical patient pathway and eliminate waste

Q1

- Collect Hospital Initiated Cancellation data across Secondary Care
- Public engagement to reduce DNA's
- Radiology – identify key clinical pathways
- Radiology – implementation of non-recurrent insourcing activity
- Initial review of new to follow up data

Q2

- Virtual Gastroenterology clinic established in West
- Pathology – completion of workforce modelling
- Radiology & Pathology – establish additional requirements including equipment to match capacity and demand analysis
- Radiology & Pathology – review of identified pathways

Q3

- Pathology – develop business cases for equipment replacements
- Radiology – develop business cases for identified major equipment replacement
- Radiology & Pathology – analysis of identified pathways with respect to capacity & demand modelling

Q4

- Clinically agreed new: review model based upon clinical criteria
- Safe clinical pathways for all specialities
- Endoscopy – review of sustainable workforce
- Radiology & Pathology – presentation of sustainable service model solution
- Radiology & Pathology – incorporation of redesigned pathways into service model
- Completion of Outpatient dashboard

Bed Model

This work stream will complete an assessment of each acute hospitals bed model, identify areas for improvement and be reflective of the needs of the acute service reconfiguration plans.

Q1 **Q2** **Q3** **Q4**

Establish bed model review group – pan BCU (Whole systems Bed Model Group)

Review site level bed capacity and demand

Development of a pan North Wales Secondary Care bed model

Finalise bed model plan
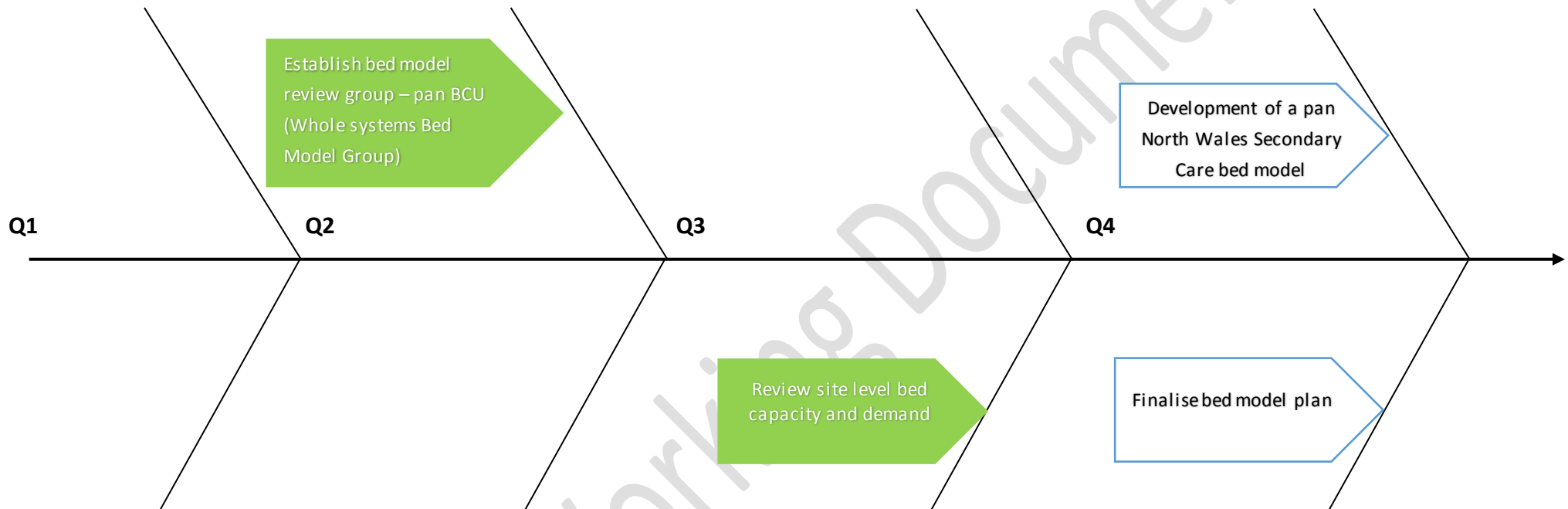
Theatres

This work stream will complete a modelling exercise and development for sufficient theatre and endoscopy capacity across North Wales.

Q1

Q2

Wrexham – open modular theatre

Establish theatre focused transformation group. Develop implementation plans

Q3

Endoscopy – Gap analysis of YG status against JAG domains

Q4

Endoscopy – YG establish if a date can be secured for JAG in Q2 2019/20

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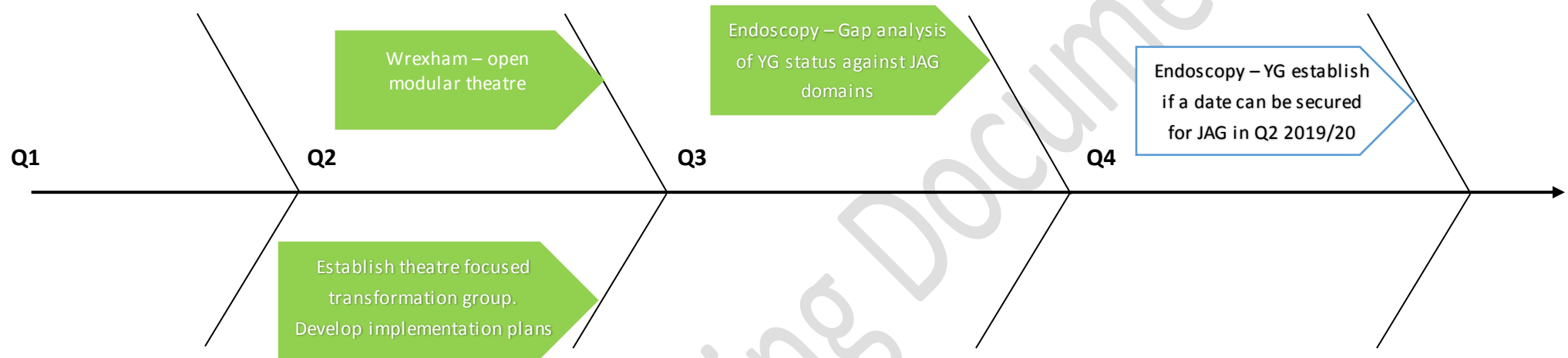
Cancer Delivery

This work stream will ensure that the Health Board is able to achieve the national cancer waiting time targets including the single cancer pathway.

Q1 — Establish impact of single cancer pathway including mechanisms

Q2 — Review additional resources for single cancer pathway

Q3 — Colorectal – service redesign to support development of pathway for GP's to refer directly to diagnostic endoscopy

Implementation of early diagnostic / straight to test process for colorectal and lung pathways

Q4
- Support introduction of e-vetting of referrals
- UGI – production of sustainability model for surgical centre in Wrexham
- Oncology e-prescribing roll out
- Seven day acute oncology service for improved patient flow
- Recruit skill mix required to deliver the Holistic Needs Assessment
- Review additional endoscopy & urology surgery capacity to meet cancer targets

Acute Services Configuration

This work stream will focus on the model for Breast Outpatient services, Breast diagnostic services and Breast surgery. It will establish a specialist Vascular service in North Wales and a custom hybrid theatre at Ysbyty Glan Clwyd. It will also produce a multi-specialty bid for robotic assisted surgery.

Q1

Q2

Q3

Q4

Breast – further develop implementation plans

Breast – substantive Breast Consultant posts to be appointed to

Breast – presentation of sustainable radiology service model solution

Robot – agree site for the robot

Vascular – implementation group to explore what vascular surgery can be undertaken at YGC

Vascular – appointment of Consultant Vascular Surgeons and supporting teams

Robot – Development of business case

Vascular – Establishment of estate to support vascular surgery including hybrid theatre in YGC

Vascular – services to commence (April 2019)

Specialty Plans

The individual specialty plans will focus on the following:

Orthopaedics – eliminate the backlog of long waiting patients over a short a time as possible and develop a longer term solution that will build and sustain the capacity required to meet the needs of our ageing population.

Ophthalmology - develop a sustainable long-term plan for the delivery of eye care services in North Wales, recognising the increasing year-on-year demand for eye care, and working closely with Primary Care and Optometry services to ensure that the right level of care is provided by the right specialist at the right time.

Urology - complete the Urology Services strategic delivery review, ensuring alignment with the proposals for Robotic Assisted Surgery, and develop a sustainable model for Urology Services in North Wales.

Critical Care - reporting of compliance to the All Wales Critical Care Delivery Plan.

Liver Disease - compliance with the All Wales Delivery Plan for Liver Disease.

Liver – recruitment & retention of an alcohol team in YGC

Implement agreed pathway for out of hospital cardiac arrest patients with return of spontaneous circulation

Implement Critical Care Information System

Appoint specialty management posts to support eye care collaborative and Orthopaedics

Liver – GP Liver Disease champion appointed

Q1

Q2

Q3

Q4

Review critical care capacity including reduction in delayed transfers of care

Ophthalmology – Establish Eye Care Collaborative, and Local Eye Care Groups.

Establish Orthopaedic Network to support Business Case development

Paper to be completed for submission to EMG reflecting the Urology Service Delivery Plan

Develop Orthopaedic Business case for submission to Board in Q1 2019/20

Ophthalmology – Eye Care Collaborative to develop Annual Work programme

Liver – recruitment & retention of an alcohol team in YG

Liver – recruitment & retention of an alcohol team in WMH

Strategy, Partnerships and Population Health Committee 5.2.19	GIG CYMRU NHS WALES	Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care

Report Title:	DEVELOPMENT OF BCU HEALTH BOARD THREE YEAR PLAN 2019/22
Report Author:	Mr John Darlington, Assistant Director - Corporate Planning Dr Jill Newman, Director of Performance
Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning and Performance
Public or In Committee	Public
Purpose of Report:	To present for discussion the draft companion document which underpins our 2019/22 three year plan. This document will ensure alignment of the following elements: • Key deliverables identified within our three year plan • The detailed actions identified for 2019/20 underpinning the key deliverables • Measures identified locally or taken from the national delivery framework. • Broader outcomes we are aiming to achieve For clarity, the key deliverables are categorised as follows: 1. **Developmental deliverables**, for example, the development of a plan or business case. Although they may have no immediate impact on KPIs or outcomes, they pave the way for progress in future years. 2. **Implementation deliverables**, for example, implementation of a new service or change to service delivery that will have an immediate impact on our performance.
Approval / Scrutiny Route Prior to Presentation:	The outline content of the three year plan and the approach to its development have been presented to and discussed at SPPH and F&P Committees, public Board meetings in November 2018 and January 2019. The key issues, priorities and challenges have been discussed through Executive Team and Health Board in committee development sessions. The attached draft working document will be refined prior to approval by Board in February 2019 and onward submission to Welsh Government as part of their requirements under published planning guidance.
Governance issues	The development of an approvable Integrated Medium Term Plan is a

/ risks:	critical organisational requirement, as a specific action under the Special Measures Improvement Framework. It is a statutory requirement to develop an approvable IMTP under the NHS Finance Act. The risk relating to failure to develop a plan is identified within the Corporate Risk Register.
Financial Implications:	The three year plan will also set out the financial strategy over the period 2019/22.
Recommendation:	It is recommended that SPPH Committee: • Receive this draft paper • Note areas where there remain gaps and challenges which will require resolution prior to presenting to Board on 28th February 2019.

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	**WFGA Sustainable Development Principle** *(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.)*	√
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 The IMTP will be subject to an Equality Impact Assessment prior to submission to the Board in January. Any significant Equality and Human Rights considerations will be flagged in relevant areas of the Plan as these are developed.			

Draft Work Programme 2019/20

Key: Development Deliverable for example, the development of a plan or business case. Although they may have no immediate impact on KPIs or outcomes, they pave the way for progress in future years.

Implementation Deliverable for example, implementation of a new service or change to service delivery that will have an immediate impact on our performance.

Children's Services Plan Action
Women's Services Plan Action
Mental Health & Learning Disabilities Plan Action

Key Deliverable (from Three Year Plan)	Deliverable type		Key Identified Actions	Q1	Q2	Q3	Q4	Delivery Measure (Annex C and NHS Delivery Measure)	Year End Performance Forecast	NHS Outcomes Framework
	Development Deliverable	Implementation Deliverable								
Health Improvement and Health Inequalities										
Enablers		☐	The HIIT Group will champion and challenge the governance and application of the Equality Impact Assessment in decision making processes	▣	▣	▣	▣	Qualitative report detailing evidence of advancing equality and good relations in the day to day activities of NHS organisations	All strategic change programmes and business cases supported with completed EQIA prior to approval	Inequalities that may prevent me from leading a healthy life are reduced
	☐		Health needs assessment tool developed and trialled	▣	▣					
Staying Healthy / Lifestyle Factors		☐	Immunisation - Strategic plan launch	▣						
			Immunisation - Increased uptake in numbers	▣	▣	▣	▣	Uptake of the influenza vaccination among: 65 year old and over; under 65s in risk groups; pregnant women and; health care workers	65 year old - 71% under 65 yrs risk groups -55% pregnant women -75% Health Care workers -60%	I am supported to protect my own health and my family's health
		☐	Sexual Health - Delivery of awareness campaigns	▣				Ability to attend sexual health services within 2 days Reduction in DNA numbers for patients making appointments (existing nationally reportable indicators monthly) other specific measures related to the actions need to be developed	TBC	I am supported to protect my own health and my family's health I have easy and timely access to primary care services
		☐	Sexual Health - Increased uptake in numbers LARC/C-Card	▣	▣					
	☐		Sexual Health - Agree roll out plan for dry blood spot testing community pharmacy							
		☐	Oral Health - % of population acessing Primary Dental Care				▣	Percentage of health board population regularly accessing NHS primary dental care	TBC from KPI profiles	I have easy and timely access to primary care services
		☐	Oral Health - Designed to Smile (0-5 years) delivery	▣	▣	▣	▣			
		☐	Oral Health - Gwen am Byth (Care Homes) delivery	▣	▣	▣	▣			
		☐	Delivery of various programmes developed to target lifestyle factors	▣	▣	▣	▣	Local measure - referral and take up of NERS, 1000 Patients taking part in MSK lifestyle programme	NERS tbc 1000 patients participated in Lifestyle programme	I am healthy and active and do the things to keep myself healthy
Smoking cessation opportunities increased through Help Me Quit in Hospital		☐	Smoke free site policy and enforcement approach in place	▣	▣	▣	▣	Of those women who had their initial assessment and gave birth within the same health board, the percentage of pregnant women who gave up smoking during pregnancy (by 36-38 weeks of pregnancy)	13%	My children have a good healthy start in life Through smoking prevention measures and smoking cessation, people have minimal risk of developing smoking related diseases I am healthy and active and do the things to keep myself healthy
		☐	Review and implementation – HMQ services against minimum standards with integration plan	▣	▣				TBC from KPI profiles	
		☐	Smoking Cessation - extend implementation of Help me Quit for Baby			▣		The percentage of adult smokers who make a quit attempt via smoking cessations services		
		☐	Permanent in-hospital smoking cessation service established			▣		The percentage of those smokers who are CO-validated as quit at 4 weeks	TBC from KPI profiles	
	☐		Level 2 Business Case (adults) finalised	▣						I am healthy and active and do the things to keep myself healthy
	☐		Level 3 review to scale up provision completed		▣					
	☐		'Lets get moving' North Wales partnership agreement endorsed			▣				
		☐	Improve Infant feeding					National Breast feeding indicator tbc	Awaiting national definitions and baseline assessment	My children have a good healthy start in life
			10 Steps to a healthy weight							

Key Deliverable (from Three Year Plan)	Deliverable type		Key Identified Actions	Quarterly timescale				Delivery Measure (Annex C and NHS Delivery Measure)	Year End Performance Forecast	NHS Outcomes Framework
	Development Deliverable	Implementation Deliverable		Q1	Q2	Q3	Q4			
Healthy weight services increased		X	Physical Activity programmes					Local measure - referral and take up of NERS, 1000 Patients taking part in MSK lifestyle programme	NERS tbc 1000 patients participated in Lifestyle programme	I am healthy and active and do the things to keep myself healthy
	X		Develop the Live Labs approach							
	X		Child measurement programme	X						My children have a good healthy start in life
		X	Social prescribing							I am healthy and active and do the things to keep myself healthy
		X	Specialist weight management services – Tier 3							To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
		X	Implement 10 steps to a Healthy Weight	X						
		X	Implement pilot work related to Child Measurement Programme (CMP)			X				
		X	Develop Physical Activity Referral programmes	X	X	X	X			
		X	Improve access to specialist services							
		X	Develop resistant communities by Social Prescribing: - scope opportunities for social prescribing as part of the North Wales Steering Group	X						
Explore community pharmacy to deliver new lifestyle change opportunies	X		Pharmacy support for Alcohol screening			X	X			I have easy and timely access to primary care services
	X		Pharmacy support for Weight Management (L2)			X	X			
	X		Agree the role of Pharmacy advisors to improve lifestyle targets			X	X			
Delivery of ICAN campaign promoting mental well-being across North Wales communities	X		Further development of the ICAN campaign across our communities. Particular focus 19/20 in schools	X	X	X	X	Rate of hospital admissions with any mention of intentional self-harm for children and young people (aged 10-24 years) per 1,000 population Number of calls to the mental health helpline CALL (Community Advice and Listening Line) by Welsh residents per 100,000 of the population	TBC from KPI profiles by end of March	People are well supported in managing and protecting their mental well-being I am supported to protect my own health and my family's health
		X	Improve the reach and effectiveness of prevention activities, including action to increase mental wellbeing, Resilience and health aspiration	X	X	X	X			
		X	'I can' initiative delivered	X	X	X	X			
		X	Undertake Health Needs Assessment of Mental Health Problems within the Under 18 Population Requiring Specialist Services			X	X			
		X	Improve Access to Specialist Child and Adolescent Mental Health Services (CAMHS)	X	X	X	X			
		X	Implementation of Mental Health Measure	X	X	X	X			
	X		Capture the views of young people to inform the design and planning of improving services			X	X			
	X		Benchmark ourselves against other Health Boards and English Trusts			X				
	X		Review implementation of the Police & Crime Act		X					
		X	Roll out of integrated self-harm pathway with education		X					
	X		Submit proposal (Crisis Pathway & Building Emotional Resilience) to Welsh Government for additional mental health monies	X						
	X		Submit joint proposal with local authorities for additional funds to support children and young people on the edge of care for Parliamentary Transformation resources	X						
		X	Improve Transition between CAMHS and Adult Mental Health			X	X			

Key Deliverable (from Three Year Plan)	Deliverable type		Key Identified Actions	Quarterly timescale				Delivery Measure (Annex C and NHS Delivery Measure)	Year End Performance Forecast	NHS Outcomes Framework
	Development Deliverable	Implementation Deliverable		Q1	Q2	Q3	Q4			
	■		Review Transition for Children and Young People with Neurodevelopment Needs, with Learning Difficulties	■	■					
	■		Further develop the ICAN campaign across our communities	■	■		■			
	■		Developed CAMHS interface to ensure effective transition for young people into adult services	■						
		■								
Improve outcomes in first 1000 days programmes		■	Improve infant feeding					National Breast feeding indicator tbc	Awaiting national definitions and baseline assessment	
		■	Reduce levels of maternal and childhood obesity							
		■	Implement the "Each Baby Counts" initiative					Maternity indicators awaited from WG	Awaiting national definitions and baseline assessment	
		■	Implement the "Early Action Together" programme							
		■	Public Protection through Immunisation					Percentage of children who received 3 doses of the '6 in 1' vaccine by age 1 Percentage of children who received 2 doses of the MMR vaccine by age 5 Uptake of the influenza vaccination among:pregnant women and; health care workers	6 in 1 - 95% MMR - 93% Pregnant Women - 75% Health Care Workers - 60%	My children have a good healthy start in life I am healthy and active and do the things to keep myself healthy
		■	Mental health, Well-being and Early parenting							
		■	Implement Healthy Child Wales Programme					Percentage of children who are 10 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	tbc for KPI profile by March	My children have a good healthy start in life
		■	Develop and implement First 1000 Days Action Plan	■						
		■	Implementation of Strategic Infant Feeding Action Plan		■	■				
		■	Implementation of Perinatal Mental Health Pathway		■	■				
		■	Smoking Cessation - extend implementation of Help me Quit for Baby		■	■				
	■		Undertake MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries) recommendations	■	■	■				
	■		Ensure all practitioners are trained in ACE awareness			■				
	■		Optimise outcomes in the First 1000 days (Maternity bundle) - smoking cessation, alcohol and substance misuse, maternal mental health and well-being and maternal weight							
	■		Licensing activity with partner commenced			■	■	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	tbc for KPI profiles by March	I am healthy and active and do the things to keep myself healthy
	■		APB needs assessment completed	■						
	■		Harm reduction strategy completed							
		■	Develop action plan for implementing changes resulting from the NW Alcohol Harm Reduction Plan - *needs an implementation action as national delivery target for 2019/20*			■				
	■		Food Poverty - Strategy developed							
	■		Food Poverty - Multi-agency Framework developed		■	■				Inequalities that may prevent me from leading a healthy life are reduced
Further develop strong internal and	■		Food Poverty - Identify a minimum of two initiatives		■	■	■			

Key Deliverable (from Three Year Plan)	Deliverable type		Key Identified Actions	Quarterly timescale				Delivery Measure (Annex C and NHS Delivery Measure)	Year End Performance Forecast	NHS Outcomes Framework
	Development Deliverable	Implementation Deliverable		Q1	Q2	Q3	Q4			
Further develop strong internal and external partnerships with focus on tackling inequalities			Homelessness - Identify a minimum of two initiatives - *action needs to include implementation*					Qualitative report detailing progress against the 5 standards that enable to health and well-being of homeless and vulnerable groups to be identified and targeted	tbc for KPI profiles by March	I speak for myself and contribute to the decisions that affect my life or I have someone who can do it for me
			H & WB Centres - Two level 3 Centres up and running							I am supported to protect my own health and my family's health
			H & WB Centres - Roll out plan for H &WB Level 3							
			H & WB Centres - Map of health inequalities including social determinants							
			H & WB Centres - Plan developed – partner organisations to regional map of health inequalities							
			H & WB Centres - Explore roll out of Community Pharmacy as H & WB centres							
Partnership plan for children is progressed, including an ACE focus			Establish a Joined up Multi-Agency Work Plan on Early and Preventive Approaches to Emotional Health, Wellbeing and Resilience Across North Wales					Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	tbc for KPI profiles by March	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
			Implementation of ADTRAC – Services for Young People Not in Employment Education or Training							
			Implementation of the All Wales Neurodevelopment Pathway							
			Review of the Neurodevelopment Pathway							
			Improve Access to and Timeliness of Assessments							
			Achieve 26 Week Target							
			Effective Triaging and Sign-Posting							
			Consult with Young People Families and Referrers about their Experiences and Views on Service Improvement							
			Submit joint proposal with local authorities for additional funds to support children and young people on the edge of care for Parliamentary Transformation resources							
Children with Complex Needs			Children that Require Continuing and Joint Care Packages - Reduce the duplication of assessments							
			Children that Require Continuing and Joint Care Packages - Improve the timeliness of M.D.T. and funding decisions							
			Children that Require Continuing and Joint Care Packages - Review current specialist provision needs							
			Children who are Looked After Children - Improve the timeliness of health assessments and reviews							
			Children who have Additional Learning Needs - Mapping of services and resources across agencies, structures and governance per county within the health board area							
			Ensure the health board is fully informed of the Additional Learning Needs (ALN) Act and role of the DECLO							
			Children requiring Palliative Care - Implement Palliative Care standards							

Care Closer to Home

| | | | Model for integrated leadership of clusters agreed and in place in at least three clusters | | | | | Percentage of people (aged 16+) who found it difficult to make a convenient GP appointment | | |

Key Deliverable (from Three Year Plan)	Deliverable type		Key Identified Actions	Quarterly timescale				Delivery Measure (Annex C and NHS Delivery Measure)	Year End Performance Forecast	NHS Outcomes Framework
	Development Deliverable	Implementation Deliverable		Q1	Q2	Q3	Q4			
Model for integrated leadership of clusters agreed and in place in at least three clusters	D		Early Adopter Clusters identified and locality leadership teams established	X				Percentage of GP practices open during daily core hours or within 1 hour of daily core hours Percentage of GP practices offering daily appointments between 17:00 hours and 18:30 hours Percentage of GP practice teams that have completed training in dementia care or other training as outlined under the Directed Enhanced Services (DES) for mental illness		I have easy and timely access to primary care services
	D		Local Cluster Plans signed off		X					
		I	Early Adopters reviewed and reported back on model				X			
	D		Plan in place for rolling out to remaining clusters			X				
Primary Care Access		I	Phone First/Clinical Triage planned for Primary Care	X				Percentage of people (aged 16+) who found it difficult to make a convenient GP appointment The percentage of patients who did not attend a GP appointment	tbc for KPI profiles by March	I have easy and timely access to primary care services I work with the NHS to improve the use of resources I am treated with dignity and respect and treat other the same To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
		I	Deliver audiology services, establish a multiagency Hearing Care Collaborative and implement relevant actions from the national Framework of Action for Wales, 2017-2020					% of patients with hearing loss managed via community audiology services in line with WHC and planned care programme	tbc	
		I	Commission Diabetes Enhanced Service	X	X					
		I	Improved demand management - implement pathways with Primary Care							
			Community Dental - TBC					Note there are measures around access to GDS within the Annual Delivery Framework but not specific to CDS.		
Community Resource Team maturity matrix in place, and support to progress each CRT	D		Regional Community Resource Team Conference (arranged by Central Area)	X						Health care and support are delivered at or as close to my home as possible I work with the NHS to improve the use of resources
	D		Community Resource Team maturity matrix in place and support to progress each Community Resource Team	X	X					
	D		Work through the Regional Partnership Board to deliver Transformational Fund proposal				X			
	D		Optimise use of Community Pharmacy to support operational CRTs	X						
Work through the RPB to deliver Transformational Fund bid	D		Establish governance and programme controls, workforce, recruitment plan and exit strategies	X						
			Review and evaluate				X			
Model for 'Integrated Primary and Community Care Academy' agreed and operating		I	Model for 'Integrated Primaryand Community Care Academy' agreed and operating	X						Quality trained staff who are fully engaged in delivering excellent care and support to me and my family
	D		Develop business case to further develop the professional healthcare workforce in medicines management	X						
Primary Care Sustainability team in place, able to draw upon Academy resources and experience to support GP practices under greatest pressure		I	Primary Care Sustainability team in place, able to draw upon Academy resources and experience to support GP practices under greatest pressure			X		Percentage of people (aged 16+) who found it difficult to make a convenient GP appointment Percentage of GP practices open during daily core hours or within 1 hour of daily core hours Percentage of GP practices offering daily appointments between 17:00 hours and 18:30 hours	tbc for KPI profiles March	I have easy and timely access to primary care services
	D		Review opportunities to support sustainable services through APMS contract			X				
	D		Review opportunities to support sustainable services through Federated delivery			X				
	D		Develop workforce plan for Primary Care to deliver new service model		X					
	D		Model for health & well-being centres created with partners, based around a 'home first' ethos	X	X	X				
	D		Mapping of Health and Well-being Centres reviewed and priorities agreed (Tier 1,2,3)	X						
	D		Modelling of Service requirements (incl. beds) completed – to include re-ablement units	X	X					

Key Deliverable (from Three Year Plan)	Deliverable type		Key Identified Actions	Quarterly timescale				Delivery Measure (Annex C and NHS Delivery Measure)	Year End Performance Forecast	NHS Outcomes Framework
	Development Deliverable	Implementation Deliverable		Q1	Q2	Q3	Q4			
Model for health & well-being centres created with partners, based around a 'home first' ethos			Development of business cases for pipeline priorities initiated			X	X			Health care and support are delivered at or as close to my home as possible
			Women's Services - Family Centred Care – Listen to what women want, informed choice about place of birth , provision of as much care close to home							
			Women's Services - Continuity of Carer – women will experience continuity of care and carer across the entire maternity journey							
Implementation of RPB Learning Disability strategy			Commence external review of LD services to support strategy implementation	X	X	X	X			I know and understand what care, support and opportunities are available and use these to help me achieve my health and wellbeing
			Undertake external review of LD services to ensure the strategy is best developed, supported and implemented					The percentage of people with learning disabilities who have an annual health check	tbc for KPI profiles March	
Digital plan for CRTs established and informed by pilots undertaken in 18/19			Digital plan for Community Resource Teams established and informed by pilots undertaken in 2018/19	X	X	X	X			
			Reviewed opportunities and agreed initiatives aligned to Digital Health and Technologies	X						
Social prescribing model for North Wales confirmed and year one plan implemented			Social prescribing model for North Wales confirmed and year one plan implemented	X	X	X	X			I know and understand what care, support and opportunities are available and use these to help me achieve my health and wellbeing
Framework for assessment for CHC and individual packages of care for people with mental health needs or learning disabilities established			Framework for assessment for CHC and individual packages of care for people with mental health needs or learning disabilities established	X	X	X	X			My individual circumstances are considered
			Development of the repatriation programme to bring individual packages of care closer to home	X	X	X	X	Percentage of patients waiting less than 26 weeks to start a psychological therapy. 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	tbc for KPI profiles March	I know and understand what care, support and opportunities are available and use these to help me achieve my health and wellbeing
			Commence and redesign model of care and care pathway programme including: - Inpatient (incl. PICU) - Community MH (CRT integration) - Primary care (Clusters) - OPMH (Integrated pathways) - Rehab	X	X	X	X	Number of health board mental health delayed transfer of care (rolling 12 months). The percentage of health board residents in receipt of secondary mental health services (all aged) who have a valid care and treatment plan (CTP). Percentage of qualifying patients (compulsory and informal/voluntary) who had their first contact within an Independent Mental Health Advocacy (IMHA) within 5 working days of their request for an IMHA		I am treated with dignity and respect and treat other the same
			Working with Primary Care to develop more effective integrated pathways to address physical health inequalities for people with mental health needs and for people with learning disabilities	X	X	X	X	The percentage of people with learning disabilities who have an annual health check		
			Commenced planning for implementation of capacity and demand work across primary and community services	X						

Planned Care

Key Deliverable (from Three Year Plan)	Deliverable type		Key Identified Actions	Quarterly timescale				Delivery Measure (Annex C and NHS Delivery Measure)	Year End Performance Forecast	NHS Outcomes Framework
	Development Deliverable	Implementation Deliverable		Q1	Q2	Q3	Q4			
Centralisation of complex vascular surgery services supported by a new hybrid theatre on YGC site								The number of patients waiting more than 8 wks for a specified diagnostic test The % of patients waiting less than 26 wks for treatment The number of patients waiting more than 36 wks for treatment	TBC -KPIs awaited for Jan Annex C	
Implement preferred service model for acute urology services			Robotic Surgery - finalise business case					% of patients starting definitive cancer treatment within 62 days of point of suspicion (per month) 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 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 number of patients waiting more than 8 wks for a specified diagnostic test The % of patients waiting less than 26 wks for treatment The number of patients waiting more than 36 wks for	TBC -KPIs awaited for Jan Annex C	
			Robotic Surgery - begin implementation phase							
Implement year one Orthopaedics three site model			Finalise business case					Percentage 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 Appt. The number of patients waiting more than 8 wks for a specified diagnostic test The % of patients waiting less than 26 wks for treatment The number of patients waiting more than 36 wks for treatment The number of patients waiting more than 14 weeks for a specified therapy	TBC -KPIs awaited for Jan Annex C	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
			Begin implementation phase							
Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists			Monitor progress for initial implementation					95% of ophthalmology R1 patients to be seen by their target date or within 25% in excess of their target date for their care or treatments	TBC -KPIs awaited for Jan Annex C	
			Develop medium / long term options					Reduce SUIs -Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales The % of patients waiting less than 26 wks for treatment The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date The number of patients waiting more than 36 wks for treatment		
			Implement options							
			Link C&D requirement to development of Ophthalmology Service Plan							
			Targeted approach to maximise utilisation (specific specialties each quarter)					% of patients starting definitive cancer treatment within 62 days of point of suspicion (per month) 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		
			Recruitment process for new consultants ('gap specialties)							

Key Deliverable (from Three Year Plan)	Deliverable type		Key Identified Actions	Quarterly timescale				Delivery Measure (Annex C and NHS Delivery Measure)	Year End Performance Forecast	NHS Outcomes Framework
	Development Deliverable	Implementation Deliverable		Q1	Q2	Q3	Q4			
Systematic review and plans developed to address service sustainability for all planned care specialties. Implement year one plans for example rheumatology, gynaecology			Contracts in place (phased across yr) for out/insource					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	TBC -KPIs awaited for Jan Annex C	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
			Performance Management of delivery against trajectory					The number of patients waiting more than 8 wks for a specified diagnostic test The percentage of patients waiting less than 26 weeks for treatment The number of patients waiting more than 36 weeks for treatment The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date Number of procedures postponed either on the day or the day before for specialised non-clinical reasons		
			Development of plan for 2020/21							
			Referral Management Establish group, objectives, initial priorities & workplan							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
			Delivery of workplan, review and iteration							
			Develop delivery plans and monitor compliance for Planned Care Board priorities					The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date	TBC -KPIs awaited by Mar	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
			Endoscopy - put in place 'in year' service delivery plan					The number of patients waiting more than 8 weeks for a specified diagnostic test	TBC -KPIs awaited for Jan Annex C	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
			Endoscopy - monitoring against improvement trajectory							
			Endoscopy - develop sustainable staffing plan							
			Endoscopy - develop JAG accreditation timetable							
			Radiology - ensure capacity plan for in year demand in							
			Radiology - develop capacity plan for future demand (equipment & staff)							
			IT system - upgrade and integration of systems							
			Outpatient Follow-Up - Establish clinically led governance structure to oversee recovery process					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	TBC -KPIs awaited by Mar	
			Outpatient Follow-Up - Develop clinical risk based improvement approach and assess resource requirements							
			Outpatient Follow-Up - Agree recovery trajectory *needs to include implementation of recovery trajectory*							
			Outpatient Follow-Up - Monitor progress							
			Women's Services - Developing a Positive Culture - strong leadership within a culture of research and development, continuous learning, best practice and innovation							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
			Women's Services - Sustainable Quality Services - including new ways of working (Transforming Core / General Gynaecology services), Maternity Strategy for Wales							
			Women's Services - Improve Access - new ways of working							

Key Deliverable (from Three Year Plan)	Deliverable type		Key Identified Actions	Quarterly timescale				Delivery Measure (Annex C and NHS Delivery Measure)	Year End Performance Forecast	NHS Outcomes Framework
	Development Deliverable	Implementation Deliverable		Q1	Q2	Q3	Q4			
			Women's Services - Effective and Productive Service - prudent gynaecology care							
			Women's Services - Skilled Multi-Professional Teams (staffing and training)							
			Women's Services - fit for purpose estate and infrastructure							
			Women's Services - Prudent maternity care - implement as part of the Maternity Strategy							
			Women's Services - Improve and meet quality standards - benchmarking and meeting RCOG / NICE standards							
			Women's Services - safe and effective maternity care - appropriately reduce c-sections and unnecessary interventions, reduce Still Births, reduce low birth weight babies							
Fully realise the benefits of the newly established SURNICC service			Provide Sub-Regional Neonatal Care for Babies >26 weeks							
			Undertake Benefit Realisation (SuRNICC)							
Implement the new Single cancer pathway across North Wales			Routine delivery Monitoring against improvement trajectory					% of patients starting definitive cancer treatment within 62 days of point of suspicion (per month) 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	tbc - KPIs due Jan for ANNEX C	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
			Routine delivery Single Cancer Pathway							
			Preparation for implementation (includes capacity implications and resources to monitor)							
			Implementation and Monitoring							
			Projects to deliver Macmillan pathways & Urology selfcare							
			AHP review							
			Develop AHP plan; agree implementation							
			Clinical nurse specialists – agree plan & implementation timetable							
			Develop Acute Oncology expansion plan; agree implementation							
			Develop capital and service model plans							
			Radiology - manage implementation of single cancer pathway and other pathway changes							
			Histopathology - manage implementation of single cancer pathway							
Develop Rehabilitation model for people with Mental Health or Learning Disability			Improve access to specialist child and adolescent Mental Health Services – implementation of Mental Health Measure					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 The percentage of health board residents in receipt of secondary mental health services (all aged) who have a valid care and treatment plan (CTP) All health board residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken place	tbc KPI Mar	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 My individual circumstances are considered
			Rehabilitation - model for people with mental health needs and people with learning disabilities							

Unscheduled Care

Key Deliverable (from Three Year Plan)	Deliverable type		Key Identified Actions	Quarterly timescale				Delivery Measure (Annex C and NHS Delivery Measure)	Year End Performance Forecast	NHS Outcomes Framework
	Development Deliverable	Implementation Deliverable		Q1	Q2	Q3	Q4			
Demand Improved Urgent care out of hours / 111 service			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	tbc KPI by Mar	I have easy and timely access to primary care services
			Phase 2 of SICAT development					Percentage of OOH/111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) base appointment seen within 60 minutes following completion of their definitive clinical assessment/face to face triage		
Demand Enhanced care closer to home / pathways			Effective unscheduled care co-ordination linked to clusters and CRTs					Number of ambulance handovers over one hour	tbc KPI due Jan for ANNEX C	I have timely access to services based on clinical need & am actively involved in decisions about my care
			A 'live' directory of services established							
			Utilisation of alternative pathways to reduce Health Care Professional demand and conveyance rates							
			Implemented in-patient referral Internal Professional Standards					Number of ambulance handovers over one hour

The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes

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 | | |
Demand Workforce shift to improve care closer to home			Advanced Practitioner workforce implemented within ED to support robust staffing structure							I have timely access to services based on clinical need & am actively involved in decisions about my care
Demand Improved Mental Health crisis response			Implement alternative crisis pathway							I have timely access to services based on clinical need & am actively involved in decisions about my care
			Agree Crisis Pathway business case with AMH							
			MH Unscheduled Care pathway mobilised - building on the learning from the winter pilot and implementation of the PICU pathway review							
Demand Improved Crisis intervention services for children			Improve access to specialist child and adolescent Mental Health Services – Crisis Pathway							I have timely access to services based on clinical need & am actively involved in decisions about my care
			Submit proposal (Crisis Pathway & Building Emotional Resilience) to Welsh Government for additional mental health monies							
Flow SAFER implementation			Whole system roll out of SAFER in acute					Number of health board non mental health delayed transfer of care (rolling 12 months)

Number of procedures postponed either on the day or the day before for specialised non-clinical reasons

The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes
Number of ambulance handovers over one hour
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 | TBC KPI due by Mar | Effective Care: I receive the right care and support as locally as possible are enabled to contribute to making that care successful
I am treated with dignity and respect and treat others the same
To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need |
			Community Hospital roll-out of SAFER							
Flow Use Information Technology to improve patient flows			Review effectiveness and outcomes of the Improvement Plan							
			Ablett Outline Business Case							

Key Deliverable (from Three Year Plan)	Deliverable type		Key Identified Actions	Quarterly timescale				Delivery Measure (Annex C and NHS Delivery Measure)	Year End Performance Forecast	NHS Outcomes Framework
	Development Deliverable	Implementation Deliverable		Q1	Q2	Q3	Q4			
Flow Ablett / PICU for Mental Health			Commence redesign of the model of care and specifically the care pathway for inpatient care including PICU							
			Reviewed Estates and developed Divisional Estates Strategy – Ablett Outline Business Case completed – Delivered capital programme – Delivered initial draft strategy							
			Fully implemented Discharge to Assess model							
Discharge Integrated health and social care			Resource capability within community settings Matured partnership approach dveloped to risk sharing							
Stroke Services			Implement year 1 of Stroke plan - Prevention, thrombectomy, increased CNS and delivery of ESD services					Number of health board non mental health delayed transfer of care (rolling 12 months) 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		I receive the right care & support as locally as possible & I contribute to making that care successful To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
			Strengthening of stroke services across each of the three DGH sites							
			The provision of 24 / 7 Mechanical Thrombectomy services via Walton or Stoke (WHSSC contract from 1st April 2019)							

Improving Quality and Outcomes

No Avoidable Deaths								- Percentage of universal mortality reviews (UMRs) undertaken within 28 days of a death - The rate of laboratory confirmed C.difficile cases per 100,000 population (rolling 12 months) - The rate of laboratory confirmed S.aureus bacteraemias (MRSA and MSSA) cases per 100,000 population (rolling 12 months) - The rate of laboratory confirmed E.coli bacteraemias cases per 100,000 population (rolling 12 months) - Amenable mortality per 100,000 of the European standardised population - Percentage of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening - Percentage of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening - The number of potentially preventable hospital acquired thromboses - Opioid average daily quantities per 1,000 patients - Number of patients aged 65 years or over prescribed an antipsychotic, as a percentage of all patients aged 65 years and over - Total antibacterial items per 1,000 STAR-PUs (specific therapeutic group age related prescribing unit)	kpi due for March	I am well informed & supported to manage my own physical & mental health I am protected from harm & protect myself from known harm I am treated with dignity & respect & treat others the same I receive the right care & support as locally as possible & I contribute to making that care successful
Safe; Continuously Seek Out and Reduce Patient Harm			In line with HASCAS and Okenden recommendations; embed the QIGP across all areas of the MH&LD Division.							
Effective; Achieve the Highest Level of Reliability for Clinical Care										
Caring; Deliver What Matters Most: Work in partnership with patients, carers and families to meet all their needs and actively improve their health										
Deliver innovative and integrated care close to home that supports and improves health, well-being and independent living										

Workforce and Organisational Development

| Established an integrated workforce improvement infrastructure | | | | | | | | - Percentage of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training) - Percentage compliance for all completed Level 1 competency with the Core Skills and Training Framework -Number of Health and Care Research Wales clinical | | |
| Built on Quality Improvement work to date to develop the BCU Improvement System and delivery plan | | | | | | | | | | |

Key Deliverable (from Three Year Plan)	Deliverable type		Key Identified Actions	Quarterly timescale				Delivery Measure (Annex C and NHS Delivery Measure)	Year End Performance Forecast	NHS Outcomes Framework
	Development Deliverable	Implementation Deliverable		Q1	Q2	Q3	Q4			
Delivered year one workforce optimisation objectives								-Number of Health and Care Research Wales clinical research portfolio studies	kpis due March	Interventions to improve my health are based on good quality and timely research and best practice
Delivered year one Health & Safety Improvement programme								Number of Health and Care Research Wales commercially sponsored studies		
Developed integrated multi professional education and learning Improvement Programme								-Percentage of compliance for staff appointed to new roles where a child barred list check is required		
Delivered year one leadership development programme to priority triumvirates								- Qualitative report providing evidence of implementation of the Welsh language actions as defined in More Than Just Words		I get care and support through the Welsh language if I want it
Developed 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 an adult barred list check is required - Percentage compliance of the completed level 1 information governance (Wales) training element of the Core Skills and Training Framework		Quality trained staff who are fully engaged in delivering excellent care and support to me and my family
Provided "one stop shop" enabling services for reconfiguration or workforce redesign linked to key priorities under care closer to home; excellent hospital service								- Percentage of employed NHS staff completing dementia training at an informed level - Qualitative report detailing evidence of advancing equality and good relations in the day to day activities of NHS organisations		

Digital Health

Key Deliverable (from Three Year Plan)	Deliverable type		Key Identified Actions	Quarterly timescale				Delivery Measure (Annex C and NHS Delivery Measure)	Year End Performance Forecast	NHS Outcomes Framework
	Development Deliverable	Implementation Deliverable		Q1	Q2	Q3	Q4			
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 1) and extending instances to Central and West (phase 2 and 3)										
Phase 2 of a local Digital Health Record which will strengthen our investment and approach to the delivery of an electronic patient record								Percentage of episodes clinically coded within one reporting month post episode discharge end date		
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								Percentage of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme		
Delivery of information content to support flow/efficiency										

Key Deliverable (from Three Year Plan)	Deliverable type		Key Identified Actions	Quarterly timescale				Delivery Measure (Annex C and NHS Delivery Measure)	Year End Performance Forecast	NHS Outcomes Framework
	Development Deliverable	Implementation Deliverable		Q1	Q2	Q3	Q4			
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										
Implementation of the Eye Care Transformation Project										
Development of the EPR for Eye Care as part of national programme										
Implementation of the Single Cancer Pathway Canisc roll out										

Estates Strategy

				2019/20				2020/21	2021/22	
Llanfair PG										
Pen y Groes										
Conwy / Llandudno Junction										
Plas y Bryn / Beechley										
Ruthin Hospital										
North Denbighshire Hub										
Vale of Clwyd										
Integrated Care Fund										
Llandudno Hospital site development plan										
Orthopaedic Services										
Stroke Services										
Robotic Assisted Surgery										
Ablett Mental Health Unit										
Wrexham Maelor Infrastructure										
Wrexham Maelor site development plan										
Ysbyty Gwynedd site development plan										
Abergele Hospital										
Central Medical Records										
Laundry										
Residencies										

Three-Year Plan 2019/22
Assurance checklist

Requirement	Assurance
Development process	
Regional Partnership Board role in developing the joint section of the Plan	RPB discussion 15 11 18 Planned agenda item for 11th January meetings Evidence of joint priorities and transformation programme in draft 3 year plan
Staff and leadership engagement	Workshops 04 10 18; 08 11 18; further workshop on planned care 13 12 18. Initial staff engagement and communication around the priorities at LPF on 10 04 19.
Engagement with HB advisory forums	Presentations to LPF, SRG, F&P (December 18) and HPF Chairs' assurance reports
Engagement with Community Health Council	Presentations to SPC meeting Notes of discussions and issues raised
Primary and community care input; evidence of cluster level plans driving change	The foundation of the Care Closer to Home programme is the development of cluster based integrated working
Robust workforce planning	Our workforce strategy is in development in parallel with the plan to enable delivery.
Board Workshop 10th January 2019 Clarity is required on the Plan's audience	There could be multiple external audiences with their own requirements to fulfil. Iterations of the Plan have already been shared with Welsh Government (WG), who concur that a shorter document is preferable and a focus on year one deliverables.
Plan should be framed around WG priorities regarding the long-term health of the population	Re-drafting of previous plans will not lead to the transformation of services.
The recent partnership response to Healthier Wales needs to be a platform for setting the Plan within a whole system context	Strategic direction section has been strengthened to reflect this.
The Plan does not provide a clear sense of how the organisation will have changed by the end	Section 2.6 and the key deliverables from page 17 onwards have been refocussed.

of the three years, in areas of transformation	
Building the Plan on population health data for connectivity and outcomes purposes	The introduction section has been strengthened to bring in the key population needs which is supported by the North Wales Public Health Needs Assessment.
The destination is not sufficiently articulated in the Plan	
LHSW is a good document, and other work will sit alongside it	The plan refers to the development of a Services Strategy by 30th September 2019 which will provide many of the answers and lead to a target operating model.
The model follows on from the strategy, which can only be taken forward if the model is affordable	
Care needs to be taken not to mix up strategy and delivery - delivery plans will sit beneath this Plan – although it does currently contain some references to deliverables	A work programme for 2019/20 will support the Three Year Plan.
Partnership needs more emphasis – it should be emphasised within the whole system partnership context at the beginning of the Plan, then echoed throughout the document	It is fully recognised that we need to deliver many aspects of the Plan in partnership and our plans and delivery mechanisms are predicated upon partnership working.
Further discussion is required on reducing the deficit	A financial turnaround and saving plan will underpin the financial strategy for 2019/22.
National Primary Care Board Expectations on content for Primary and Community Services	The Care Closer to Home priorities encompass the key elements identified from within the National Primary Care Board requirements: Primary Care Needs Assessments (PCNA) Measures of primary care sustainability

	Robust PC/community workforce planning based on PCNAs
	Maturity of Clusters using suitable tools
	Cluster governance frameworks
	IMT developments to support cluster development
	Examples of new services that evidence integration of LA / 3rd sector services and social prescribing
	Evidence of public engagement and involvement
	Examples of shift of staff / other resources to support specialist outreach services and complex care in the community
	Overview of MDT workforce to show increase in capacity and capability across all clusters
	Local OOH service status, with standards
	Status of primary care estates
	Support for innovation and quality improvement within primary care, aligned to agreed priorities.

Content	
NHS Planning Framework:	
Implementation of *A Healthier Wales*	Included as the context for our plan and supporting glossary
The Well-being of Future Generations Act (5 ways of working; well-being goals)	Included in the plan and supporting glossary section .
Reflect the Quadruple Aim	Our approach is aligned to quadruple maim and reflected in supporting glossary section
Quality & safety	Included within plan and needs to weave throughout
Prudent and Value based healthcare	Transformation and service and turnaround based on the principles of prudent and value based healthcare and referred to in supporting glossary section
Integration and seamless models of care	Included within Care Closer to home
Collective working (regional and once for Wales)	Partnership working theme runs throughout the plan. Specific regional and national collective working

	arrangements are described in the plan and supporting Appendices.
Plan includes turnaround programme	Commitment included to establish new programme board structure incorporating turnaround and transformation.
Ambition and improvement	Outcome framework indicators mapped to planned actions. Scale of ambition to be confirmed.
Development of pooled budgets and joint commissioning	
Carers' needs are reflected	Carers are integral to plan, for example included within plans to deliver care closer to home
Planning for PHW Act	
Nurse staffing levels	The Board has reviewed staffing establishments. Although our actual staffing levels do not achieve establishment comprehensively and consistently, compliance is known. Noticeboards on each ward display this information. Any identified patient harm linked to staffing levels is escalated to the Director of Nursing. It is possible to triangulate this information with nursing dashboards, and in addition incidents are reviewed to identify the impact of staffing shortfalls. Finally, connections are made to ward accreditations
Include summaries of seasonal plans	Seasonal / Winter plan incorporated into Unscheduled care 90 day plan
Research and development	Summary research and development plan is included
Explain our approach to the performance management of the plan. To include - sufficient resources to implement plan. - Focus on benefits realisation: capacity and skills - clarity on how the plan will be implemented in governance terms - fit for purpose PMO - ambition matched with rigour	Performance and accountability arrangements are described within the plan
Plan to address loneliness and isolation	
Plan to address health and equalities, including for people with learning disabilities	Included within Health Improvement and Health Inequalities plan

Include ophthalmology urology follow-up action plans	Included within excellent hospital care section – planned care
Single cancer pathway demand and capacity	Included within excellent hospital care section – planned care
Strategic equality plan	Strategic equality plan referenced within the plan and reinforced through our planning process
Clinical services strategy	LHSW strategy described within the plan
Digital SOP	Digital health section incorporated and linked into key plans, Care Closer to home, Excellent Hospital Care, mental health
Previous IMTPs	Plan builds on the priorities identified within the Health Boards 2018/21 3 year plan and operational plan priorities for 2018/19
National primary care pacesetters	Incorporated into Care Closer to Home plans
Locality control totals	
Specific Local Priorities	Mental Health plan incorporates HASCAS, Ockenden & Safeguarding

Three Year Plan 2019/22: Communications Plan

Internal

Target Audience	Delivery Method	Status
Staff	Face-to-face: • *Managers to staff* • *Briefings* • *Q&A*	
	Team Brief	
	Staff App	
	Intranet	
	Get Involved website	
	Message from the Chair	
	Staff Engagement Team	

External

Target Audience	Delivery Method	Status
Public	Get Involved website	
	Social media: • *Facebook* • *Twitter*	
	Target public relations around specific developments: • *Centralisation of services* • *Major redevelopments* • *New Academy*	
	Public Engagement Team	
Welsh Government	Briefing via Planning Team	
Partner organisations	Briefing via relevant senior managers	

Strategy, Partnerships and Population Health Committee 5.2.19	GIG CYMRU NHS WALES · Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board **To improve health and provide excellent care**

Report Title:	Enabling Strategies supporting the Three Year Plan – Estate, Workforce and Digital
Report Author:	Mr Mark Wilkinson Executive Director of Planning and Performance
Responsible Director:	Mr Mark Wilkinson Executive Director of Planning and Performance Mrs Sue Green Executive Director of Workforce and Organisational Development Dr Evan Moore Executive Medical Director
Public or In Committee	Public
Purpose of Report:	This report presents the initial draft of the three enabling strategies, namely Estate, Workforce and Digital which will help support and deliver the Health Board's three year plan. These three enabling strategies were presented in draft to Board members on 24.1.19 in the InCommittee Health Board session. Further amendments to the Estate Strategy have been included as outlined below. Members of the Committee are provided with the opportunity to further review and question Executive Directors as appropriate. Executive Directors will review any feedback and will conclude Equality Impact Assessments which have been carried out. Following narrative work to be undertaken by BCU's Communications Team, the final documentation will be presented to the Public Board Meeting taking place on 28.2.19 for final sign off. Amendments incorporated following feedback received at the January Board to the draft Estate Strategy:

Page	
3	Overview – emphasis need for change, confirmed commitment to working with partners and need for strategy to reflect and respond to financial challenges.
4	Outlines population need.
5	Updated service transformation plans in line with 3 year plan
9	Clarifies that estate must change
10	Strengthened commitment to working with partners to develop integrated solutions.
12 to 14	Omitted reference to levels 1, 2 and 3
18	Updated key enabling strategies in line with 3 year plan
19	Emphasised need for change and commitment to formal consultation where necessary
21	Confirmed implementation will be an iterative process and need for flexibility to respond to changing needs, priorities and financial

		challenges of the Health Board.
	22	Confirmed strong connection to finance

The project pipeline for the first three years reflects the priorities of the three year plan, meet the identified criteria and are prioritised on the basis of risk as determined by the Divisions.

Approval / Scrutiny Route Prior to Presentation:	Executive Team, Board Workshop and InCommittee Health Board discussions.
Governance issues / risks:	Details are provided within the overarching three year plan. In respect of the Estate Strategy: 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. 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. 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. 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 as appropriate.
Financial Implications:	Estate Strategy - £1,252million. Whilst the potential investment is significant, the strategy is for the long term (15 years) and the Health Board will seek alternative funding sources where appropriate and economical. 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. Digital Strategy – The first year of the digital strategy is defined by the Informatics Operational Plan and is funded. The longer term strategy will require significant funding which will be subject to separate business cases that will be outlined in the final Strategic Outline Plan which will be published in May 2019. Workforce Strategy – No direct financial implications arising from the

	strategy.
Recommendation:	The Committee is asked to provide feedback on the three enabling strategies.

Health Board's Well-being Objective*s* *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	WFGA Sustainable Development Principle *(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.)*	√
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			
Equality Impact Assessment Equality Impact Assessments of the three enabling strategies are underway and the results will be presented with the final iteration of the documents.			

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

Living Healthier; Staying Well

Estate Strategy

January 2019 v0.4

Content

1.0 Overview

In March 2018, the Betsi Cadwaladwr University Health Board (the Health Board) approved it's long term strategy, Living Healthier; Staying Well (LHSW), setting out the vision for health, well-being 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.**

LHSW provides the basis of the strategic framework for our future estate that will be designed to support health and well-being, primary and community services through a network of well-being 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 primary care clusters and 3 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.

The Health Board is committed to working with partner organisations, Local Authorities, the voluntary sector, etc, 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 around 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 well-being objectives:
- To improve physical, emotional and mental health and well-being 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 well-being
- 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

In March 2018, the Board approved its long term strategy – entitled Living Healthier, Staying Well (LHSW). The strategy sets out how health, well-being 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 well-being centres;
• improve facilities such as midwifery-led units 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;
• 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 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 *Help me get home* – integrated health and social care Early supported discharge (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 & patient flow **Specialist & 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, e.g. 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, comprising the following:

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 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%
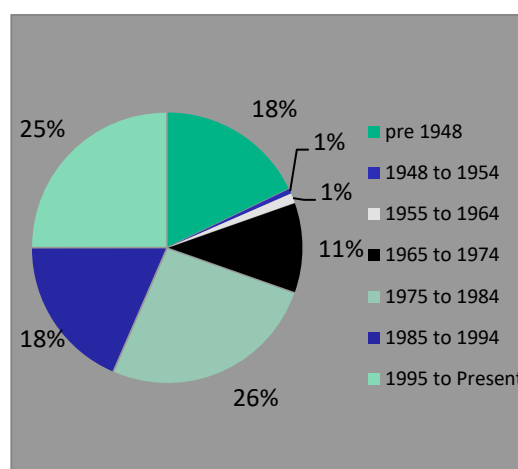
3.3 Estate Condition and Performance

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, plant and equipment. It is made up of three cost components:
Cost to achieve an acceptable Physical Condition.
Cost to achieve statutory compliance with Fire Safety legislation and Firecode.
Cost to achieve statutory compliance with Health & 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]. 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 to 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 of 195 and include all capital costs including fees and VAT.

3.6 Investment 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 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 Neaudd 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	Hybred 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
  - Eryri hospital
  - Colwyn Bay hospital
  - Denbigh hospital
  - Royal Alexander 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 service strategy, Living Healthier; Staying Well, defines our future models of care delivery. With respect to providing more care closer to home services will be provided through local community resource teams, including local authority and the third sector partners, offering a range of advice, assessment and treatment. The local teams will be supported by 14 primary care clusters that provide access to more specialist services without having to attend an acute hospital. The primary care clusters will include mental health services and be based upon a population of approximately 50,000.
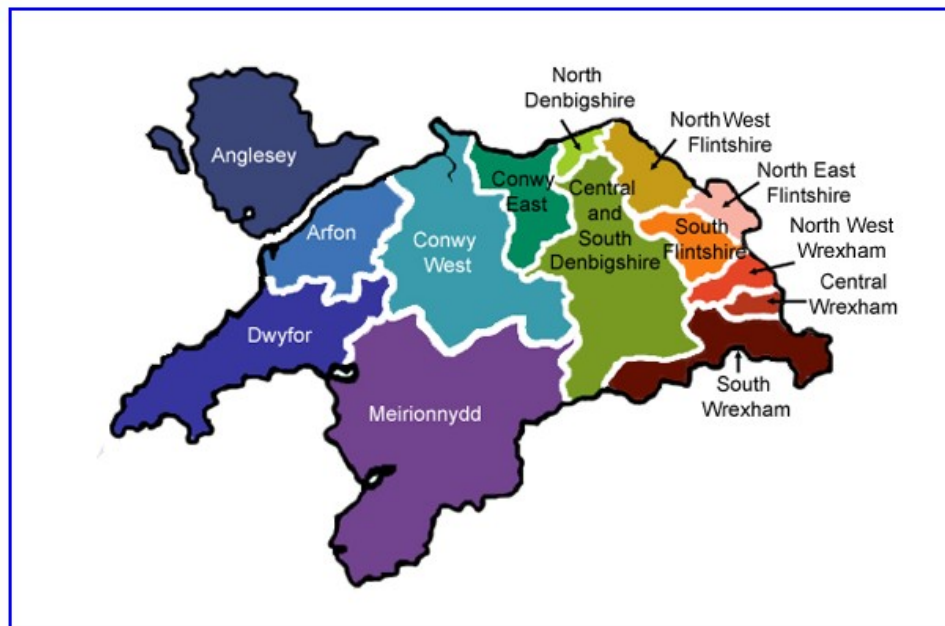
In support of enhancing our services within communities it is proposed to develop a network of local Health and Well-being centres. This network will comprise primary care facilities incorporating primary care, community and partner organisation services supported by Health and Well-being hubs facilities 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 looks to co-locate key services to provide a seamless service to patients. The Health Board is committed to working with partner organisations, Local Authorities, the voluntary sector, etc, 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 & well-being and self management,
➢ enhancing community services,
➢ proactive referral management
➢ alternative models of follow up following acute hospital care.

In parallel the strategy seeks to ensure safe, effective and sustainable acute care by:

➢ promoting "centres of excellence" for specialist services, eg vascular surgery
➢ developing 7 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) eg pathology, Pharmacy, Sterile Services, medical records, laundry, catering etc offers 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 has the ability to create alternative delivery models for residencies and a number of non-clinical support services.

Through seeking alternative delivery models the Health Board will reduce its 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, other sources of alternative funding are potentially available including:

• Capital grants e.g. Integrated care fund, Substance Misuse Funding, Regeneration fund
• Invest to Save
• Partnership arrangement 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 e.g. residencies.

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:
- That the estate is "fit for purpose" and provides a safe and effective environment for the clinical and business needs of the Health Board.
- That assets are employed effectively to deliver value for money.
- To improve the efficiency of the estate through appropriate utilisation and investment.
- To eradicate duplication and release resources for direct patient care.
- That the estate is aligned to the organisation's 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
- 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 well-being, primary and community services through a network of facilities providing information, support and care. This network will be supported by three hospitals 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 primary 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 & 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, e.g. libraries, sports and fitness centres and community halls; commercial premises e.g. pharmacies supermarkets, health stores, theatres and cinemas together with health (including primary care and general dental services), local authority and third sector properties.

Future estate needs will be in relation to creating space to support activities to promote health and well-being 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 primary care 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 well-being 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 Well-being Centres. It expected that each primary care 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 Well-being 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 presents 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 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 surgery
• Orthopaedics (trauma and elective)
• ENT
• 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).

A number of specialist or regional services have also been confirmed as follows:

YG	YGC	WMH
Complex gynaecology SCBU Cancer unit	Vascular surgery Complex head and neck surgery North Wales cardiac centre Neonatal intensive care Cancer centre	Complex upper GI surgery SCBU Cancer unit

Service transformation plans are on-going 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 on-going 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 facilities, requires 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
- MRI and CT capacity and replacement
- the development of a permanent PET scanner
- Linear Accelerator replacement
- pharmacy robot replacement.

Informatics will also require significant investment to support new service and business models. This is the subject of a separate 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, 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 Boards carbon footprint;
- support sustainable transport solutions and;
- optimise local procurement and labour to support the local economy.

To monitor our impact the Health Board has implemented and maintains 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

The Health Board 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;

- the provision of suitable accommodation to meet the needs of children and elderly or infirm people;

- fabric improvements to practice premises such as double glazing, security systems and work required for fire precautions and other statutory building requirements;

- improvements which are necessary in connection with emergency planning;

- 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 the Health Board is 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
Queensferry Shotton Llay/Rossett/Gresford Coedpoeth Forge Road/Brynteg Central Wrexham Plas y Bryn/Beechley Cyfn Mawr/Rhosllan' Overton/Hanmer/Penley	Llandudno junction/Conwy Kinmel Bay Denbigh Ruthin	Waunfawr Llangefni Pwllheli Porthmadog Pen y Groes Bangor Holyhead Llanfair PG

In investing in the above, together with targeted use of improvement grants, the Health Board will over time 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 Well-being 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, eg 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, were appropriate formal consultation, the Health Board may reduce its portfolio by up to 30%.

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	£837million

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 of 195 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 Boards 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/Well-being hub
- ➢ North Denbighshire Community Health and Wellbeing hub
- ➢ Ruthin Hospital reconfiguration
- ➢ Vale of Clwyd Health & 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 + rationalisation of office accommodation
- ➢ Central Medical Records
- ➢ Laundry services
- ➢ Residencies

In addition the Health Board 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 Boards Three Year Plan. The strategy thus being delivered in 3 year planning cycles allowing for flexibility in responding to changing organisational needs.

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 Programme 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 Programme 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 Functional suitability Space utilisation	A minimum of 90% of the Estate should be sound, operationally safe and exhibit only minor deterioration 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.	Meet national target within 10 years

Appendix 1 – Current Estate Locality Map

Locality Map
December 2018

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

MEIRIONNYDD / DWYFOR / ARFON / ANGLESEY
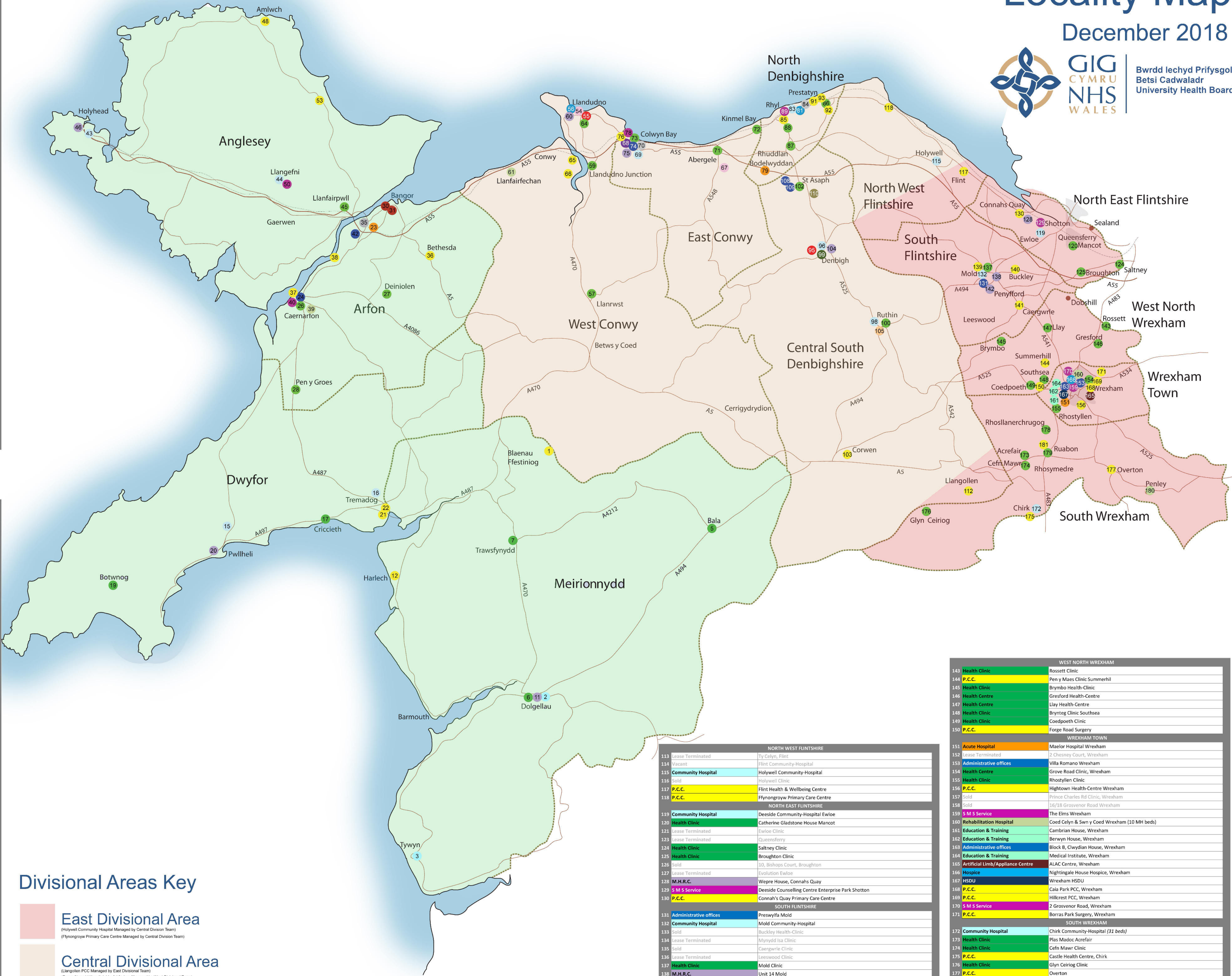
	USE	SITE NAME
	MEIRIONNYDD	
1	P.C.C.	Canolfan Goffa Blaenau
2	Community Hospital	Dolgellau Hospital
3	Community Hospital	Tywyn Hospital
4	Vacant	Blaenau Clinic
5	Health Clinic	Bala Health-Centre
6	Health Clinic	Y Lawnt Clinic Dolgellau
7	Health Clinic	Trawsfynydd Health-Centre
8	Sold	Tywyn Health-Centre
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	Sold	Beechwood House Dolgellau
14	Sold	Dolgellau OPD & X-Ray
	DWYFOR	
15	Community Hospital	Bryn Beryl Hospital Pwllheli
16	Community Hospital	Ysbyty Alltwen Tremadog
17	Health Clinic	Criccieth Health-Centre
18	Vacant	Health-Centre Pwllheli
19	Health Clinic	Botwnnog
20	M.H.R.C.	Cilian Pwllheli
21	P.C.C.	Porthmadog Health Centre 1
22	P.C.C.	Porthmadog 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	Bodfaen Bangor
33	Sold/Leases Terminated	26/28 College Road Bangor
34	Leases Terminated	Bodwrdda/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.	Felinheli 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	Hafod Las Llangefni
48	P.C.C.	Amlwch Primary Care Centre
49	Leases Terminated	Holyhead Town Hall
50	S M S Service	Iscraig Clinic Llangefni
51	Sold	Coedlys Llangefni
52	Sold	Amlwch Clinic
53	P.C.C.	Benllech Primary Care Centre

WEST CONWY / EAST CONWY / NORTH DENBIGHSHIRE / CENTRAL SOUTH DENBIGHSHIRE

	USE	SITE NAME
	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	Kimmel 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 5440 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	Ffordervdas Rhyl
89	S M S Service	S & 7, Brighton Road, Rhyl
90	Leases Terminated	Pendyffryn 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	Leases 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	Treferlan 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	Rehabilitation Villas, Llangollen
112	P.C.C.	Llangollen PCC

NORTH WEST FLINTSHIRE / NORTH EAST FLINTSHIRE / SOUTH FLINTSHIRE

	USE	SITE NAME
	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.	Ffynnongroyw 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
123		
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	Preswylfa Mold
132	Community Hospital	Mold Community-Hospital
133	Sold	Buckley Health-Clinic
134	Lease Terminated	Mynydd Isa Clinic
135	Sold	Caergwrle 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 / WREXHAM TOWN / SOUTH WREXHAM

	USE	SITE NAME
	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 Clinic	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 & Swn y Coed Wrexham (10 MH beds)
161	Education & Training	Cambrian House, Wrexham
162	Education & Training	Berwyn House, Wrexham
163	Administrative offices	Block B, Clwydian House, Wrexham
164	Education & Training	Medical Institute, Wrexham
165	Artificial Limb/Appliance Centre	ALAC Centre, Wrexham
166	Hospice	Nightingale House Hospice, Wrexham
167	HSDU	Wrexham HSDU
168	P.C.C.	Caia 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	Rhosllannerchrugog Health-Centre
179	Health Clinic	Ruabon Clinic
180	Rehabilitation Hospital	Penley Rehabilitation-Hospital (8 MH beds)
181	P.C.C.	Ruabon Medical Centre

Divisional Areas Key

East Divisional Area
(Holywell Community Hospital Managed by Central Division Team)
(Ffynongroyw 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

Map place labels

Amlwch · Holyhead · Anglesey · Llangefni · Llanfairpwll · Gaerwen · Bangor · Bethesda · Deiniolen · Arfon · Caernarfon · Pen y Groes · Dwyfor · Botwnog · Pwllheli · Criccieth · Tremadog · Harlech · Barmouth · Trawsfynydd · Meirionnydd · Bala · Tywyn · Blaenau Ffestiniog · Betws y Coed · Dolgellau · Llandudno · Colwyn Bay · Conwy · Llanfairfechan · Llandudno Junction · East Conwy · West Conwy · Llanrwst · Cerrigydrydion · Corwen · Llangollen · Glyn Ceiriog · Chirk · Penley · Overton · South Wrexham · North Denbighshire · Prestatyn · Rhyl · Kinmel Bay · Abergele · Rhuddlan · Bodelwyddan · St Asaph · North West Flintshire · Central South Denbighshire · Denbigh · Ruthin · South Flintshire · North East Flintshire · Holywell · Flint · Connahs Quay · Shotton · Queensferry · Ewloe · Sealand · Mancot · Saltney · Broughton · Mold · Buckley · Penyffordd · Dobshill · Caergwrle · Leeswood · Rossett · Gresford · West North Wrexham · Llay · Brymbo · Summerhill · Southsea · Coedpoeth · Rhosllanerchrugog · Wrexham Town · Rhostyllen · Acrefair · Cefn Mawr · Ruabon · Rhosymedre · Llangollen

Draft v.2
Workforce Strategy

2019 – 2022

Improving Health and Reducing Health Inequalities

Excellent Hospital Care

Care Closer to Home
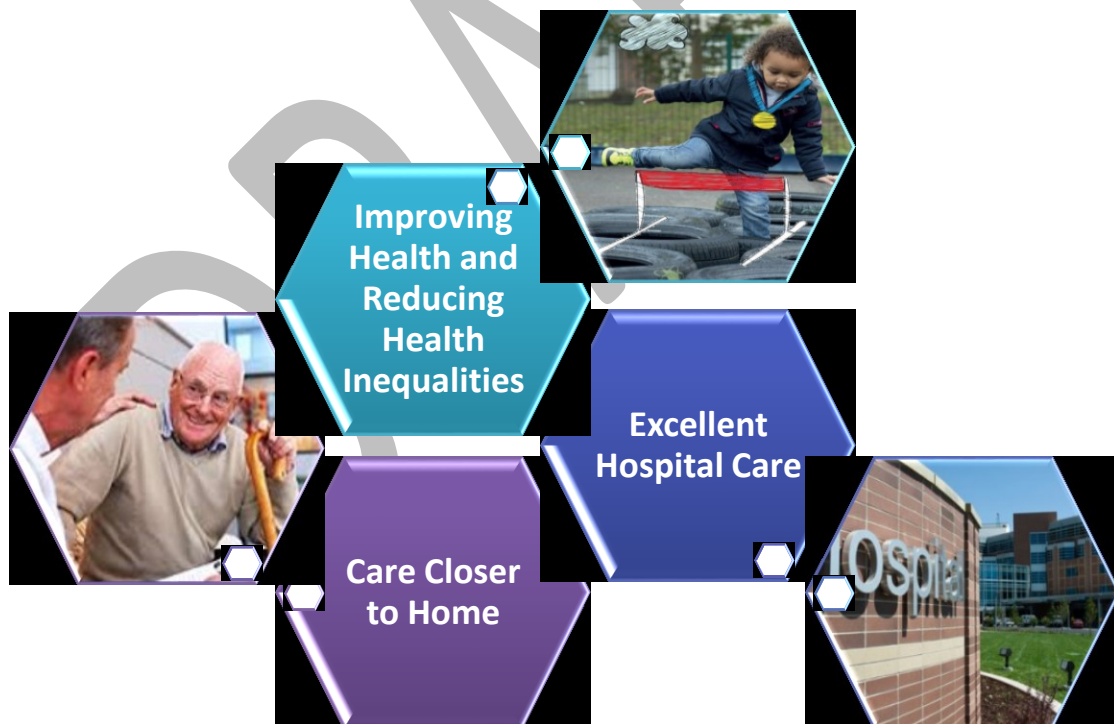
Table of Contents

1.   Introduction

"Organisation"

"A group of people who work together with a particular purpose"

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.

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.

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?

Recognition of the need to balance focus upon organisational performance and health is the basis upon which a new 3 year Workforce Strategy has been developed.

The model/framework guiding the development of this Strategy is based on the outcome measures of organisational health as illustrated below:

The Workforce Strategy is informed by our current state; our model for the future and outlines the route map to take us forward over the next 3 years and beyond.

Critical to delivery of our plans for the future will be working with our people to create the changes we need to see; working with our partners to ensure that the greater good of our patients and populations is at the center of our planning and decision making and working with our communities to honor and nurture the best culture and environment to enable the delivery of our vision.

Strategic Internal Direction – Direction; Culture & Climate

Since its creation, the structure and organisational design of the Health Board has changed many times and whilst there are many examples of development and modernisation, we recognise that a significant influencer in the challenges currently facing our workforce are the models for delivery of care and services across the expanse of our geography.

Unsurprisingly, the environment and culture (the way we do things around here) that our current state influences is more likely to be 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 manifests both in terms of our ability to protect time and empower our people to focus upon improvement together with our appetite for investment in new ways of working, new roles, new services.

The formulation of the Living Healthier Staying Well Strategy, provides a long term vision for the organisation and importantly a vision to align our people to. The development of this 3 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.

Identifying a smaller number of higher impact improvement objectives and then aligning our values and behaviours as well as our structures for performance reviews, thereby reinforcing the importance of these objectives will be key. Holding our nerve when challenged or when our resilience is tested will be essential.

Quality of Execution – Accountability; Co-ordination & Control; Leadership; Capabilities; Motivation

The current configuration of services, resources and as a result scrutiny (internal and external) is, in the main focused on a secondary care/medicalised "illness service" model for both physical and mental health which, in the context of increasing demand (in the absence or levels of consistent alternatives to hospital care) has resulted in the requirement for creation of additional capacity on both a long and short term basis. This,

together with the replication of hospital services across 3 or more sites; challenges in moving towards new models of primary care provision and a low level of specialist services to attract professionals to work in North Wales has, in turn has resulted in significant gaps in our medical and nursing workforce and increases in the level of "non-core" (temporary premium) expenditure. Clearly this is against a backdrop of national shortages across the UK, however, there is much that is within our gift to improve and as such this needs to be our focus at this stage.

Where we have delivered changes in service model or design, or introduced a new service there is evidence of subsequent improvements in workforce terms e.g. the development of the SuRNIC; development of a new Vascular specialist centre and the development of new primary care model as part of the Healthy Prestatyn Iach project. We will therefore need to balance the focus upon managing the provision of safe care in the here and now with planning effectively to realise our ambitions in developing patient centred tertiary; secondary; primary and prevention services that are fit for purpose, affordable and sustainable because people want to work within and be part of them.

As well as the current challenges in respect of capacity and the need to ensure our workforce has the right skills to deliver the services of the future, we also recognise the challenges we are likely to face moving forward in light of our workforce demographics.

Not unexpectedly given the fact that a large proportion of our workforce comes from our local communities, the age and health/socio economic demographic of our people correlates with that of our community i.e. our proportion of staff over 56 yrs. is higher (and continues to increase) than staff below 30 yrs. (which continues to decrease). Our turnover by length of service mirrors this trend with higher turnover in the lower age groups within a shorter period of time whilst our sickness absence, particularly longer term is significantly higher in our older workforce.

The majority of staff working longer and beyond "normal" retirement age are in the lower bands undertaking more manual/ancillary roles. There are higher numbers of nurses working beyond 55 yrs. than in comparable organisations in England and in many other parts of Wales.

As we develop a greater understanding of the reasons underpinning these statistics, it is clear we will only deliver the improvements required to deliver our vision as a provider and as a system leader responsible for improving population health, by working with our partners, both in the education and in health and social care (statutory and voluntary/independent) to create seamless pathways of education, training, employment across professional and organisational/agency boundaries.

In 2018/2019 we have focused on establishing a range of fundamental systems to give us greater clarity and oversight of our workforce "performance". These systems e.g. Establishment control; Roster

improvement and overarching workforce optimisation themes will enable us to identify where there are particular issues/challenges, develop plans to address the root causes (rather than focusing on the symptoms) and to measure the impact of actions taken.

This will be particularly important as we move towards shifting the balance of our resources as result of the organisational priorities e.g. Care Closer to Home and as we move forward with our Improvement system and realising the benefits of this through increased efficiency and productivity; reduced waste and the consequent impact that this needs to have on our overall pay bill.

The priorities set out in our 3 Year Plan highlight the need for us to focus more on prevention and providing care closer to home wherever possible as well as improving timely access to and outcomes of care for people whose needs require acute or specialist treatment.

In order to achieve this we know that we need to make it easy for people within and across the organisation to "do the right thing" and wherever possible remove or reduce potential barriers. This includes the way in which we describe who is accountable for what; where authority for decision making rests; how we measure and recognise and reward performance and improvement. It also includes how we lead and manage, focusing upon what matters to and what will inspire and motivate our people to be the best that they can be.

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 be a thread running through all education and learning provided and commissioned by the organisation and will be a core element of outcome objectives for all development activity.

Another fundamental element of ensuring our people are aligned is to ensure that they are and feel engaged and involved in one form or another in moving the organisation forward.

In terms of engagement, considerable progress has been made over the past 3 years in improving our levels of staff engagement as evidenced by the National Staff Survey amongst other local indicators. The overall engagement score has improved consistently over the last 3 survey reports and there are plans in place to further improve this position at an organisational and local level.

The deployment of the ByddwchYnFalch/Be Proud engagement tool to augment and support the 3D listening leads/sessions will help us to understand the temperature of the organisation or particular teams/services in a more timely way, giving us a rich source of intelligence to support more timely support/intervention and to then measure the impact/outcomes of this in a way that involves the right people at the right time.

Finally, providing our people with the skills as well as the opportunity to seek to find, test and embed improvements in the way we do things will be central to our organisations development. Building on the achievements made through the deployment of improvement methodology and capitalising on the establishment of the Quality Improvement Hub, we will develop an overarching "Improvement System" for the Health Board. 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 as well as incorporated into our systems for performance and development review (PADR).

Capacity for Renewal – External orientation; Innovation & Learning

Throughout the 3 Year Plan, there are multiple references to the responsibilities of the Health Board within a wider Health and Social Care context and to the commitment to working with partners and stakeholders across North Wales and beyond in pursuance of the vision to improve the health of our population.

Understanding and then working together to meet our respective challenges and maximize opportunities is as important from a workforce perspective as it is from a delivery perspective.
As we move forward in the formulation of our transformation plans, we will explore different models for delivery and employment; opportunities to create career pathways across organisational boundaries; opportunities for shared learning and innovation and opportunities to further develop our understanding of our collective impact in relation to the wider determinants of health as well as in relation to the delivery of our core services.

Building on the work being undertaken as part of the Quality Improvement Strategy, we will be continuing to develop our safety and learning culture, encouraging greater focus on learning from and preventing adverse events/incidents/accidents, further promoting and empowering people and teams to test improvements/changes supported by our Improvement System and reinforcing the importance of reflective practice and continuous improvement as part of the normal "rhythm" of the working day as well as part of the PADR.

2.   What is a Workforce Strategy?

The Workforce Strategy links to and supports the Health Board's strategic priorities by identifying what the workforce needs to look and feel like and how it needs to operate to deliver the right outcomes for the people of North Wales.

The strategy makes sure that we have the right people, with the right skills, in the right place, at the right level and at the right cost. It also looks at the three main components of what the organisation needs to focus on: People Processes, People Behaviours and Organisational Needs.

It provides a framework for how we are going to achieve the vision set out in the Long Term Strategy Living Healthier Staying Well and the 3 year Strategic Plan and will be reviewed each year to ensure it is still fit for purpose.

3.   Why do we need one?

A talented and aligned workforce is crucial for bringing the strategic priorities to life and ensuring the organisation delivers on its objectives.

Direct people costs make up 50% of the Health Boards expenditure. The cost of getting it wrong can therefore be significant.

Getting it right delivers significant improvements:

- Better quality and outcomes and less avoidable harm through a more skilled an 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.
- Assurance that the organisational objectives can be delivered;

4.   How did we develop the Strategy?

Recognising that this is the first Workforce Strategy developed by the Health Board and the timescales involved, we have worked closely as a Workforce team to understand our current state and 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 views on what they thought the challenges facing the organisation over the next 3 years and how the workforce might need to change and adapt to meet these challenges.

We have reviewed key feedback from our Staff Survey; Welsh Government; Welsh Audit office and other external partners and regulators and have considered how best to bring all of these view together to identify the priorities for the next 3 years.

We recognise that changing the way we do things around here i.e. 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 that we 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 they remain fit for purpose and are doing what they need to do.

5.   Our Strategic Direction

5.1   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. The Health Board approved the LHSW Strategy in March 2018. Our future organisational model, together with the key organisational priorities for action over the period 2019/22 is described below.

There are many factors that influence our health and well-being. We recognise that there are some areas we can influence; some areas where we can commission others or work in partnership to provide care and support; and some areas where we can directly provide services. We also recognise that as a public body, we have a responsibility to ensure that we use our finances and resources wisely and effectively in pursuance of our priorities.
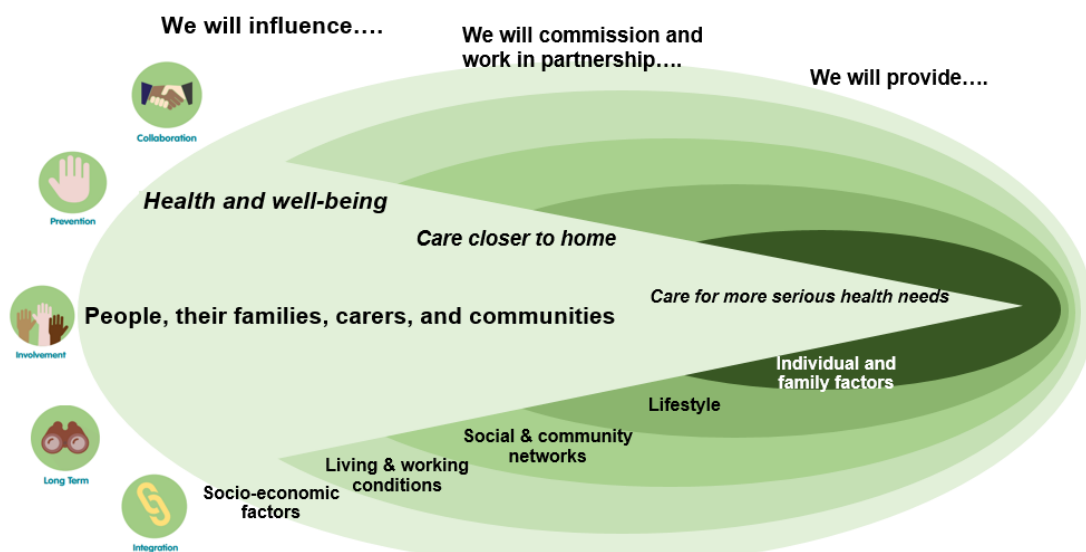
Our ambition is to narrow the gap in life expectancy between those who live longest in the more affluent areas of North Wales and living in our more deprived communities.

In doing so we will need to become more of a "wellness" service than an "illness" service and work with our population and our partners (statutory, independent and voluntary) to plan for the future needs of people living in North Wales and plan for the future workforce needed to provide the services required.

We will focus on supporting the services offered by primary care including GP practices, community pharmacies and dental practices, which remain central to the provision of care close to where people live. We will build on the work we have already done with primary care clusters to introduce a broader range of health and social care professionals to enable the development of a wider range of services in local communities.

We will expand our community teams and services to work together to care for people in their community and in their own home wherever possible. We will work more effectively within our teams and with partners to provide seamless and integrated care, reducing the numbers of different people/agencies visiting and ensuring that the right person with the right skills attend to people when they need them.

We will maximise our use of technology to reduce the need for people to travel unnecessarily and to assist people to manage their health in the most effective way for them.

We will continue to offer the following core consultant led services from each of our District General Hospitals:

- Emergency Care;
- Maternity and paediatric services;
- Direct admission for medical care for people who are acutely unwell;
- Direct admission for people who need an operation;
- Outpatient clinics, day case surgery and diagnostic services.

We will develop and consolidate services where there is evidence of improved outcomes, improved quality and sustainability and as such people will be assessed in the hospital closest to them but might then need to transferred to or treated in the most appropriate hospital for more specialist care.

We will develop specialist and tertiary services where clinically possible and safe to enable us to treat as many people as possible in North Wales and will work closely with colleagues in specialist centres outside Wales to ensure that the majority of care for those people who require very specialised treatment is as locally as possible.

5.2   Strategic Priorities for Change 2019 – 2022

A summary of the priorities that we will address over the next 3 years are set out in the diagram below.

5.3   Key Enablers to delivery of our Strategic Priorities

In addition to the Workforce Strategy there are a number of other key enabling strategies underpinning the delivery of the 3-year plan:

5.3.1   Quality Improvement
- Reduce mortality
- Reduce harm
- Deliver what matters most
- Improve reliability of care
- Deliver integrated care

5.3.2   Estates and Infrastructure
- Improve state and use of estate
- Work with partners to share assets
- Develop new partnerships/models
- Improve sustainability of hospital services
- Develop Health and Wellbeing centres
- Support consolidation and agile working

5.3.3   Digital
- Implement technology to maintain and support existing infrastructure and systems
- Support development of digital enablers to patient access and management
- Support service improvement and transformation
- Support use of digital solutions as enablers to quality, efficiency and productivity

5.3.4   Finance
- Establish systems to support integrated working and collective delivery
- Work together to support skills and knowledge development
- Support the delivery of improved financial and resource management
- Support the delivery of service improvement to achieve greater quality, efficiency and productivity
- Support the delivery of performance against our financial plan

It is important that each of the enabling strategies is aligned to the delivery of the strategic priorities outline above. Working together across our leadership and delivery teams to maintain this alignment will be essential.

6. What does our Organisation look like now?

6.1 Our Strategy

Multiple separate strategies/plans in the past e.g. staff engagement, leadership and management development; workforce plans Health and Wellbeing, equality and human rights etc.

6.2 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 circ. 3 years and is similar to many health "systems" across the UK, the main difference being that we have Divisions where there would be separate organisations i.e.

- Secondary Care
- Mental Health and Learning Disabilities
- Primary Care and Community Services

There are some services that span the "boundaries" between e.g. Care of the Elderly; paediatrics; North Wales Managed Clinical Services etc. but 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 the operational services there are a number of "corporate" departments e.g. Public Health; Finance; Planning & Performance; Workforce & Organisational Development; Estates and Facilities; Informatics; Corporate Governance; Corporate Nursing; Office of the Medical Director.

Each Division/Service 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.

Whilst there are many examples of development and modernisation, we recognize that a significant influencer in the challenges currently facing our workforce are the models for delivery of care and services across the expanse of our geography.

Unsurprisingly, the environment and culture (the way we do things around here) that our current state influences is more likely to be 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 manifests both in terms of our ability to protect time and empower our people to focus upon improvement together with our appetite for investment in new ways of working, new roles, new services.

6.3   Our Resources

Our workforce is spread across multiple sites. We employ circa 15,000 whole time equivalents (WTE) and spend approx. £700m on pay.

The 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 i.e. a variance of approx. 1400 wte across all areas but we spend approximately £35m on non-core (temporary workforce) and circa 70% of this is on agency workers.

Our turnover is high at 9% but not evenly spread with circa 20% unplanned turnover in the first 2 years of service.

We have a long serving workforce but the age imbalance is growing. 19% of our workforce is aged over 56 years and a growing number are over 65 years whilst only 13% of the staff are below the age of 30 years. This has been a trend of reduction over previous years.

The Sickness absence level is not the highest in Wales but is still too high at 4.9% overall, with 70% of this due to long-term absence.

We have a number of key areas over budget e.g. Secondary Care and Mental Health and Learning Disabilities predominantly due to pay.

There are systems in place to manage resources but they are labour intensive and not optimised. Data production and analysis is labour intensive and patchy in utilisation.

Cost reduction has been a challenge historically, yet there are opportunities for productivity and efficiency based on benchmarking and internal review.

6.4   Our 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.

Triumvirate leadership structures are in place and clinical leaders across specialities appointed.

Our management capacity is low in a number of areas but improving following recruitment and restructuring.

There are a number of positive examples of innovative approaches to development and working with our communities e.g. Step into Work etc.

There are education plans and provision in place across professional groups, however, these are predominantly separate for clinical professions e.g. medical; nursing and midwifery; 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 & assurance. Improvement plans underpinning achievement of Health Improvement Health Inequalities priorities as well as workforce priorities are developed.

Health and Safety provision and position 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, with external validation and assurance. Improvement plans underpinning delivery of Health Improvement Health Inequalities priorities as well as workforce are developed.

6.5 Key Challenges within the Current State

6.5.1 Secondary Care

- Care is provided across 3 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 of being the model of and environment for delivery.

- Sustainability of a number of services/rotas is high risk due to levels of vacancies within existing model.

- 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 existing model

- There are significant issues with recruitment and retention in a number of areas. Retention in the first 2 years of service is low in a number of

specialities as well as challenges in attracting and then converting applications into appointments in an efficient way.

- There is a significant level of "unfunded" capacity and the impact of this is effectively "stretching" the workforce to cover.
- Most services are replicated across hospitals with only a small number of "networked" models/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 (i.e. what people have we got and what are they spending their time doing) and workforce planning and deployment is patchy.

6.5.2 Primary Care and Community Services

- There are a significant and increasing number of GP practices managed by the Health Board due to gaps in GPs 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 effectiveness

- A proportion of Community facilities/estate is older and not fit for purpose in delivering modern, integrated services.

- New services/models have been developed in a number of areas and are demonstrating positive impact.

- Workforce planning is undertaken on an Area team basis predominantly rather than across areas or across the "health economy" (including secondary care and mental health).

6.5.3 Mental Health & Learning Disabilities (MHLD)

- Services are delivered over range of units and locations.
- There is a high number of vacancies at Consultant and other levels which is contributing to the financial position.
- There is a high number of Mental Health Nurse vacancies and the establishment templates are based on traditional model which have evolved over time so they need rebasing.

- Pay expenditure is high mainly due to high non-core spend driven by the 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 transformational approach across our system as well as in Mental Health.
- Workforce planning is limited and is predominantly undertaken across MHLD rather than with other divisions or "health economy"

7.   What does the Organisation need to look like in 3 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 people and resources available.

We will need to be focussed on prioritising where we put our efforts and how we spend our budgets and 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 the strategic priorities – our staff need to be very clear about the direction of the organisation and understand how they 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% and be able to see the impact of their hard work;

Engaged, motivated and resilient – our staff need to feel well informed, clear on the direction of the organisation and resilient to meet the challenges ahead;

Flexible, adaptable and innovative – to deal with the changing environment as finding innovative ways to deliver services. Act in a more agile way, using technology to deliver services differently and reduce our reliance upon traditional ways of working;

Demonstrate personal accountability –operating in a way that we would if this was our business; home or family/loved ones

Customer focussed – ensuring patients, partners, contractors and colleagues receive the best customer service at all times and are treated with respect, respect and inclusivity;

Demonstrate 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;

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.

8. How do we get there?

8.1 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:
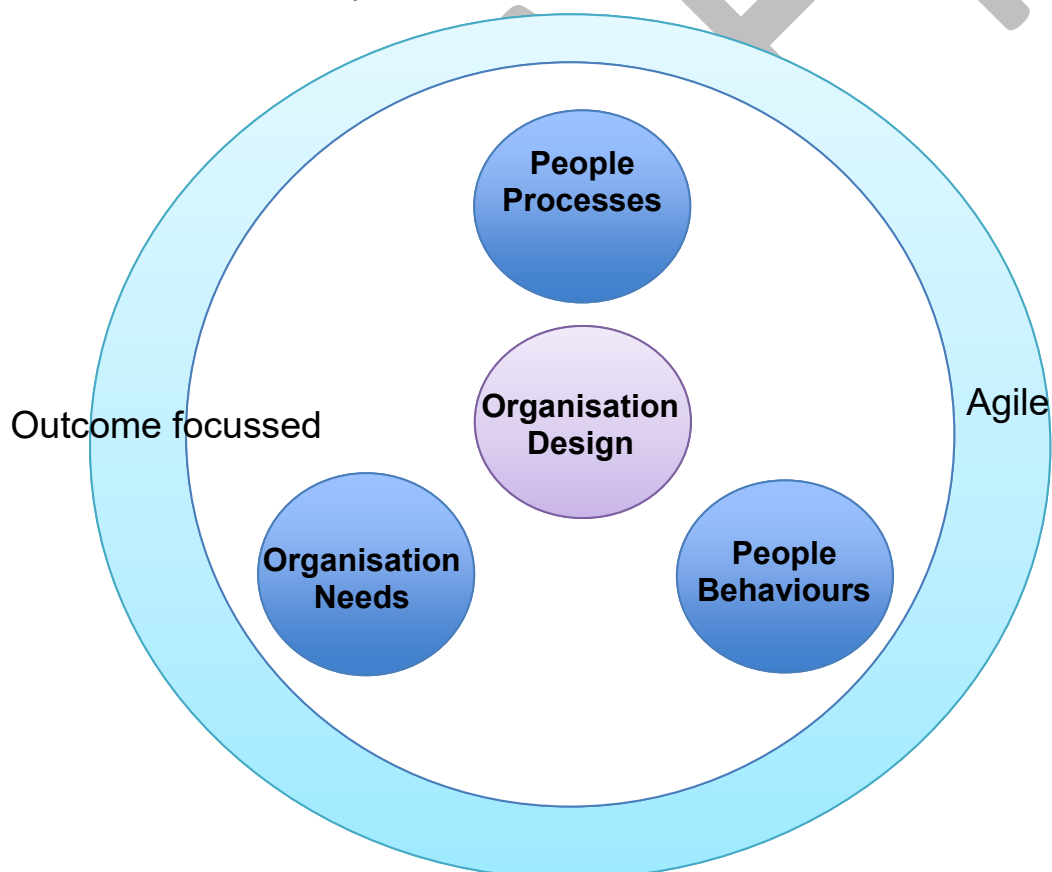
8.2 How do we ensure these 3 components are aligned?

It is important that these components are aligned at all times to achieve organisation priorities.

People Processes and Behaviours (the How and the Who) need to be aligned with the Organisation needs (the what). If the people elements are out of sync then the organisation needs will not be met.

8.3   Framework for alignment.

The Framework below will support this alignment:

1. Staff Engagement – making sure that our staff know what the organisations objectives are and what is expected of them to meet those objectives. Building on progress to and learning from other frameworks e.g. [1]Together we Care;

2. Accountability - ensuring our structure and service, team and individual accountabilities are clear and easily described and evidenced;

3. Robust Workforce Planning – undertaken proactively and across pathways, services and localities wherever possible and across agencies/organisations where relevant;

4. Skills Based Design – exploring options to support/supplement or where necessary replace traditional roles, using a patient centred assessment methodology;

5. Education and Learning – Consolidate and optimise our influence and impact consistent with our size and expertise. Develop a reputation for excellent educational experience, opportunities and outcomes. Create 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;

7. Planning for flexibility/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;

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[1] Together We Care – A Framework for the development of the Medical Workforce in Wales

9. Developing our Leaders and Managers – ensure leaders and managers are equipped with the skills to lead and manage staff and do so effectively. That they are equipped to work effectively with partners both within and outwith the organisation. To demonstrate visible compassionate leadership and develop 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 better and 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.

13. Train and Employ with others - work with partners across North Wales to evolve new thinking and create career pathways that span organisational boundaries and employment lifecycles. Find ways to address barriers.

8.4   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.

Right Size:

Ensure we have the right number of people in the right roles spending the right amount of time achieving given outcomes

Right Shape:

Identify duplication and inefficiency to establish the right balance of types of roles, levels of roles experienced staff to new/trainees

Right Cost:
Ensure pay and reward consistent with paying the right prices for the required skills

Right Place:

Ensure the required staff resources are available in the right location to meet the current and future workload

Right Skills:

Assess the gaps in competencies and skills to what will be needed to meet future goals

This will be a key feature of the Planning process to embed this Workforce Strategy to make it a reality in service areas.

9. What are Priorities?

9.1 Key Deliverables for 2019/22

Year 1

Established an integrated workforce improvement infrastructure

Built on Quality Improvement work to date to develop the BCU Improvement System and delivery plan

Delivered year 1 workforce optimisation objectives

Delivered year 1 Health & Safety Improvement programme

Developed integrated multi professional education and learning Improvement Programme

Delivered year 1 leadership development programme to priority triumvirates

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

Year 2

Delivered tangible improvement in system leadership in workforce development across health and social care

Rolled out year 1 BCU Improvement System delivery plan

Delivered benefits from year 1 workforce optimisation objectives and delivered year 2 objectives

Delivered benefits from year 1 Health and Safety Improvement programme and delivered year 2 objectives

Delivered year 1 education improvement programme

Provided "one stop shop" enabling services for reconfiguration or workforce redesign linked to key priorities under care closer to home; excellent hospital service

Year 3

Achieved benefits from year 1 and 2 of strategy

Developed an integrated workforce strategy 2022 – 2025 together with health and social care partners

10. How will we measure if this is working?

10.1 Annual Review and Performance Management

A review of the Strategy will take place annually to ensure it remains fit for purpose.

The Delivery Plan against the Priorities will be reviewed on a Quarterly basis to understand progress against key measures of success and impact on projected performance. This will be supported by:

Data reporting:
 Quarterly Workforce Report
 Health Economy Accountability Reviews
 External benchmarking

Feedback:
 Managers, staff and stakeholders
 Staff engagement
 Staff Surveys
 External reviews

Management of the Delivery Plan will be through the Workforce Improvement Programme Group. Chaired by the Executive Director of Workforce & Organisational Development and comprising senior accountable leaders.

11. What Happens Next

The primary purpose of the Workforce Strategy is to ensure that the organisations priorities are achieved. It should be seen as a live document, which will evolve as the organisations priorities are delivered and the workforce develops over time.

11.1 Communication of the Strategy

We will communicate this Strategy and how it can support services through the most appropriate management structures. This will give the opportunity to discuss how it will apply to the service and what interventions are needed rather than a one size fits all approach. This will gives us the flexibility to focus on outcomes for each service upon which they and we can then measure impact.

11.2 Planning Processes

The Workforce Strategy will be embedded in the 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.

11.3 Workforce Objectives, Policies and Programmes

The Workforce Teams will be responsible for delivering specific priorities identified in this Strategy and will do so through team and individual objectives.

11.4 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 re recognition of significant progress or remedial action if progress not where it needs to be.

Purpose of the document

The Informatics (or digital/ IT) strategy and delivery in Wales has been the subject of close scrutiny and criticism during the past year following Welsh Audit reports and Public Account Committee hearings and subsequent final report which was published in October 2018. This document aims to brief the Board on progress against the development of the wider Strategic Outline Programme and confirms that BCU is working to a very clear informatics operational plan that will both sustain 'business as usual' whilst implementing key enablers to support the emerging Three-Year Plan.

Specifically this document:

- Provides an update on current reviews of national informatics service.
- Explains how the operational plan is established and agreed.
- Details the current draft informatics operational plan and its importance in underpinning BCU's Three Year Plan and service integration agenda.
- Illustrates, through tranche, diagrams how the operational plan and strategy connects legacy silos of information and business processes which will:
  - o Improve operational systems in the acute settings.
  - o Enhance communications between primary and secondary care.
  - o Enable the integration of mental health, community and social services.
- Will highlight why successful delivery of the current plans will enable secure data sharing across traditional health and care boundaries and how pathways of care and detailed, accurate public health information will become a by-product of care processes.
- Details potential emerging local initiatives that will play an important role in modernising services regionally and will need to be prioritised and funded appropriately.

It is important to note that the strategy of shifting to digital services through our operational plan is highly ambitious and complex: Not only are we replacing and unifying fundamental business systems but we are also introducing digital services in partnership with multiple stakeholders and suppliers.

In order for any digital strategy to work it must be delivered in unison with effective workforce, finance and estate strategies. It will require an increased level of clinical and public engagement and increased investment. The Introduction of technology in the absence of a clear purpose and competent and resourced workforce will only have limited benefit to staff and patients.

Welsh Audit and Public Accounts reports

In January 2018, Wales Audit Office published its report on informatics systems in NHS Wales[1]. While this report relates to informatics across all of NHS Wales, it clearly considers the national arrangements, and in doing so raises issues relating to the national hosted organisation NHS Wales Informatics Services (NWIS).

Welsh Government issued a response to the original WAO report that accepted all the recommendations and has initiated two specific reviews, which will help address the governance and technical aspects of national informatics. These are;

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[1] Wales Audit Office report on Informatics Services 2018 http://www.audit.wales/system/files/publications/NHS_-Informatics-2018%20-%20English.pdf

1. Welsh Government <u>Informatics Governance Review</u>. An organisation called Local Partnerships are undertaking a review with health organisations and looking at all aspects of governance and are due to report back in January.

2. Welsh Government <u>National Architecture Review</u>. WG have commissioned an independent review of the technical architecture for Wales which will look at sustainable modern architecture to deliver the longer-term health and social care architecture. This report is likely to report out before the financial year-end.

BCU is the highest consumer of national systems in Wales, and we remain committed to maximise the benefits of the national best of breed systems, and actively support the grounding principle to provide access to patient information across Wales and beyond. We continue to work closely with national organisations to deliver the Welsh Government's published digital strategy – [Informed Health and Care – A Digital Health and Social Care Strategy for Wales](#) (December 2015)

Both these reviews should have a significant positive impact on the direction and technical delivery of both national and local digital strategies. The Chief Information Officer will provide further updates to the Board in due course.

Operational Plan and Strategic Outline Plan

The Informed Heath and Care strategy outlines the overall vision for technology in Wales and sets out clearly the need to continue to follow the 'One for Wales' approach.

The annual Informatics Operational Plan is a local document that sets out the funded digital plan over a five-year horizon but with a focus on the current financial year and is refined annually via the organisations planning processes. The Plan summarises the requisite projected resources that we have available to support the delivery and details the monitoring and reporting arrangements, which are in place to ensure appropriate governance.

Welsh Government national planning guidance recommended that each organisation develop an Informatics Strategic Outline Plan (SOP) that outlines the longer-term range of potential options available to the organisation to deliver digital services for both staff and patients.

Whilst we are aligned with the national strategy each health board in Wales is at a different stage of implementation and may have differing service priorities. Therefore the SOP quantifies costs specific to Betsi Cadwaladr where possible and should be used as part of the wider organisational planning process as a 'menu of options' for prioritised investment in digital service and the vision set out in Informed Health and Care.

The first draft of the SOP identified additional investment of over £20m would be required over five years to deliver the benefits of digital services. However, successful implementation of new technologies coupled with better use of existing systems and processes could yield significant quality and cash releasing and qualitative efficiency savings. The next phase for the SOP is to verify costs and benefits and this work is scheduled to complete in May 2019 and will incorporate the impact of the national governance and architecture reviews.

Clearly all operational plans and strategies within the NHS have to deal in the complexity and continuous changes in demand. Informatics is one of those services which is not only affected by increased demand but also the nature of demand i.e. emerging disruptive technologies coupled with an expectation to mainstream these new technologies within complex legacy technical arrangements has been a constant theme for the past eight years.

The management of the flow from service need, idea or innovation through to the operational plan follows some key principles and processes that are shown below.
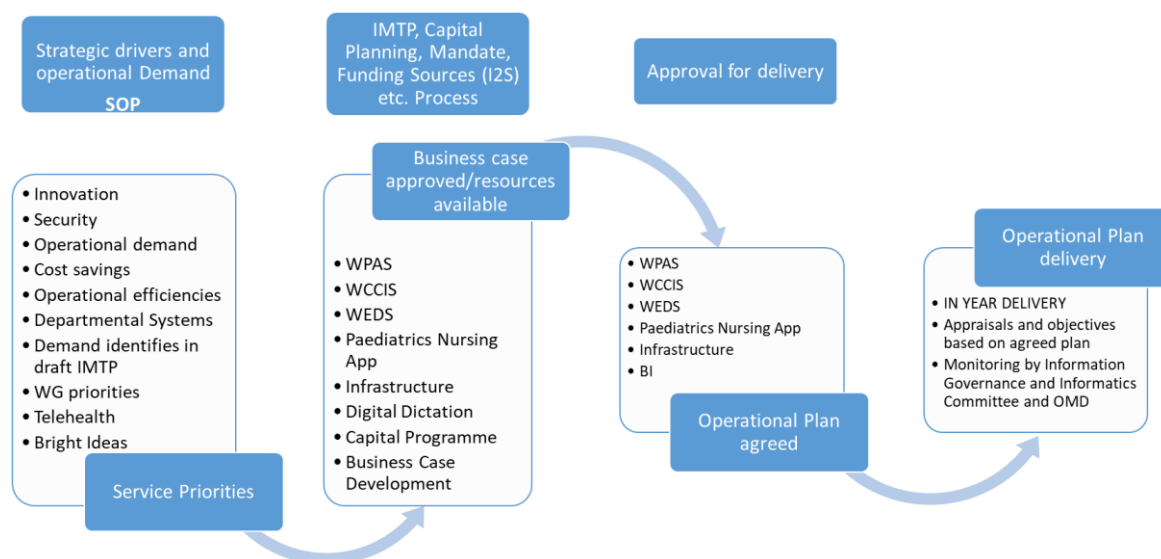
Figure 1 – Flow from demand to delivery

Figure 1. Illustrates how the demand, or pipeline of work, for digital technologies is identified at a strategic, national or operational level. These demands are prioritised by the service via the normal planning route such as the Three-Year Planning process, capital management process or submission of bids for Invest to Save etc. Schemes that are approved via a business case or appropriate resource allocation will then become part of the operational plan. Schemes that are not approved or are not deliverable within the existing resource are queued for the subsequent annual plan or can become part of the existing annual operational plan via two routes;

- A business case justification and/or resource for delivery is approved – including support costs.
- Existing schemes are de-prioritised to allow capacity for other emerging priorities.

A Clear Plan for 2019 and beyond

The plan for 2019/22 remains consistent with the approach of previous years, 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.

The three year 'enabling' plan is derived from a previously approved five-year rolling plan, which has been developed to underpin service needs and support the delivery of a number of strategic developments in Digital Records, Analytics, Information Management and Information Communications Technology. Our plans and developments are based on the Informed Health and Care Strategy that Informatics driven work will produce:-

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, national and legislative context which influences priorities, direction and pace of delivery and our previously published "guiding principles"

Delivering the vision will be influenced by resource availability and "guiding principles" that will be taken into account when making planning and operational decisions e.g. evaluating new requests to undertake work.

The principles detailed below have been adopted, as they are based upon, evidence based best practice and considered essential to success.

Informatics Guiding Principles

- An incremental prioritised approach
- Maximise the use of national Systems
- Scalable connected solutions
- The solution focuses on behaviour not technology
- Alignment to strategic objectives
- Supports statutory compliance
- Reduces known risk
- Supports Service e.g. Continuity
- Enables Service Transformation / delivers benefits e.g. Financial
- Financial Sustainability

The need to get the basics right e.g. safe and sustainable infrastructure for Health Records and maintain our focus on the delivery of the plan is essential. In effect, this means that there will be very few opportunities to introduce new or additional technology outside of those identified within this plan or those emergent ones, which are driven by legislative requirements.

The resultant focus on our plan will ensure that we maintain the required pace to deliver a range of projects that underpin our previously published objectives.

The plan lists the projects that will be undertaken to deliver each of the objectives. High-level timescales are indicated along with "rolling" schemes.

The Informatics priorities for 2019 to 2022 which will include:-

Digital Roadmap; Adopting a digital by default principal, capturing data once and reusing it, minimising the use of paper and working towards "paper free at the point of care". The building blocks of a single patient view which those receiving, providing or supporting patient care can access.

Data Driven Decision Making; providing tools to put data from a variety of sources at the heart of decision making in a timely and user friendly manner. Providing insights to inform effective decisions through synthesising information from a variety of sources

Underpinning service transformation; Supporting services to combine technological opportunities with new business processes, that enable us to meet our Local and National responsibilities

Digital Mobile Workforce; providing digital tools to support staff to undertake duties, work together and communicate effectively from a variety of locations. Reducing overheads, supporting strategies and enabling "time to care"

Managing Innovation and emerging technologies; Learning and Innovating by providing accelerators of digital transformation. Collaborating with innovators and entrepreneurs and suppliers to encourage innovation

Digital Infrastructure; Providing, developing and maintaining a secure, flexible and robust infrastructure to enable a digital future. Getting the "basics right" and building an Infrastructure to support transformation

Workforce Development, Transparency, Sustainability and Standards; Nurturing a digital culture throughout the organisation. Supporting staff to develop and provide services that meet the efficiency, quality and sustainability challenges that we face. Adopting evidence based best practice and meeting our legislative requirements

- Phase 3 of the *Welsh Patient Administration Project (WPAS)*, which supports the acute hospital care programme. In 2019/20, we will replace the commercial patient administration system that is currently in use in the West. We will continue to standardise processes related to this system before merging three instances of the administration system into one unified national system in 2020/21. (Central phase 1 was completed in 2017/18; East phase 2 was the focus for 2018 2019 and West is phase 3). A single PAS will also pave the way for data sharing between systems (via interfaces) and unlock functions of national systems, which rely on a single data feed e.g. supporting Patient Reported Outcome Measures (PROMs) /Patient Experience Measures (PREMS) and referral management. Enhancements to WPAS that are planned will also partly support the management of patients along a Single Cancer Pathway (via functionality referred to as Tracker 7).

- Completing pilot studies that commenced in 2018 2019 to learn lessons to inform wider installation and utilisation of the *Welsh Community Care Information System W*. Assuming functionality delivery to specification and plans, the focus will be on a phased implementation to deliver the integrated Health and Social care system. This system underpins transformation as it is designed to enable Health and Social Care professionals to work together to provide care closer to people's homes. This project therefore supports Mental Health and Care Closer to Home programmes. Preparation work for standardising ways of working, testing and will be key in the run up to full availability of functionality. (see *Figure 5*, page 12)

- Re-constituting the previously paused *Welsh Emergency Department System* project which assists with the management of the patient within the Emergency department and the patients' pathway. This project will support the unscheduled care programme to transform the way that our Health Professionals work in delivering services and improving patient care.

To supplement these National programs and to accelerate the Health Board's journey to an Digital Heath Record, **Digital Roadmap** priorities include a number of local innovative solutions. Specifically, following the introduction of the GDPR and the ICO Audit, and to manage the transition from the paper record to the digital record, the **Patient Record Transition Programme** has been established and will focus on projects to:

- Drive the progress on the project to a BCUHB Digital Health Record.

- Be GDPR and DPA 2018 compliant in respect of responding to subject access requests received from the public and third parties; across paper and digital local and national platforms.

- Ensure where oncology information is held in the 'acute' main patient casenote; that acute casenote (past and present) is marked and a solution is in place to retain the set to comply with the minimum 30-year retention period.

- Respond to the National Infected Blood Inquiry in respect of access requests and work across Wales to review the impact of and options to address the imposed embargo on destruction of paper records.

- Map out the storage, processes, management arrangements and standards compliance, for all types of patient records, and present options to improve compliance and availability of non-acute record types.

- Make progress in digitising paediatric and adult nursing documentation through the trialling of local innovation and piloting the national digital nursing application.

- Improve the assurance on results management with planned pilots for Welsh Clinical Portal (WCP) and WCP App in January 2019.

Whilst we are committed to digitising patient records, we will also need to ensure that the services that we deliver are safe, effective and sustainable. A permanent solution for Health Records storage in Ysbyty Glan Clwyd will be required circa 2022/23 along with solutions that meet the safe storage needs of all sites.

- Many of our objectives require us to maintain our emphasis on getting the basics right. **Data Driven decision making** is no exception. A concentration on process will be required to leverage the benefits of the tools that we already have. Data Driven decision making will only be possible if we have accurate real time data to inform business intelligence. Specific priorities for 2019/20 therefore include delivering content to support flow/efficiency-based decisions around real time admit discharge and transfer data. Outcomes in real time driven by clinicians which also support referral to treatment time measurement. We will also continue the work to provide administrative data to support clinical engagement, improve data quality and patient care.

- As in previous years, **Digital Infrastructure priorities** will remain the primary source of Informatics Discretionary Capital spend (circa 85%). Rolling programmes of work are required to "get and keep the basics right", these include enhancements to core infrastructure such as the replacement of networks and obsolete hardware. They also include the continuation of projects such as the migration of our telephone infrastructure from an "end of life" solution to one, which is fully supported and capable of underpinning service change once fully implemented.

A requirement to proactively manage and secure our data, which is borne through the growing use of systems together with the increased collection of data to manage and support patients and improved legislation will see an increased concentration on the plethora of disparate systems deployed throughout the health Board. Outputs for 2019/20 will include security assessments and policies that will inform priorities for future years.

For reference *Figure 5* (pages 14 &15) highlights the previously approved Informatics long term plan.

Digital Enablers

The above operational plan is foundational, but a number of initiatives will be developed in 2019/20 and we will also need to spend time identifying business sponsors and capacity to investigating additional enablers to deliver digital services. Some of these key 'discretionary' initiatives are outlined below. The final SOP will provide more detail on outline costs and benefits for each scheme.

Initiative	Benefit	Local or national	Stage
Digital Health Record (ecosystem)	A single interoperable Digital Health Record(DHR) system that will provide a cohesive view of the acute patient record; supporting integration with the best of breed systems locally and nationally, provide greater access to systems and information, improving and streamline working practices and removing 'paper' from the system.	Local but integrated to national systems	Project established, business case preparation
Digital Dictation and Speech Recognition	Investment in scaling up the Digital Dictation and Speech Recognition technology we already have to improve safety and efficiency as well as the acceleration of the Digital Health Record and automated clinical coding using SNOMED CT (an international standard for structured electronic vocabulary for electronic health records). This system has the potential to revolutionise how clinical outcomes are captured – allowing clinicians to capture their own activity at the point of care. This will lead to better understanding of clinic capacity and demand.	Local but will need to interface with national systems	Bid submitted to Welsh Government Invest to Save fund and pre-procurement stage. Draft specification developed
Fast Healthcare Interoperability Resources (FHIR) adoption	Developing an interoperable infrastructure and resources to share data securely and effectively as part of a wide ecosystem. This will allow data from all care settings to be shared appropriately and allow a wide "public health" view of data across North Wales.	Local and linked to National Clinical Data Repository	Business case development
Microsoft Office 365	Enhances mobility for staff and cloud based digital services. This will link with existing national mobile strategy initiative.	National or local depending on national architecture review	Business case preparation
Community mobile working	The need to develop technical and business process support for the	Local	Costs submitted as

	development of integrated services and care closer to home prior to WCCIS i.e. co-locations of health and social care teams and services.		part of Three Year Plan
RFID tracking – wider asset tracking	Building on the successful RFID tracking of paper records project, we will evaluate the use of this technology to track automatically other assets and patient locations within a hospital setting.	Local	Pending business case.
Technology enhanced care	Allow virtual consultations that could allow virtual triage, demand management and support the care closer to home agenda.	Local (will require access to national systems – WCP,111 etc.)	Draft business case developed
Electronic Patient Flow	A coordinated national approach to manage patient flow in hospital to support more effective care at the bedside and more efficient use of bed capacity and better discharge planning. A local initiative is under development to utilise local tools and developments to BI tools as an interim to the longer-term solution to support unscheduled care.	National and Local.	National outline business case developed. Local PAS, Stream and BI being utilised in the interim.
Critical Care information System	To digitise critical care environments providing the latest technologies at the bedside with automated monitoring and observations – this will enable key clinical resource to manage critical care capacity across North Wales regardless of location.	National procurement	Outline Business Case Stage – driven by Critical Care network.
Electronic Patient Letters trial	Building on the success of the patient appointment reminder system we will trial smart phone appointment reminders that allows patients to securely view and store their appointment letters. This will lead to more efficient booking process, better information for patients (including choice of language and "browse aloud" technology) and reduction in printed appointment letters.	Local pilot	Requires GDPR impact assessment, service lead and scoping
Sexual Health System	Procurement and implementation of a sexual health electronic patient record. There is an existing sexual health	National	Business case being developed by Public Health

	system in North Wales but needs increased support. Note: The sexual health system is one example of speciality systems and other will require similar approach to resolution i.e. national or local business cases.		Wales. Consideration to increased local support needed.
E Prescribing	Digitise the prescribing and administration of medicines and provide decision support to prescribing clinicians. Evidence shows reduced harm and better overall management of medicines.	National	Outline Business Case under development
Patient portal	Allowing patients and their carers direct access to their own records securely and book appointments. My Health Online provides limited access to records and ABMU have implemented Patient Knows Best in some specialties.	National	WG lead organisation for patient portal. Some elements available through myHealth Online

Table 1 – Potential local discretionary and national initiatives for prioritisation

Why Year 3 is key for transformation

The Three Year Plan will outline the organisation's approach for service delivery and improvement. However, it should be recognised that the first two years are predominantly about laying the foundation for digital transformation. The following sections and schematics on Data and Process Islands illustrates how technology will overcome traditional legacy barriers to unified care models. The ability to track all interactions with patients in primary, secondary, community, mental health and social care models will become a reality and be enabled through a combination of:

- Adopting recognised national standards for sharing data.
- Maximising the using of nationally available systems as well as
- developing a local Digital Health Record to mitigate any gaps in national systems which cannot support local management of the paper record.

Assuming the outcomes of the National Informatics Governance and Architecture reviews lead to an improvement in NHS Wales' ability to procure, develop and implement key technologies then the delivery of core services will allow year 3 and beyond to be transformational for the organisation, its stakeholder organisations and citizens of north Wales.

Figure 3 illustrates (but does not include all projects) how the majority of acute care systems will, over the life time of the Three Year Plan, be unified and connected. Importantly:

- The priority acute systems, WPA, WEDs, WCP implementations will deliver the ability to capture all planned and unplanned care activity. This will lead to improved communications with primary care through enabling electronic referral and discharge communications.
- The development of the local Digital Health Records in partnership with national systems will reduce the reliance on paper and increase the use of technology at the bedside.
- Technologies such as digital dictation and speech recognition will enable outpatient information to be collected as a by-product of care. The clinicians will record their own activity in real time without significantly changing current processes. Thus facilitating better quality outcomes and provide a real time view of clinic activity and capacity.
- Clinical communications could be coded automatically allowing primary care to receive coded outcomes
- Our data warehouse and business intelligence solutions will use coded information previously unavailable to support a wider and accurate public health view of citizens of north Wales. This will lead to whole system care pathways and the ability where outreach services are required.
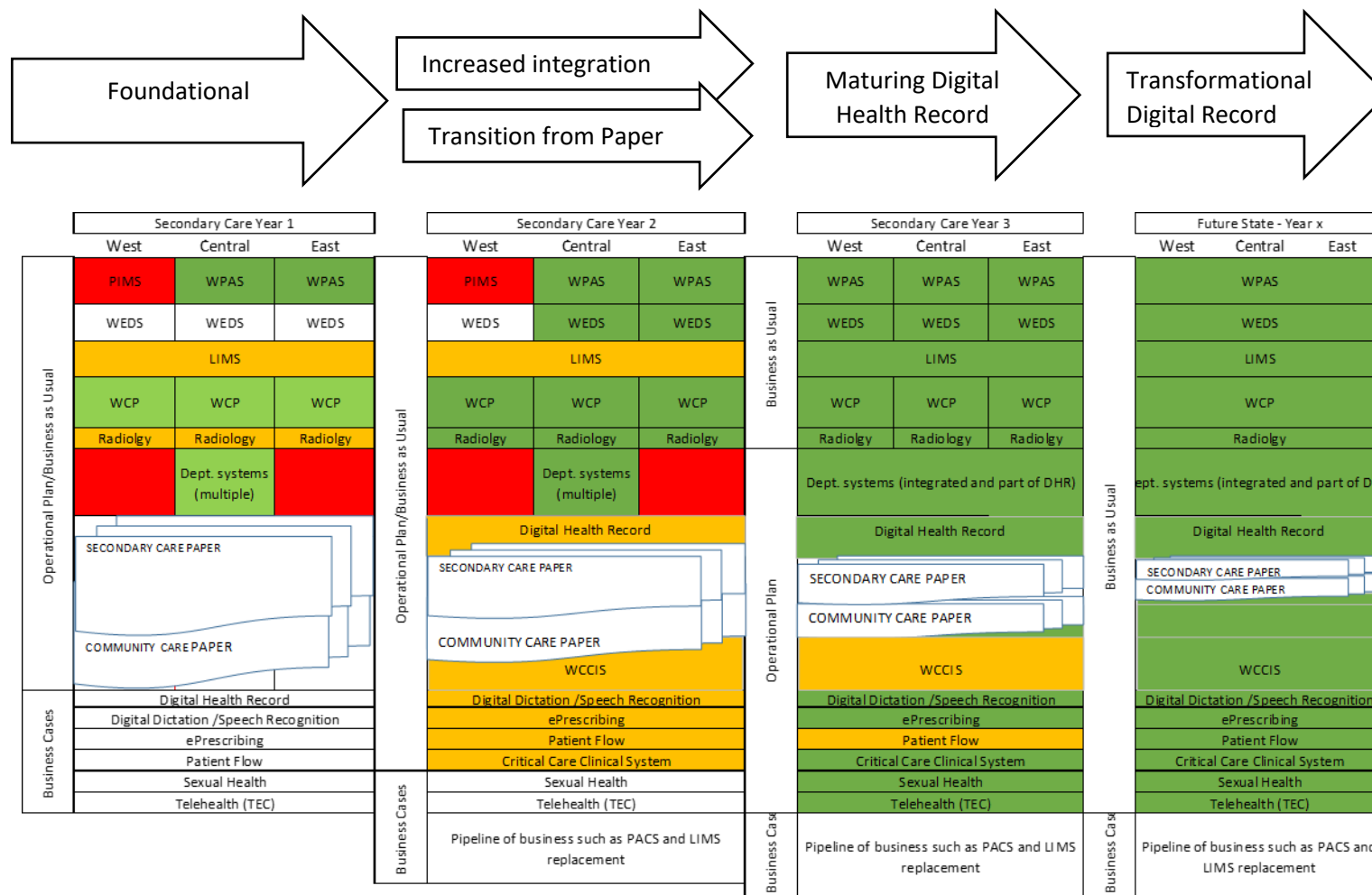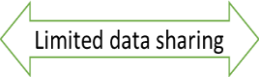
Figure 4 – Shift to unified Digital Service over time – Business Case to Delivery cycle and supporting "Excellent Hospital Care"

Figure 4 demonstrates how the majority of acute systems will be harmonised and support Excellent Hospital Care. However, this must be seen in a wider context of primary care and supporting the Care Closer to Home element of the Three Year Plan. In *Figure 5*, (Page12) the shift from separate silos of information is shown over the timeline of the plan. The key elements to note are defined below.

Secondary Care	This represents Figure 4 and acute care in particular and the journey to harmonise systems and processes whilst reduces the reliance on paper leading to a green status in year 3.	Limited data sharing	Communications between primary and secondary care exist but they are limited. Most referrals to secondary care from primary care are already electronic but until WPAS is rolled out completely the process will be manual in secondary care as the referral management has been designed to work with one PAS. Over the period communications will improve until all referral and discharge information is electronic and both secondary and primary care data will be accessible.
Primary Care	Primary care or GPs are already nearly fully digital (although North Wales will change suppliers and system during the next two years) hence the status of green.	Community	Community have limited IT systems and rely on paper. The green outlines indicate our commitment to WCCIS and it is seen as the main enabler for integrating health and social care.
Mental Health	Mental Health services transition acute and community. Although there are systems in use they are limited but the green outlines indicate our commitment to WCCIS	Gwynedd Môn Conwy Denbighshire Flintshire Wrexham	Local authorities do have IT systems for social care. Both Gwynedd and Môn have already implemented WCCIS. Other local authorities are at different stages of commitment to WCCIS and this figure illustrates potential phasing towards a single system. These social care systems are not currently connected to each other or health and WCCIS will be the enabler for this.

The shift from year 0, or current state, to year 3 shows the improving state of acute digital services together with a shifting of the traditional separated data silos found in community, mental health and social care to a more integrated model. The year 4 model shows a tightly coupled system that still has obvious inherent and necessary organisational boundaries. However, the sharing of data and information will no longer be a constraint to management or planning of services. The year 4 model allows professionals to work in their preferred systems e.g. GPs will primarily use GP systems but will be able to access secondary care systems should they need to. Similarly, community resource teams will use WCCIS but will be able to access wider data that is relevant to their role. At this stage care pathways, improved safeguarding and highly connected public health data become a reality.
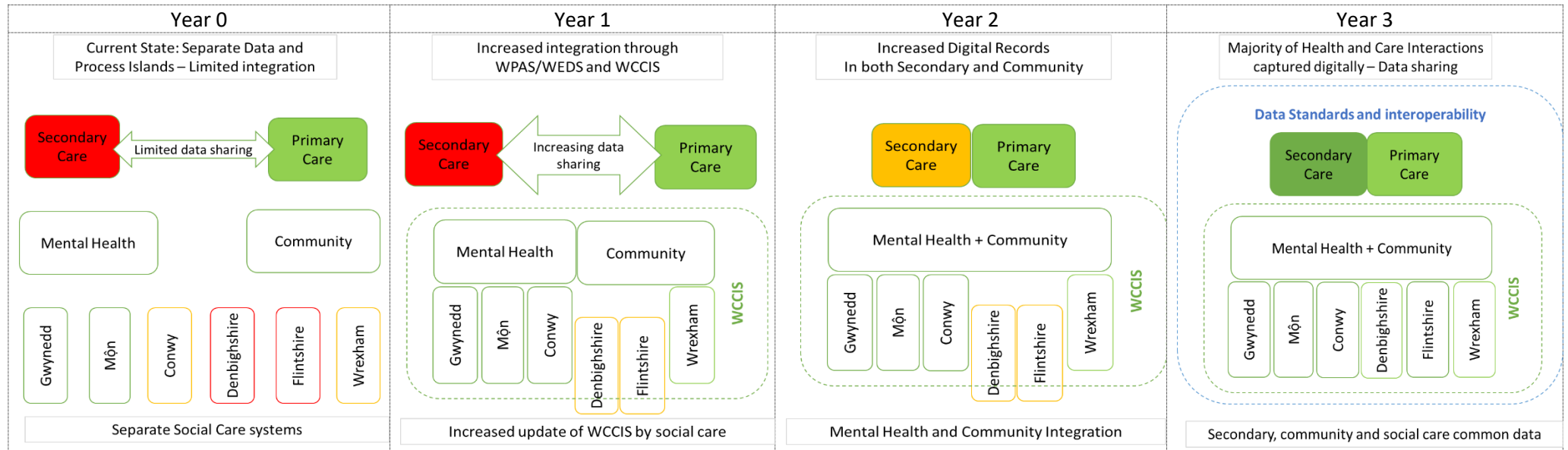
Figure 5: Illustration of Digital Journey and Future State – Unifying Data and Process islands
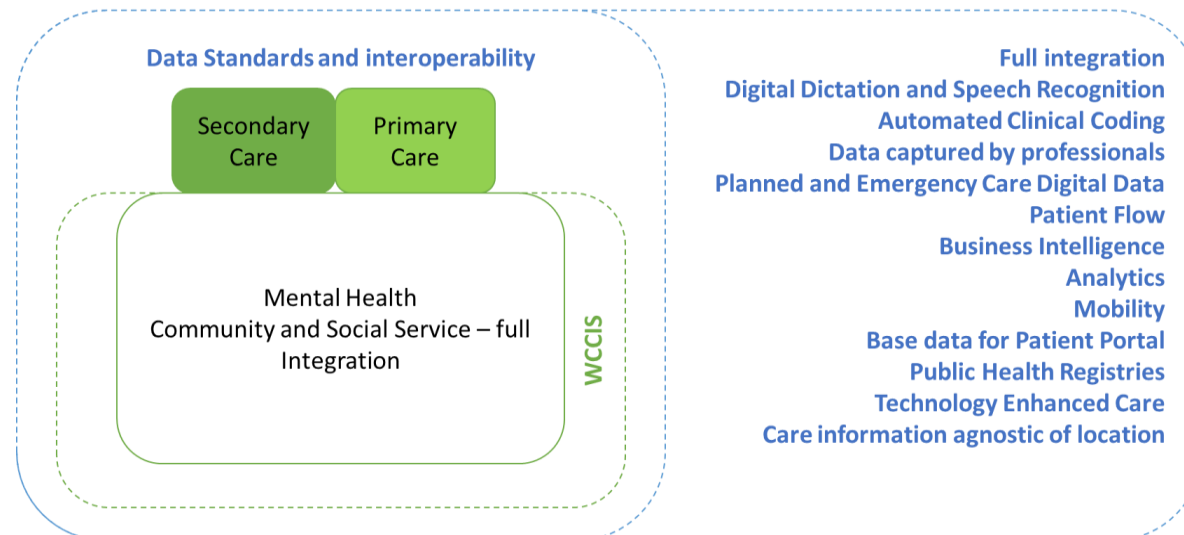
Delivery, Monitoring and Risks

The above figure shows a highly ambitious digital strategy but it is clearly a simplified view of a very complex programme. The health board currently manages in the region of 300 IT systems and each will need to have a plan for sustainability, development and business continuity.

Assurance against delivery of the strategy and the operational plan will be provided to the Board by the Information Governance and Informatics Committee.

The high level risks for the delivery of the strategy are outlined below.

Risk	Impact	Mitigation
Delays in delivery of national systems	This issue has been the subject of detailed public scrutiny and these delays have limited BCUs ability to move forward with modernising its services despite a clear commitment to the national strategy.	Positive recommendations from the imminent Informatics Governance and Architecture Reviews. Development of the local Digital Health Record ecosystems that will compensate for gaps in national systems but continue to share data using the national infrastructure and agreed standards
Increased and competing demand for technology	Competing demand and increased portfolios will spread existing informatics resource thinly and detract from the main pillars of the strategy.	Robust programme management and change control. The informatics service will not start additional projects or support new systems without an approved funded business case.
Staff unwilling to change ways of working	New technology investment will have limited benefit and not modernise services	Projects will include capacity for change management. Each informatics initiative will have a business sponsor and that workforce modernisation is a strong element of technology implementations. Chief Clinical Information Officer, Chief Nursing Information Officer and supporting Clinical Officer roles will be developed further to provide strong clinical leadership during transition to digital. The Digital Health Record programme will include the capacity to manage the transition arrangements from paper to digital.

For Planned Programme
Enter S - Project Start
Enter D - Design
Enter P - Procurement
Enter I - Implementation
Enter C - Project Close

R   Readiness

[L] = Local Solution

Informatics Five Year Plan

Category	Group	PROJECT	2018-19 Q4	19-20 Q1	Q2	Q3	Q4	20-21 Q1	Q2	Q3	Q4	21-22 Q1	Q2	Q3	Q4	22-23 Q1	Q2	Q3	Q4	23-24 Q1	Q2	Q3	Q4
DIGITAL ROADMAP	Acute EPR	[L] Paediatric Mobile Nursing Application (Chai) / Replacing Paper Nursing Documentation (N)	D	D	I	I																	
		[L/N] Improving Assurance of Results Management (Stopping Printing Results) - Dependent on National	D	D																			
		[L] Local Document Repository/Digital Forms (Exploration to Accelerate the Journey to the EPR). Phase 1 Business Case. Phase 2 Procurement and Implementation	D	P	P	i	i	i	i	i	i	i	i	i	i	i	i	i	i	i	i	i	i
		Welsh Patient Referral Service (National On-line Electronic Referral System also known as WAP)		D	D		D	D	D	I	I												
		Welsh Care Record Service Programme (National Repository for Information & Sharing Across Wales).	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I
		Welsh Clinical Portal (National Portal to Record and View Patient Information) - Extensions & Handover	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I
		Welsh Image Archive System (National Sharing PACS Images Across Wales C21:X21s - Yr2) - Support	D/I	D/I	D/I	D/I																	
		Welsh Results Reports Service (WRRS - National Repository for Results Reporting & Sharing Across Wales) -	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I	D/I
		Welsh E-Documents Reporting (National E-docs from within the WCP) - Hep-C.	D	I																			
		Welsh E-Documents Reporting (National E-docs from within the WCP) - Digitisation of Nursing Documents -	D	I	I																		
		[L] Digital Dictation Business Case. Approval and Funding (yr1). Funding dependent further work year 2 - 4	D	P	I	C																	
	Com, MH & S/Care	Welsh Community Care Information System (WCCIS) (National Integrated Health and Social Care System)	I	I	C	D	I	I	I	I	I	I	I	I	I	I	I	I	C				
	Core Systems	Welsh Hospital Electronic Prescribing and Medicines Administration System (WHEPMA)		S	D	D	D	I	I	I	I	I	I	I	C								
		Medicines Transcribing Electronic Discharge (MTED) - Recording medicines and adding them to a discharge	I	C																			
		Welsh Patient Administration System (WPAS) East (National PAS Implementation and Standardisation).	I	C																			
		Welsh Patient Administration System (WPAS) West (National PAS Implementation and Standardisation).	S	S	D	I	I	I	C														
		BCU Welsh Patient Administration System (WPAS) Data Migration (National PAS Implementation and Standardisation) . Phase 4							P	I	I	I	C										
		Welsh Emergency Department System (WEDS) (National ED System - Yr. 1 - Local implementation MPI interface. 2021 2022 work dependent on single PAS WEDS with full interfaces		S	S	D	I	I							D	I	C						
		GP Out Of Hours - Welsh System Implementation (All Wales 111 Service System Implementation)										S	D	D	D	D	D	D	C				
		Cancer Network Information System (Placeholder only subject to NWIS/ WG business case - CANISC Replacement)																					
		Sexual Health System (Placeholder only PHW priority Subject to National Businesss Case and Specification)																					
		Critically Ill - Clinical Information System for Wales (Placeholder only being lead by All Wales Collabolrative)																					
		Neopost Implementation. Supporting an Estates project for more efficent ways to send Mail and digital communications	I	I	I	I	C																
		[L] Legacy Systems Archive	D	P	I	C																	
DATA DRIVEN DECISION MAKING		[L] Local Data Warehouse expansion (New build\infrastructure refresh yr1 and further data acquisition yr. 2-	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	C	C
		Live ADT- organisation depending, mainstreaming real time dashboards	I	I	I	I	I	I	I	C													
		Mobile dashboard via Power BI (yr. 1 – 2 NWIS Dependent)	S	I	I	C																	
		Improved Demand and capacity modelling capability using latest technology and learning	D	D	D	S	I	I	I	I	I	I	I										
		[L] Patient Management Status Boards (e.g. red to green and inquests, including Bed Management)	D	D	I	I	I																

Category	Activity	Timeline (quarters across 5 years)
UNDERPINNING SERVICE TRANSFORMATION	Detailed annual architecture review and technology roadmap - Systems(yr. 1 to year 5)	D C _ _ S D C _ S D C _ S D C _ S D C _ _ S D
	[L] Expand on technology to track assets, patients, pharmaceuticals and resources (yr. 1 to yr. 2)	D I I I C
	Leverage the value of national systems via intelligent integration/stapling/context sharing. (yr. 1 to yr. 5)	D I I I I I I I I I I I I I I I I I C
	Portal to PAS stapling to view data in one place to drive clinical work/efficiencies. (yr. 2 qtr. 2)	
	BCU Standardisation to support the introduction of a single instance of WPAS	I I I I I I I I I I I I I I I I I I C
DIGITAL MOBILE	[L] Mobile Device Management Strategy, (Dependent on Publication of National Mobile Strategy Dev due	S D D D I I C
	Further Rollout of Skype for Business, (yr. 1 – 2)	I I I I C
	Single sign on including context sharing, (yr. 1 – 3)	I I I I D D I I I C
	Information Technology Self-Service web portal strategy and business case (yr1 qtr. 3)	C S/D I I C S/D I I C S/D I I C S/D I I C S/D I I C
MANAGING INNOVATION & EMERGING TECHNOLOGIES	Innovation management and delivery via technology funds (yrs. 1 – 5) (possible Cyber security yr. 1 - 2)	C S/D I I C S/D I I C S/D I I C S/D I I C S/D I I C
	Host a Centre for Health Innovation Challenges in BCU. In collaboration with Welsh Government and Industry. Note break point end of QTR1 2019 2020 is in place. This assumes not used.	D D I I I I I
DIGITAL INFRASTRUCTURE	Datacentre expansion and consolidation Wxm (Qtr. 2 YR 1), YG (YR 2 estate dependent)	I C S D I I I C
	Provision of support for Health Board Wide Estates Reconfiguration Schemes e.g. YGC Redevelopment	I I I I I I I I I I I I I I I I I I I I I I I I I I I I
	Development of ICT infrastructure monitoring and reporting systems (SCOM/ORION) (yr. 3)	S D I I I I I C
	Leveraging the benefits of licencing (yr. 2 – 5) (Microsoft Products)	S D I I I I I I I I I I I C
	Wide Area Network Transformation (PSBA) " spend to save" – Year 1 – yr3	I C
	Cyber security gap analysis and improvements for threat mitigation yr. 1 - 5	I D I I I D I I I D I I I D I I I D I I I
	Core Infrastructure upgrades/expansion/refresh - Network YR 1 – yr5	I D I I I D I I I D I I I D I I I D I I I
	IPT Telephony Programme Continuation . Migration of users to telephony system. Year 2 of a 5 year	I I I I I I I I I I I I I C
	Switchboard and paging system rationalisation	SD I I I
	Replacement of obsolete server operating systems (2003 / 2008)	I I I I I I I I I I I I I I I I C
	Strategy and Scope for Office 365 (yr. 1 -3)	D D I I I I I I C
	Migration towards cloud based hosting solutions (Microsoft and NWIS) (BI and Azure)	S D D I I I I I C
	Desktop Hardware Lifecycle.- Hardware Replacement Programme	C S/D I I C S/D I I C S/D I I C S/D I I C S/D I I C
WORKFORCE DEVELOPMENT, TRANSPARENCY, SUSTAINABILITY & STANDARDS	Place Marker - possible Provision of Training via Centre of Health Challenges	S D D I I
	Workforce learning and development (e.g. HWB, Mentoring Programme, Increased compliance)	S D D I I C
	Sound Financial Management (e.g. CIP projects)	S/D I I C S/D I I C S/D I I C S/D I I C S/D I I C
	General Data Protection Regulations	
	Place Marker - Repository for guidelines and self help	S/D D I C
	Safe Environment - New Ysbyty Glan Clwyd File Library	D/I I C
	Safe Environment - New Ysbyty Gwynedd Preparation Office	I I C

Figure 5 – Overall five year plan for Informatics

Appendix A - Glossary of key national systems used in the Figures 3 and 4

Welsh Clinical Portal (WCP)

The Welsh Clinical Portal is the centre piece for Secondary Care Professionals. It is a secure portal that brings together information about the patient that enables good decisions to be made. As new databases, applications or services are introduced this will be manifested in the WCP as enhanced functionality. It provides more comprehensive information about the patient and enables communication with other professionals involved in delivering their care, putting the patient at the centre of care.

Welsh Community Care Information Solution (WCCIS)

WCCIS is a national system for use by Adult Social Services, Children Social Services, Community and hospital mental health clinicians, community and hospital allied health professionals, community nurses and health visitors. The solution will bring together information for social and health care professionals who would otherwise provide care independently of each other.

Welsh Emergency Department System (WEDS)

WEDS is a national emergency department (A&E) system. It is a nationally agreed master services agreement with EMIS Health (formerly Ascribe) which can be called for by Health Boards as required. NWIS will be responsible for hosting the infrastructure, integration with other national systems, coordinating implementation projects and managing the national contract.

Welsh Laboratory Information Management System (WLIMS) Including Blood Transfusion and WTAIL

LIMS is a nationally hosted system that provides diagnostic services to Primary and Secondary Care settings.

Welsh Patient Administration System (WPAS – Myrddin)

The WPAS (Myrddin) is the system that provides the efficient management of people and resources in health care settings.

Strategy, Partnerships and Population Health
Committee

5.2.19

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

To improve health and provide
excellent care

Report Title:	Staff Engagement – NHS Staff Survey 2018 – Draft Organisational Improvement Plan and Divisional Improvement Plans
Report Author:	Nia Thomas, Head of Organisational Development
Responsible Director:	Sue Green, Executive Director of Workforce and Organisational Development
Public or In Committee	Public
Purpose of Report:	This paper sets out the draft NHS Staff Survey 2018 Organisational Improvement plan along with a summary of Divisional improvement plans.
Approval / Scrutiny Route Prior to Presentation:	The NHS Staff Survey Report 2018 has been shared with staff and the headlines considered by the Executive Team and Executive Management Group. The Staff Survey Report was reported to the Health Board in November 2018.
Governance issues / risks:	Involvement of staff in the development of improvement actions is critical to foster openness, transparency and full engagement. Support from senior managers is a continuing requirement in order to release and involve staff in engagement activities/workshops/3D events, enabling full engagement in further development of the draft improvement action plans
Financial Implications:	No direct implications
Recommendation:	The Committee is asked to: • Note the key results from the survey and the key messages therein. • Support the draft organisational improvement plan for further engagement with staff during February and March. • Note the Divisional improvement plans. • Delegate oversight of progress against the organisational and divisional improvement plans to the Executive Management Group/Workforce Improvement Executive Group with a further Board progress report to be submitted in September 2019.

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	WFGA Sustainable Development Principle *(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.)*	√
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 *Update paper – none required.*				

NHS Wales Staff Survey 2018 – Draft Organisational & Divisional Improvement Plans

1.	Purpose of report

To provide the Committee with a draft Organisational Improvement Plan along with high level improvement themes that have been identified within the Divisional Improvement Plans. The report also highlights the correlation with the overall staff engagement improvement work.

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.

3.	Development of the Organisational and Divisional Improvement Plans

3.1 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.

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 and as such, the Organisational Development team have engaged with and supported divisional managers to ensure divisional improvement plans have been drafted for further discussion with staff locally. .

A draft Organisational Improvement Plan is attached at Appendix 1. The plan focusses on the top three areas for improvement at an organisational level, these are:
1. Work related stress
2. Harassment, bullying or abuse
3. Executive Team visibility and engagement

The improvement plan has been developed from staff feedback given at the initial six engagement events held during December 2018 and from the narrative comments provided by staff within the qualitative part of the survey report. The detailed staff comments for the top three areas can be provided under separate cover upon request.

3.2 Development of Divisional Improvement Plans

Managers within divisions have engaged with staff locally to develop their local draft improvement plans (first drafts are attached at Appendix 2). Where engagement has proved difficult due to work pressures, divisions will provide staff with further opportunities during February to discuss local key themes along with the divisional draft improvement plan. Finalised plans will be developed and submitted to the Board in March 2019.

The table below identifies the high level themes for each division.

Division	Improvement Plan – High Level Themes
Area West	• Stress • Bullying & Harassment • Executive team visibility • Senior Leadership • Change
Area East	• Communication & Staff engagement • Staff Wellbeing • Senior leadership • Executive team visibility & Corporate vision
Area Central	• Wellbeing • Senior Management • Resources • Change Management • Communication
Secondary Care West	• Leadership and Management • Stress at Work • General – Car parking
Secondary Care East	• Values • Senior Leadership • Communications • Staff wellbeing • Resources
Secondary Care Central	• Staff Wellbeing • Line management development • Team working • Senior manager visibility • Values
Estates & Facilities	• Communication • Learning and Development

	• Change Management
Mental Health & Learning Disabilities	• Visibility • Values • Communication • Management of Change
Women's	• Developing Capability • Holding to Account
North Wales Managed Clinical Services	• Team working • Staff wellbeing • Improve PADR rates • Line & Senior Management • Diversity
Cancer Services	• Team working

3.3 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 has received six monthly updates on progress and achievements since the launch of the strategy. Some of the key elements of this work is listed below:

- **Roll out of the 'Proud of' campaign** including local 'Proud of' groups that come together to celebrate and share positive news.
- **Seren Betsi Star Award** – a monthly staff achievement award presented by the Chief Executive. The Seren Betsi Star Gold award was also launched at the Annual Staff Achievement Awards in 2018, where the 'Gold' winner was selected through a public vote, this is an overall winner, selected from all previous winners for that year.
- **3D Listening Methodology** – Discover/Debate/Deliver – is used widely to engage with staff in a variety of ways.
- **Staff Engagement Ambassadors** – support the 3D approach and are a critical part of the process.
- **Listening Leads** – are a vital link between staff on the ground and senior managers.
- **Values Based Recruitment** – Guidance on VBR has been implemented together with a suite of resources available on the intranet for managers.
- **The 'Proud to Lead' framework** has been embedded within the PADR process to align leadership qualities and behaviours to individual's objectives.
- **Adopting supportive and inclusive leadership styles** – a suite of senior leadership masterclasses were launched in May 2018 with the aim of bringing experienced, innovative and engaging speakers to North Wales. The programme supports senior leaders in developing their leadership capability, challenging mind-sets and provides insight into the latest research, practice and innovation in the field of leadership
- **Senior Leadership Development Programme** – a bespoke leadership development programme is currently in development, to be launched in early

2019. The programme supports the ambition of an engaging leadership style across the organisation by enhancing the capability of leaders to deliver results through engaging with their staff at an individual and team level.

3.4 ByddwchYnFalch/BeProud engagement survey tool.

As part of the staff engagement strategy it was identified the Health Board would need to invest in a mechanism to regularly measure staff engagement. 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 is 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 tool has two strands:
- Organisational level quarterly surveys of 25% of the staff within BCUHB.
- Team level surveys to improve engagement at local team/departmental 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; Unscheduled Care and areas of workforce productivity

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

There is an implementation plan in place to roll out the 'ByddwchYnFalch/BeProud' tool, some of the key steps to enable the first launch are detailed below:

Action	Target
Information Governance – Fair Processing Notice drafted and agreed to go out to all staff	25/1/19
IT Security forms completed	Achieved
Flyer/poster to be distributed to the organisation – ready for Welsh translation	25/1/19
First organisational survey ready for distribution	25/1/19
Second organisational survey to be distributed	End Q4 18/19
First Pioneer teams to be trained	End Q4 18/19

3.5 Engagement with staff

Further time to engage fully with staff is required and a programme of work to support divisions is planned for February and March 2019.

4.	Assessment of risk and key impacts

It is crucial that staff are involved in further developing the draft improvement plan and that there is a clear mechanism to provide feedback to all staff on the outcomes of workshops, in order to foster transparency and openness, therefore, meaningful engagement with staff is a priority and adequate time to engage fully with staff (i.e. 6 weeks' notice for release). Senior managers are engaged with the process and have developed draft divisional improvement plans. A share point site has been established to provide assurance and to enable divisions to edit and update their plans to ensure that actions and improvements are fully realised.

A continuous process for engagement is being established to provide real-time feedback and updates to staff on the outcomes of the survey. The 'You Said, We Did' approach will be part of this process together with regular updates/newsletters/briefings as appropriate. Engagement of trade union colleagues to support the process is also a key requirement for full engagement.

It is important to note that discussions are taking place currently at a National level to review how NHS Wales collates feedback from its staff. Historically NHS Wales has 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 to team and department 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. A workshop is being held on the 11th February 2019 which will look at the development of the new approach.

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.

5.	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.

A monitoring and performance mechanism is being developed and will be taken forward through the proposed Workforce Improvement Executive Led Group.

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

6.	Recommendations

The Committee is asked to:

- Support the draft organisational improvement plan for further engagement with staff during February and March prior to final submission to the Board in March 2019.
- Note the draft Divisional improvement plans.
- Note the national changes to the approach of collecting colleague experiences.

NHS Wales Staff Survey Theme	Baseline	2019/20 Target	Cross ref	Key Activites	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	Occuaptional 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)												
					reduction in reported instances of buyllying, harassment/abuse	Mandatory Training team						
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				x				

Question	Result	Target	Plan	Action	Expected Outcome	Responsible Team							
In the last 12 months have you personally experienced harassment, bullying of 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	x	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						

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Division / Team	Mental Health		**Division Lead**	Lea Marsden/Matthew Winter

THEME (please use a separate sheet per theme)	Management of Change

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
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

THEME (please use a separate sheet per theme)	Communications

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
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. | | | |

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Division / Team	Mental Health		Division Lead	Lea Marsden/Matthew Winter

THEME (please use a separate sheet per theme)	Values

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

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Division / Team	Mental Health		Division Lead	Lea Marsden/Matthew Winter

THEME (please use a separate sheet per theme)	Visibility of senior staff/Executive Team

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.		December2019	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 | |

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Division / Team	West Area	Division Lead	Ffion Johnstone

THEME (please use a separate sheet per theme)	Work Related Stress

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. Maria Roberts – Ologies Lowri - Matrons Sandra Jones– District nursing Louise Davies– Community hospitals Stuart Harmes– Therapies Liz Fletcher– Childrens Sue Murphy – Pharmacy	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.	30th December	Request for management support sent for inclusion in OMG and WALT 04/12/18
3	30/11/2018	**Communication** with line management to further understanding of the availability and use of wellbeing tools for use with	Line managers to be empowered to work with their staff to improve their	A more resilient workforce and lower sickness levels.	07th December	Collaborative working with occupational health to discuss ways

		staff. Link with Occupational Health to send a link to tools for line management use as well as booklets to provide to all staff.	wellbeing and reduce stress.			of promoting existing services in the West
4		Consider provision of wellbeing corners (modelled on those provided in secondary care libraries) 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	31/01/2019	

Divisional Staff Survey Action Plan 2018

Division / Team	West Area	Division Lead	Ffion Johnstone

THEME (please use a separate sheet per theme)	Bullying / Harassment / Abuse

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 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 – PharmacyA	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.	30th December	Request for management support sent for inclusion in OMG and WALT 04/12/18

3	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 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.	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 West Workforce in relation to Dignity at Work.
4	December 2018	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	

Divisional Staff Survey Action Plan 2018

Division / Team	West Area	Division Lead	Ffion Johnstone

THEME (please use a separate sheet per theme)	Executive Team Visibility and Engagement

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		Staff do not know who the Executive Team are

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 | 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. | 30th December 2018 | Request for management support sent for inclusion in OMG and WALT 04/12/18 |

3		**Posters** to be created to show a 'who's who of the Executive Team'	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	Collaborating with Comms team who are updating their executive team poster and will provide us with an electronic copy of this when it is ready for use in community hospitals and other settings. 03/12/18
4		Staff don't know if the executive team will act on the results of this survey. **You said – We did** documents	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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Division / Team	West Area		Division Lead	Ffion Johnstone

THEME (please use a separate sheet per theme)	Senior Leadership

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	Lack of knowledge around who senior leadership are and what they do: **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	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	30th December 2018	Request for management support sent for inclusion in OMG and WALT 04/12/18
3		Staff not agreeing that senior leaders understand what it is like to work on the front line.	Greater visibility of senior leadership team	Staff to better understand work of the senior leadership team and its connection to frontline services.	Newsletter to be issued January 2019	

	December 2019	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.	Staff to be thanked for their contribution	Staff to feel appreciated and recognised by the senior leadership team.		
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'	Roll out January 2019	
5	January 2019	High proportion of staff suffering from stress Launch of **'Proud of'** 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

THEME (please use a separate sheet per theme)	Change

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	Only 24% of staff agree that change is well managed in the organisation. Staff disagree that the reasons for change well communicated **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	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	30th December 2018	Request for management support sent for inclusion in OMG and WALT 04/12/18

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| 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 in the area. | 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. | 30th December 2018 | Request for management support sent for inclusion in OMG and WALT 04/12/18 |

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Division / Team	West Area		Division Lead	Ffion Johnstone

THEME (please use a separate sheet per theme)	General

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	Completed
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

Divisional Staff Survey Action Plan 2018

Division / Team	AREA CENTRAL	Division Lead	

THEME (please use a separate sheet per theme)	COMMUNICATION

Date Action Plan saved on SharePoint	

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1		Staff are released to attend face to face team briefing with senior managers on a monthly basis	All staff to attend a briefing at least once a quarter	Visibility of senior managers Opportunity for staff to feedback and make suggestions to improve service delivery		
2		Continuation of regular newsletters	Awareness of staff changes across the area. Awareness of areas of best practice and individual achievements of staff.	Greater engagement and awareness. Visibility of senior managers.		
3		Staff to be made aware of key departmental changes and team objectives	Shared understanding of the need for change and the actions being undertaken to improve patient care	Greater involvement and engagement. Improved patient care.		
4		Continue to promote good practice on social media	Increased public awareness of innovations and developments.	Greater recognition of staff and their role in patient care. Raised awareness of role and function of minor injury units preventing attendance at A&E.		

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Division / Team	AREA CENTRAL	Division Lead	

THEME (please use a separate sheet per theme)	CHANGE

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1		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 identify needs for change and raise with managers.	Increased engagement and better outcomes. Change is delivered in a more timely manner.		

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Division / Team			Division Lead	

THEME (please use a separate sheet per theme)	RESOURCES

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1		Ensure staff vacancies are filled with minimum delay	Regular teams operating together with a shared purpose	Reduction of stress Increased time available to support patients due to staff being aware of their roles and responsibilities		
2		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		
3		Empower patients family/friends to support patients while in hospital, home discharge and to remain at home	Reduced demand for hospital beds and happier patients	Responsibility for patients social wellbeing remains with family and friends		
4		Streamline documents	Review of documents to reduce duplication	Release staff for patient care tasks and greater job satisfaction		

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Division / Team	AREA CENTRAL	Division Lead	

THEME (please use a separate sheet per theme)	SENIOR MANAGERS AND LINE MANAGERS

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1		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		
2		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		
3		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.		
4		Organisation chart to be visible across the area	Staff able to recognise senior managers	Increased visibility and accessibility to staff		

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Division / Team	AREA CENTRAL	Division Lead	

THEME		STAFF WELLBEING

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1		Protected time to attend away days and team development events	Invitations extended to front line staff at all levels	Greater engagement with team objectives		
2		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		
3		Greater recognition of team achievements and what is going well	Awareness amongst staff of areas of best or improved practice and feedback from service users	Increased feelings of achievement and job satisfaction		
4		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		
5		Consideration of introduction of a wellbeing hour	Staff take time to recharge batteries and reduce fatigue and burnout	Endorses importance of staff living healthy and staying well		

Divisional Staff Survey Action Plan 2018

Division / Team	East Area		**Division Lead**	Rob Smith

THEME (please use a separate sheet per theme)	COMMUNICATION AND STAFF ENGAGEMENT

No	Action to Address	Benefit / Impact	Responsible Person	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	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	
2	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		28 February, 2019	

Divisional Staff Survey Action Plan 2018

Division / Team	East Area	Division Lead	Rob Smith

THEME (please use a separate sheet per theme)	STAFF WELL-BEING

No	Action to Address	Benefit / Impact	Responsible Person	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 understand from staff how to better support staff well-being			2019	
2	Improve staff well-being by better promotion of well-being tools and information			2019	
3	30% of survey respondents say they have been unwell in last 12 months because of work related stress. Organise workshops in partnership with OHU to better understand causes and look to support staff who feel stressed by work.	Staff better equipped to cope with stress and information taken from workshops to consider patterns of stress, key root causes and possible solutions		31 March, 2019	

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Division / Team	East Area	Division Lead	Rob Smith

THEME (please use a separate sheet per theme)	SENIOR LEADERSHIP

No	Action to Address	Benefit / Impact	Responsible Person	Target Completion Date	Progress / Review
1	Less than half of respondents agree that communication between managers and staff is effective. Senior Managers each to have a timetabled programme of site visits. Staff feedback will be added to the Area Management Group and managers will report issues raised and actions taken	Staff will feel senior managers are interested in their job roles and they are involved in improving communications		28 February,2019	

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Division / Team	East Area	Division Lead	Rob Smith

THEME (please use a separate sheet per theme)	EXECUTIVE TEAM VISIBILITY AND CORPORATE VISION

No	Action to Address	Benefit / Impact	Responsible Person	Target Completion Date	Progress / Review
1 2 3	69% of respondents did not agree that they know who the Executive Team are and 76% did not agree that they had a clear vision of where the organisation is going. Use the revised East Team Brief system to provide names of Executive Team and their portfolios Use the new electronic copy of the Executive Team poster when ready to circulate to community staff Work with Executive Team to produce a brief vision document to share across teams	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	

Division / Team	Cancer	Division Lead	Geraint Roberts

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THEME (please use a separate sheet per theme)	Team Working

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
1		Trust and shared objectives within teams. • 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 • Regular and visible senior team visits to all areas	• 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. Similarly the culture encourages team working and staff to challenge the status quo appropriately, in order to innovate and move the service forwards. • Information is shared with people whenever possible,	• 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 efficiently and effectively. • 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	July 2019	April 2019

				to help build understanding and innovation. .	is required of them, the boundaries in which they should work and are openly monitored		

Division / Team	Womens Directorate	**Division Lead**	Heledd Jones

Divisional Staff Survey Action Plan 2018

THEME (please use a separate sheet per theme)	Developing Capability

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

Divisional Staff Survey Action Plan 2018

THEME (please use a separate sheet per theme)	Holding to Account

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

THEME (please use a separate sheet per theme)	Leadership / Management approach.

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.	Staff contribution to key questions of: - 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	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.

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			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.			
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: 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)	31/01/2019	

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.	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 funding.	
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	*Renewed commitment to PADRs and associated processes.* 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%	This will assist in making improvements in: a) Managers making it clear to staff what is expected of them (Staff survey Q10b).	31/03/2019	

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			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 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.	b) Giving staff clear feedback on their work (Staff survey Q10c).		
7		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. 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	Improved sense of recognition	These interventions will aim to contribute to the measures that address the feedback from staff within the engagement event on *'how we can build on and improve trust and confidence to make BCUHB a great place to work'*.	30/08/2019	

		listening leads will be reiterated with a view to increasing the number further. 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. 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.				

Divisional Staff Survey Action Plan 2018

Division / Team	Ysbyty Gwynedd, Secondary Care	Division Lead	Hospital Director

THEME (please use a separate sheet per theme)	Stress at Work

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.	Staff contribution to key questions of: - 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?	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.

			- 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.				
3	03/01/19	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. 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.	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	

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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 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.	This intervention will aim to contribute to the measures that address the feedback from staff within the engagement event on *'what strategies can we use to tackle and reduce bullying, harassment and abuse from patients / service users'*.	This will assist in making improvements in those measures that relate to the experience of staff in respect of both relationships with line management and bullying & harassment.	30/08/2019	
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	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 *'how we can build on and improve trust and confidence to make BCUHB a great place to work'*.	Dependent on response of Estates and Facilities.	

		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 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	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. 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.	Improved sense of recognition	These interventions will aim to contribute to the measures that address the feedback from staff within the engagement event on 'how we can build on and improve trust and confidence to make BCUHB a great place to work'.	30/08/2019	

		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. 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.				

Divisional Staff Survey Action Plan 2018

Division / Team	Ysbyty Gwynedd, Secondary Care	**Division Lead**	Hospital Director

THEME (please use a separate sheet per theme)	General

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 dis-satisfaction. Discussions have commenced with an external company on support with understanding existing traffic flows, use made of public transport, signage and re-marking of existing car parks with a view to securing improvements.	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

Division / Team	Ysbyty Glan Clwyd/Abergele	Division Lead	Ellen Greer

THEME (please use a separate sheet per theme)		General			
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	
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	
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	Stronger action plan, ownership and accountability	
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	

Divisional Staff Survey Action Plan 2018

Division / Team	Ysbyty Glan Clwyd/Abergele		Division Lead	Ellen Greer	

THEME (please use a separate sheet per theme)		Values/Staff Well Being/Senior Managers/Line Managers			

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 April 2019	

Divisional Staff Survey Action Plan 2018

Division / Team	Ysbyty Glan Clwyd/Abergele		Division Lead	Ellen Greer		

THEME (please use a separate sheet per theme)			Senior Managers			

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		

Divisional Staff Survey Action Plan 2018

Division / Team	Ysbyty Glan Clwyd/Abergele	Division Lead	Ellen Greer

THEME (please use a separate sheet per theme)			Line Managers/Learning and Development/Team Working			
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	

Divisional Staff Survey Action Plan 2018

Division / Team	Ysbyty Glan Clwyd/Abergele		Division Lead	Ellen Greer

THEME (please use a separate sheet per theme)		Staff Well Being		

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 action plan by end of March 2019	
3	24.01.19	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. Spread learning to other staff groups if outcomes are different from feedback to other actions	More supportive working environment for medical staff	Support recruitment and retention of medical staff	On-going with AMD and Chair SMDSC	

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Division / Team	Estates and Facilities Division	Division Lead	Rod Taylor, Director of Estates and Facilities

THEME (please use a separate sheet per theme)	COMMUNICATION

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 Target Improvement – 20% to 50%	Improved patient outcomes Improved staff experiences (health and well-being) Improved overall performance Improved financial performance Financial efficiencies can be achieved as a result of high levels of staff engagement Positive impact	March 2019	Monthly Corporate/Divisional Local Team Brief Operational Meetings (Facilities/Operational Estates) Staff Side partnership/Communication Meetings Site Visits

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Division / Team	Estates and Facilities Division		Division Lead	Rod Taylor, Director of Estates and Facilities

THEME (please use a separate sheet per theme)	LEARNING AND DEVELOPMENT

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. Target Improvement – 42% to 50%	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

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Division / Team	Estates and Facilities Division	Division Lead	Rod Taylor, Director of Estates and Facilities

THEME (please use a separate sheet per theme)	CHANGE IN THE ORGANISATION

No	Date	Action to Address	Expected Outcome	Benefit / Impact	Target Completion Date	Progress / Review
3	20.12.18	Change in the Organisation is well managed	Improve how change is managed Target Improvement – 17% to 50%	Involving the right people in the development and implementation of change, ensures the right changes are made Assessing and addressing how change will affect staff via Equality Impact Assessments Staff are kept informed in order to adapt to the change, by ensuring they have the right information, training and support	March 2019	Compliance with the Organisational change Policy (OCP) Local consultations on service change Listening Leads 3D Ambassadors Staff Side Partnership / Communication meetings Statutory and Mandatory Training Programme Professional Development Programmes Career Development Plans Workforce Plans Staff Coaching and Mentoring

Divisional Staff Survey Action Plan 2018

Division / Team	North Wales Managed Clinical Services	Division Lead	David Fletcher, DGM

THEME (please use a separate sheet per theme)	Staff Survey: Directorate priority ranked themes – deep dive and identification of solutions

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.
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	

Strategy, Partnerships and Population Health Committee 5.2.19	**GIG CYMRU NHS WALES** Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care

Report Title:	**Reconnecting with the public – an update on public engagement**
Report Author:	Mrs Katie Sargent Assistant Director of Communications and Mr Rob Callow, Head of Engagement
Responsible Director:	Mrs Sue Green Executive Director of Workforce & Organisational Development
Public or In Committee	Public
Purpose of Report:	To provide the Committee with an update on the key public engagement activity and its impact since the last report in May 2018 and to outline future engagement priorities.
Approval / Scrutiny Route Prior to Presentation:	The Strategy, Partnerships and Population Health Committee has a key role in ensuring appropriate arrangements for continuous engagement are in place. The Committee is therefore, asked to provide scrutiny and comment on the recommendations outlined in the report.
Governance issues / risks:	There are no service specific risks associated with this report
Financial Implications:	There are no specific financial implications associated with this report
Recommendation:	For the Committee to **NOTE** the progress detailed in this paper.

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	**WFGA Sustainable Development Principle** *(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.)*	√
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 –	√	4.Putting resources into preventing	√

individuals, families, carers, communities - to achieve their own well-being		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
Reconnecting with the public and regaining the public's confidence" is one of the key priorities under the special measures improvement framework. This report outlines the work that has been undertaken to deliver on the expectations of Welsh Government.

Equality Impact Assessment
It is important that we seek and understand the views of representatives of those from protected characteristic groups and the seldom heard. This intention runs through all of our engagement plans and activities.

We have continued to engage with a wide range of groups and people to ensure we are listening and offer opportunities for them to influence services, strategies and policies.

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

Board/Committee Coversheet v10.0

	Reconnecting with the public – an update on public engagement

1.0	**Purpose of report**

1.1   To provide the Committee with an update on the key public engagement activity and its impact since the last report in May 2018 and to outline future engagement priorities.

2.0	**Introduction and context**

2.1   Improving public and stakeholder engagement is a key priority for the Health Board and this is reflected in our values, vision and strategic goals. Effective engagement with staff and the public is a priority area for improvement in the Special Measures Improvement Framework. It is also crucial that we involve people as we take forward the priorities outlined in our Three Year Plan 2019-22.

2.2   This update report gives an overview of the approach and designated public engagement activities being undertaken at both a corporate and Area level to work with communities and stakeholders to foster confidence in BCUHB and to help develop and improve our services in line with our Three Year Plan.

2.3   The Engagement Team is supporting the Board's genuine desire to work with our communities and partners to achieve a number of key outcomes:

- Reconnect with our communities and become a listening organisation;
- Improve public confidence and trust in the Health Board;
- Establish effective, innovative approaches to engagement; and
- Shift from "doing to" to "doing with".

3.0	**Special Measures**

3.1   In early 2018, Welsh Government published a second Special Measures Improvement Framework (May 2018 – September 2019) **Appendix A**. Within the Leadership and Governance theme there is an expectation that the Health Board continues to maintain a focus on engagement in order to build and improve relationships the public and work more closely with the Community Health Council. The impact of our engagement activity is being measured via a number of mechanisms including feedback from public and stakeholder surveys.

3.2 To monitor progress against this requirement, two public perception surveys have been undertaken - the first in November 2017 and a second in November 2018.

The purpose of the surveys is to:

- help provide a baseline of information about levels of trust and confidence in the Health Board;
- identify and monitor any changes in attitudes towards the Health Board;
- provide a measurement tool to establish whether our designated continuous engagement activity is impacting on how the general public view the Health Board so that weaknesses can be identified and we can act on feedback to alter our approach as necessary.

3.3 A total of 1,161 surveys were completed at the end of 2018. On the whole, little has changed in the findings between the two surveys. Current levels of engagement with BCUHB services remains high with the majority of respondents being aware of a wide range of services offered by BCUHB - over 70 per cent of respondents stated they were aware of all services.

Respondents have a good understanding of the role BCUHB has in delivering local health services (77 per cent), but still feel they are unable to influence or have a say in the health priorities and decisions taken (35 per cent stated no opportunity to influence to or have a say in the health priorities and decisions taken.) They don't feel able to make their voices heard - over 54 per cent either strongly disagree or disagree with the question *I feel that if I have a concern about my local NHS services I am able to express these and be listened to*.

Despite this, respondents appreciate the services provided, with many highlighting excellent care from NHS staff.

Throughout the findings from this year, respondents' priorities for improvement focus primarily on:

- The need for more consultation and active involvement with the public before decisions are taken;
- The need to be listened to: a clear demonstration that their voices are being heard and taken into account, for instance, many people expressed dissatisfaction with the handling of their complaint; and
- A desire to be involved, but not really knowing or understanding how they can be, or indeed believing that it will make a difference.

It is difficult to compare these responses to findings from other exercises as we have not found any evidence of other health organisations undertaking comparable exercises. Our surveys are focused on the perception of the organisation and its reputation as opposed to experience of using its services.

3.4   The detailed findings of the perception survey will be presented to the Executive Team for consideration and recommendations for action.

3.5   Addressing these areas of public concern will require continued listening to our communities and stakeholders, and demonstrable action in response. Our engagement approach will need to develop and grow to reflect the expectations of our communities.

3.6   Through continuous engagement and open dialogue we aim to build a culture of transparency and trust. Being open about the challenges facing the local NHS and involving staff, local people and stakeholders in identifying solutions are fundamental in delivering high quality, safe and sustainable services that meet local needs.

3.7   To supplement the findings from the public survey, we have also undertaken two surveys of partner organisations to find out about how we are viewed as a partner. The first one was completed in late 2017 and the second a year later.

The main objectives are to:

- Provide the Health Board with a better understanding of how relationships with stakeholders have changed over the last year; and
- Identify ways the Health Board can help to build on these relationships going forward.

The research involved senior stakeholders from local authorities, the third sector, social housing and other health organisations. 22 telephone interviews were completed in the 2017 study with a slight increase of 25 participating in 2018.

3.8   Whilst some of the themes emerging from the interviews remain the same as the findings from 2017, for example improved partnership working with meaningful collaboration and involvement, there have been some areas of improvement.

3.9   There is a feeling that new ways of working and improved communications have improved stakeholder relationships. In particular a better understanding of BCUHB's 10 year vision and strategic priorities has been gained. This is discussed further in section 4.0

4.0	**Living Healthier, Staying Well**

4.1   The Health Board's 10 year strategy for improving health, well-being and healthcare in North Wales was approved by the Board in March 2018.

4.2   Feedback from the recent stakeholder telephone survey showed that our engagement on the strategy has so far been well received. Almost all of the stakeholders interviewed were aware of our *Living Healthier, Staying Well* strategy with several stating that they were already integrating it with or basing their own strategies upon it. Not only does this highlight the importance of

developing our strategic aims and vision with stakeholders, it demonstrates how this approach to engagement and involvement has enabled partners to evaluate how their organisations can support the delivery of our shared aims. Over half the stakeholders interviewed say that their relationship with BCUHB has strengthened over the last year.

4.3   Translating the strategy into delivering improved services will however require continuous and meaningful engagement. It is clear that people care passionately about the services they receive, and want to influence and be involved in how care is delivered.

4.4   The broad, overarching aims detailed in *Living Healthier, Staying Well* have been developed into more focused deliverables in the Three Year Plan 2019-22. For example, priorities for the Health Inequalities and Improvement Transformational Group include: reducing smoking; maintaining a healthy weight; immunisation; and improving the health of those living in areas of poverty and disadvantage. To ensure we understand the barriers and the opportunities that impact on people, a robust engagement programme is being developed which will inform the delivery plans.

4.5   Engagement activity on the developing model of Health and Wellbeing Centres – part of the Care Closer to Home workstream - across North Wales is also being planned. This work is aimed at providing a wider health and wellbeing offer at community level and reducing the pressures facing hospital emergency departments.

4.6   It is recognised that some workstreams may result in major service redesign and possibly formal public consultation. If this is the case, it is important the Health Board has undertaken meaningful pre-engagement with our stakeholders and the public in order to clearly describe our challenges and the share thinking around solutions. Through taking time to engage and listen, a number of positive benefits can be achieved:

- Having conversations about challenging issues at an early stage improves our reputation as being open and wanting to listen;
- Ideas around solutions to service challenges can be worked through together;
- Stakeholders and the public will see their input has both been listened to and acted on, building confidence in our responsiveness;
- The continuous engagement approach reduces the likelihood of legal challenge if the Health Board does undertake formal consultation; and
- It improves and maintains accountability and transparency with the public and stakeholders.

4.7   The above points will be the driving principles underpinning our engagement approach as we progress this work.

5.0	Wider Public and Stakeholder Engagement Activity

5.1   Since the last report in May 2018, a comprehensive range of public and stakeholder engagement activity has continued across North Wales. There has been a balanced focus on both the wider community and seldom heard groups. Below are a few examples of the engagement activities undertaken.

5.2   **Healthcare Engagement with agricultural workers in North Wales**

Since the engagement events at both St Asaph and Ruthin livestock markets referenced in our last update, we have continued to engage with farming communities about access to health services and particularly men's health and wellbeing.

Why agricultural workers? People working in agriculture are not only at risk of experiencing high rates of fatal injury, agriculture is one of the sectors where workers experience mental health issues leading to highest risk of suicide. There is limited detailed information on health outcomes in rural areas of North Wales, particularly regarding the health needs of farming communities.

In November 2018 the engagement team went to Bryncir Auction Centre to talk to farmers about their health priorities. We were supported by the Public Health Wales screening team and made contact with 15 farmers, talking about a range of health issues including bowel screening.

The Dolgellau Outpatients Team also attended and took 50 patients' blood pressure, with many being advised to seek further guidance from their GPs.

A detailed programme of engagement is now being developed to take this work forward with the Central and West Area teams and partners including Farming Connect and young farmer's networks.

5.3   **Live Lab**

We have been working with the Office of the Future Generations Commissioner and Public Health Wales to pilot a new service improvement approach called Live Lab. A Live Lab is a creative process used to:

- bring about significant improvements in well-being in local areas;
- explore complex problems and opportunities from the perspective of future generations;
- challenge the "business as usual" approach; and
- test ways of delivering significant changes in policy design and service delivery.

The theme being explored by BCUHB is childhood obesity and the opportunities and challenges of maintaining a healthy lifestyle.

Using this methodology a citizen's event took place in November in Llanrwst where local people and a group of high school children were invited to give their views on the opportunities and barriers to healthy lifestyles.

A stakeholder workshop was then held in December which focused on developing the insight from the community event and exploring the long term data from across Wales, the UK and the world and how this links to evidence of what works.

A third event is being held in the new year to identify potential solutions and actions that can be delivered at a local level.

The Future Generations office plan to use the lessons learned from working with BCUHB to develop their Live Lab model and offer it to other organisations.

5.4   **Outpatients**

During autumn 2018, a programme of engagement was undertaken to better understand the reasons patients miss outpatient appointments and the barriers often experienced by people who try to rearrange their appointments. We launched a social media survey which attracted over 700 responses. This was complemented with face to face surveys at outpatient clinics.

The issues people raised included:

- patients did not receive a follow up appointment or the letter detailing the appointment time and date arrived after appointment date;
- limited detail of text reminders e.g. "*it doesn't state which clinic it is for; I attend several different outpatient clinics*"; and
- difficulties trying to telephone the Health Board to rearrange appointments. "*Too late notice. I rang the morning of the appointment a few times to let them know that I was unwell and wouldn't be able to attend. Eventually time was pushing on and I ended up leaving an answer phone message*".

This useful feedback is now being used to help inform the service improvement programme.

5.5   **High visibility and reconnecting with the public**

A key priority for the Health Board is to be more visible in our communities and to build a strong reputation. We have continued to attend a wide range of high footfall events attended by members of our communities. In the latter part of 2018, we attended the Denbigh and Flint, Merioneth and Anglesey shows. We also attended the Mold and Llangollen Food Festivals and the National Armed Forces day held in Llandudno.

An important part of attending these events is to provide opportunities for our staff and departments to promote their services, support national campaigns and

show a human side to members of the public. Examples of partner services and organisations involved were: C.A.L.L helpline; Public Health Wales; I CAN – Mental Health; recruitment; pharmacy; Arts in Health; and primary care.

We collaborated with partners at these events e.g. at the Armed Forces Day, North Wales Bowel Cancer Group and Cancer Research Wales shared our space. The Health Wise Wales team joined us at a number of events and during August and September they signed up nearly 1,200 people to the research programme, leading the way in Wales.

5.6   **Engagement Practitioners Forums**

The engagement team have now established three engagement practitioners' forums across North Wales. This network of largely public and voluntary sector engagement professionals share information and good practice, identify opportunities for collaboration, reduce duplication and pool resources.

The forums are also about sharing common challenges, highlighting concerns and supporting each other.

All the forums has been very well attended and feedback from stakeholders has been very positive. Although each forum is developing and identifying its priorities, there is a general feeling that these new networks will provide real added value to delivering shared learning and collaboration.

5.7   **Service user and carer involvement – Mental Health**

We have continued to develop our approach to co-production as we work towards ensuring that people with experience of mental health issues are treated as equal partners.

Through Caniad, service user and carers are represented at every level of implementation of the *Together for Mental Health in North Wales* strategy, enabling people with a lived experience to hold the Local Partnership Board to account on its progress.

Highlights during 2018 include the introduction of Value Based Interviewing, which has seen service users and their carers sitting on interview panels for jobs at the Health Board.

A Triangle of Care approach to carer engagement and support has been piloted in Specialist Rehabilitation Services, with agreement to roll this out across BCUHB's Mental Health and Learning Disabilities Division. Carer champions groups have been established to share good practice, and Caniad patient surveys on inpatient wards are helping to capture real time feedback to drive service improvement.

The 'Together for Recovery' initiative has seen mental health rehab staff and patients working together to inform service development. Service users and carers are also playing an active role in the co-production of a 'Sexual Safety' policy for mental health services, and a consultation on a new uniform policy for BCUHB's mental health staff.

5.8   Dementia Services

The Engagement Team has been supporting BCUHB's dementia pathway and older people's service improvement programme. Working with the Consultant Nurse for Dementia, the team helped to facilitate engagement sessions across North Wales where older people were invited to tell their stories and experiences. Patient stories were captured at these sessions and will be used to inform improvements to patient experience.

A positive outcome from the team's involvement in this work was the attendance at the North Wales Dementia Friendly Reference Group in Mold hosted by The Alzheimer's Society. The group appreciated the opportunity to share their experiences with the Health Board and sent the East Area Engagement Officer a letter of appreciation and invited her to attend future sessions. This will provide additional opportunities for BCUHB services to engage with service users and carers.

5.9   Community Engagement

In addition to the above examples, the Health Board has continued to maintain relationships with community groups and partners. The engagement team in particular routinely supports third sector networks and forums and collaborates on engagement activities. For example, in January and February we are hosting a number of partnership health and wellbeing drop in events across Anglesey and Gwynedd.

We are continually looking to develop our engagement to understand the health priorities of seldom heard groups. We have been improving engagement with Syrian refugees; linking with the Modern Slavery Forum and Black History Month projects. We are also working with North Wales Gypsy Traveller Strategy Forum to improve services for the travelling community.

The Team supports our services to engage the public and stakeholders on specific programmes and services improvements.   Examples in 2018 include running 'Have your Say' sessions in a number of GP practices and community hospitals. We also supported the 50+ Action group in Flintshire who organised an International Older People event, which was held at Connah's Quay Civic Centre.

We supported Caia Park Health Improvement Team in Wrexham which included a family adventure walk and attended the *Cartrefi Conwy Fun Day* in Eirias Park where we promoted Choose Well and piloted an educational board game. The

aim of the game was to raise awareness with children and parents of the options available to people are unwell.

6.0	**Planned activity for 2019**

6.1 Engagement on the transformation programmes aligned to the Three Year Plan will be a priority during 2019. As these work streams progress, engagement on any significant service redesign will be delivered, particularly in the areas of stroke, rheumatology, orthopaedics and other identified priorities.

6.2 We will continue to develop engagement programmes to understand the health priorities of seldom heard groups, in particular people from rural isolated communities and the adult working population. We will need to take account of the findings from the Equalities and Human Rights Commission report "*Is Wales Fairer? (2018)"* to ensure we address any gaps and areas of health inequalities.

6.3 Maintaining the profile and importance of ongoing engagement is important and we will explore more opportunities for staff to get involved in engagement activity. The National Eisteddfod will be hosted in North Wales in the summer so we plan a presence there. This will be a great opportunity to showcase our services, raise awareness of health issues, collaborate with partners and engage with communities.

7.0	**Recommendations**

7.1 For the Committee to **NOTE** the progress detailed in this paper.

Strategy, Partnerships and Population Health Committee 5.2.19	**GIG CYMRU NHS WALES** Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care

Report Title:	Welsh Language Standards Update
Report Author:	Mrs Eleri Hughes-Jones, Head of Welsh Language Services
Responsible Director:	Ms Teresa Owen, Executive Director of Public Health
Public or In Committee	Public
Purpose of Report:	To update the Committee on the Welsh Language Standards following the Health Board being issued with the final compliance notice in line with the Welsh Language (Wales) Measure 2011. The Welsh Language Standards are set out within the attached document.
Approval / Scrutiny Route Prior to Presentation:	Welsh Language Strategic Forum
Governance issues / risks:	Since receipt of the initial regulations, resources have been targeted to establish the most effective mechanism to performance manage the delivery of the Welsh Language Standards Work Programme across all areas, as well as measuring outputs/outcomes. The risk of failure to achieve compliance is identified within the Welsh Language Services Risk Register.
Financial Implications:	The report does not generate any explicit financial implications. Any breach in Welsh language legislation carries a potential financial penalty of up to £5000. In view of the mitigating actions implemented to address the Standards, it is unlikely that the Health Board would be placed in this position. However, this should be noted for information.
Recommendation:	The Committee is asked to note the report and the work undertaken to achieve compliance with the Standards.

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	**WFGA Sustainable Development Principle** *(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.)	
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
N/A

Welsh Language Standards Update	

1.	Introduction

1.1 The Welsh Language Commissioner (the Commissioner) issued the Health Board with its Welsh Language Standards Compliance Notice on 30 November 2018.

1.2 This places a legislative requirement on the Health Board to comply with the Welsh Language (Wales) Measure 2011 through the form of Welsh Language Standards.

1.3 The legisaltion gives the Welsh language official status in Wales, with the Welsh langauge not being treated less favourably than the English language.

1.4 The Commissioner held a consultation period from August 2018 – October 2018 on a set of draft Welsh Language Standards and the Health Board presented information and raised concerns regarding five specific Standards. Concerns were raised regarding the inability of systems to record language choice and this has been reflected in the final Compliance Notice. However, evidence provided regarding the other areas of concern did not affect the outcome of the Standards imposed on the organisation.

1.5 The Health Board now has 6 months to ensure compliance with the Welsh Language Standards.

2.	What this means for the organisation

2.1 There are 121 Standards in total, with four main areas of compliance:

- Service Delivery Standards
- Policy Making Standards
- Operational Standards
- Record Keeping Standards

2.2 The Standards relating to service delivery are an extension of our current practice under our Welsh Language Scheme, predominantly focusing on services provided to the public.

2.3 The Policy Making Standards ensures that Welsh language is taken into account in the development or revision of any policy, strategy development and service changes. Work has been undertaken to review and update accordingly.

2.4 The Operational Standards poses the most challenge as the new legislation gives individuals (which includes staff) the right to receive services in Welsh. In order to address this, the *Health Board Wide Procedure on Using Welsh Internally* has been developed and approved.

2.5 The Record Keeping Standards stipulate that the Health Board must report annually on specific areas to demonstrate the extent to which it has achieved compliance during each reporting year.

2.6 If non-compliance is identified, the Commissioner will undertake an investigation, presenting the final conclusions in a written report. If adequate action is not taken to address shortfalls, the Commissioner will be able to impose a civil penalty of up to £5000 on the organisation.

2.7 Further adverse effects on the organisation would be unnecessary negative media attention leading to potential reputational damage to the Health Board.

3.	Current Position

3.1 <u>Scoping our position</u>

Work has been ongoing over the past two years to prepare for the implementation of the Standards. In order to gain a detailed perspective of our compliance, our initial RAG rating undertaken in 2016 highlighted a number of areas of concern, demonstrating that action was required imminently to address shortfalls. By November 2018, the compliance landscape had improved significantly as demonstrated below, and since being issued with our final compliance notice, further work has been undertaken to improve compliance:

Status	The number of standards within this category			Comments
	October 2016	November 2018	January 2019	
Green	69	88	90	Fully compliant.
Amber	61	29	27	Partly compliant, with only minor amendments required to transform processes into actions.
Red	44	6	4	Actions are in progress to address non-compliance.

3.2 <u>What we have in place to ensure delivery</u>

3.2.1 Our *Welsh Language Strategic Plan* has been developed to ensure delivery, focusing on three key dimensions:
- Behavioural Change in the form of Training, Corporate Identity and Communicating Key Messages;
- Strategic Intervention in the form of Workforce Planning, Service Delivery and incorporating requirements into ICT Systems;
- Securing Performance in the form of Frontline Provision, Governance and Identifying Good Practice;

This plan has set the strategic direction for the organisation and provides a vision for promoting and advancing Welsh language provision, outlining a key focus to delivering an 'active offer' approach to service planning and delivery.

3.2.2 The Strategic Plan is supported by a *Welsh Language Standards Work Programme* which is a detailed action plan outlining how we develop our services in line with the Standards and the Welsh Government's Framework for Welsh Language Services in Health, Social Services and Social Care, *More than just words*. A performance matrix has been established to monitor its progress and highlight potential non-compliance.

3.2.3 Mainstreaming these specific requirements into operational planning and delivery has been identified as a way forward to mitigate associated risks and address shortfalls. A Welsh Language Standards Project Management Group (PMG) with structured Terms of Reference, Monitoring Controls and Risk Register, has been established as an implementation forum to drive forward the delivery of the Standards, with membership consisting of representatives from key services within the Health Board.

4.	Areas of Possible Risk

4.1 Despite progressing actions to address possible non-complinace, attention must be drawn to some of the challenges that we are still facing. These concerns predominantly relate to lack of Welsh speaking staff to deliver training and courses within specialised areas, and translation capacity.

4.2 However, we are currently working with the affected services to establish assessments and mechanisms that will assist us going forward:

Standard	Mitigating actions
Standard 19: When you telephone an individual you must: • ask whether they wish to receive telephone calls from you in Welsh • keep a record of that wish, and • conduct telephone calls from then onwards in Welsh	• Specific workstream focusing on frontline services allocated to PMG members as action for the next 2 months • Information being gathered regarding capacity and linguistic ability • Reception Services course developed and to be delivered by the Health Board's Welsh Language Tutor following identification of shortfalls • Frontline posts identified as Welsh Essential within the Bilingual Skills Strategy
Standard 25: If you invite an individual to a case conference which will be held 5 or more working days after the invitation is sent, you must: • ask whether they wish to speak Welsh at the case conference • inform that you will conduct the	• Standards 23 and 24 requires Health Boards to develop an inpatient policy for identifying language choice and Standard 25 will be considered during the development process • Working with Associate Director of Quality Assurance to address taking this work forward • Discussions required with local Discharge

conference in Welsh, or if necessary provide a translation service from Welsh to English and from English to Welsh • conduct the conference in Welsh or, if necessary, provide a simultaneous or consecutive translation service from Welsh to English and from English to Welsh	Liaison Teams to assess need and potential impact
Standard 37: If you produce a document (but not a form) which is available to one or more individuals, you must produce it in Welsh: • if the subject matter of the document suggests that it should be produced in Welsh, or • if the anticipated audience, and their expectations, suggests that the document should be produced in Welsh. *This would include Board and Committee papers*	• Discussions held with the Office of the Board Secretary regarding development of formal assessment to identify anticipated audience • Cycle of Business to be reviewed accordingly • Advance notification to Translation Team to forward plan workload • Continuous review of public documentation and papers
Standard 63: If you offer an education course to one or more individuals, you must • undertake an assessment of the need for that course to be offered in Welsh • offer that course in Welsh if the assessment indicated this	• Work ongoing via PMG to develop an assessment to determine whether courses should be offered in Welsh • Initial assessment has been developed by the Self-Care Team in the West Area which is being used as a template for measuring whether this is sufficient in view of the Standard • Discussions being held with individual services to identify gaps

5.	Next Steps

5.1 We are confident that we have the necessary plans in place to deliver the Standards with the strategic input setting the framework for this work.

5.2 In order to ensure that these are reflected and implemented on the ground, we need operational engagement within each service in order to:
- mainstream requirements of the Standards in to local and wider operational plans
- ensure that requirements are included and addressed at all departmental/service area/management team meeting
- develop and implement local action plans to address any shortfalls

5.3 The Welsh Language Team will provide support and guidance, however, ownership and engagement is required within specialised areas to take this work forward.

6.	Recommendations

Members are asked to:

- note the report and ongoing work in relation to delivery of the Welsh Language Standards.

Welsh Language Standards

The Welsh Language Standards Regulations 2018

under the Welsh Language (Wales) Measure 2011

Content	Page

Foreword

The Welsh Language (Wales) Measure 2011 was approved by the National Assembly for Wales and was given royal assent on 9 February 2011.

This legislation gives the Welsh language official status in Wales, and reinforces the principle that the Welsh language should not be treated less favourably than the English language in Wales.

The Measure also:
- created the procedure for placing duties on organisations in the form of Welsh Language Standards ("the Standards")
- established the role of the Welsh Language Commissioner ("the Commissioner") to scrutinise compliance
- gave the Commissioner power to investigate any allegations of interference with someone's freedom to use the Welsh language

This document has been produced in accordance with the requirements placed on the Health Board under the Welsh Language Standards, Section 26 of the Welsh Language (Wales) Measure 2011.

Section 26 of the 2011 Measure enables the Welsh Ministers to specify Standards, and Section 39 enables them to provide that a Standard is specifically applicable to a person by authorising the Commissioner to issue a notice of regulatory compliance.

A notice of regulatory compliance was placed on Betsi Cadwaladr University Health Board on 30 November 2018, in the form of Standards. The Health Board is required to comply with all Standards specified within this document.

Service Delivery Standards (Standards 1 – 68)

These Standards focus on the use of Welsh when delivering services, and to ensure that the Health Board does not treat the Welsh language less favourably than the English language as it provides services for the public in North Wales.

1.   Written Correspondence (Standards 1 – 7)

1.1   Members of the public have the right to correspond with the Health Board in Welsh or English, and all correspondence, whether by letter or e-mail, will be answered in the language it is received.

1.2　　When you correspond with an individual for this first time, you must ask whether they wish to receive correspondence in Welsh. (Their language preference must be recorded and acted upon when corresponding with them from then onwards).

1.3　　When the language preference is not known, then correspondence must be sent out bilingually.

2.　　Telephone Greetings　(Standards 8 – 20)

2.1　　The Health Board must be able to deal with telephone calls from the public in Welsh if that is their wish. This will be done by:
- Greeting the person in Welsh.
- Informing the person that a Welsh language service is available
- Dealing with the call in Welsh if possible, or
- Transferring the call to a Welsh speaking colleague.

2.2　　When publishing telephone numbers, it must be stated that calls are welcomed in Welsh.

2.3　　Keep a record of the person's wish to speak Welsh, and conduct telephone calls with them in Welsh from then onwards.

2.4　　Ensure that all answer machine messages are bilingual, with the Welsh message first.

2.5　　Any automated telephone systems that you have must provide the complete automated service in Welsh.

3.　　Meetings (that are not open to the general public) (Standards 21 – 22)

3.1　　When arranging meetings with one person or more than one person, you must offer to conduct the meeting in Welsh.

3.2　　If you are informed that the individual/individuals wishes for the meeting to be conducted in Welsh, or wishes to use Welsh at the meeting, then simultaneous translation service must be arranged.

4.　　Inpatient Services (Standards 23 – 24)

4.1　　You must ask an inpatient on the first day of their admission if they wish to use the Welsh language to communicate with you during the inpatient admission.

4.2   If the inpatient informs you that they wish to use Welsh during admission, you must identify to your staff of their wish to communicate in Welsh during their admission.

4.3   You must adhere to the *Inpatients' Welsh Language Policy** on how to establish whether an inpatient wishes to use the Welsh Language during an admission if they are unable to inform you of their wish. **currently in development stage*

5.   Case Conferences (Standard 25)

5.1   If you invite an individual to a case conference which will be held 5 or more working days after sending an invitation, you must ask whether they wish to use the Welsh language at the case conference, and

5.2   Inform that, if necessary, you will provide a simultaneous translation service

6.   Meetings that are open to the public (Standards 26 – 30)

6.1   If you arrange a meeting that is open to the public you must state on any material advertising it, and on any invitations, that anyone attending is welcome to use the Welsh language at the meeting.

6.2   You must send out the invitations bilingually, with the Welsh appearing above or to the left of the English version.

6.3   You must ask any speakers whether they wish to use the Welsh language and provide a simultaneous translation service from Welsh to English at the meeting.

6.4   Any written material at the meeting must be displayed bilingually.

7.   Public events (Standards 31 – 33)

7.1   If you organise a public event, or fund at least 50% of a public event, you must ensure that, in promoting the event, the Welsh language is treated no less favourably than the English language. This includes the displaying of any materials.

7.2   Any publicity or advertising material that is produced must be produced in Welsh and in English treating the Welsh version no less favourably than the English version.

7.3   Any material that is produced and displayed in public must be displayed in Welsh and you must not treat any Welsh language version of the material less favourably than the English language version.

8.   Producing and Publishing Documents (Standards 34 – 38)

8.1   If you produce a form or any publication that will be available to the public, you must produce it bilingually. The only exception to this will be if the technicality of the production is too complicated to allow this to be achieved e.g. maps or plans. In these cases Welsh and English documents will be issued simultaneously, distributed together and be equally accessible and both versions will include a bilingual message that the version is also available in the other language.

8.2   If you produce a document, which is available to one or more individuals, you must produce it in Welsh if the subject matter of the document suggests that it should be produced in Welsh or if the anticipated audience and their expectations suggest that the document should be produced in Welsh.

9.   Website, Social Media, Apps (Standards 39 – 46)

9.1   The Health Board must ensure that its website is fully bilingual including:
   - The text on the homepage
   - The text on each page
   - Any new pages

9.2   If there is a Welsh language web page that corresponds to an English language webpage, you must state on the English page that it is also available in Welsh and provide a direct link between the two pages.

9.3   All apps that you publish must function fully in Welsh, and the Welsh language must not be treated less favourably than the English language.

9.4   When using social media, you must not treat the Welsh language less favourably than the English language with the Welsh message appearing first.

9.5   If a person contacts you by social media in Welsh, you must reply in Welsh (if an answer is required).

9.6   All Corporate Health Board accounts must be bilingual and all messages posted bilingually.

10.   Signage (Standards 47- 49)

10.1   When erecting new signs or renewing a sign (including temporary signs), they must be bilingual.

10.2   The Welsh language text must be positioned above or to the left of the English text.

10.3 You must ensure that the Welsh language text on signs and notices displayed in your workplace is accurate in terms of meaning and expression.

11. Reception Services (Standards 50 – 53)

11.1 If you provide a reception service in English, you must also ensure that an equivalent Welsh reception service is available.

11.2 If you have no face to face Welsh language reception service available at your reception, you must ensure that a Welsh language reception service is available over the phone.

11.3 A sign must be displayed which states that persons are welcome to use the Welsh language at the reception.

11.4 Staff that are able to speak Welsh must wear the orange Working Welsh badge to convey this.

12. Contracts (Standards 57 – 59)

12.1 In order not to treat the Welsh language less favourably than the English language in relation to contracts you must publish invitations to tender for a contract in Welsh.

12.2 You must also state that tenders may be submitted in Welsh.

12.3 No tender for a contract submitted in Welsh should be treated less favourably than a tender submitted in English.

12.4 You must offer to conduct interviews in Welsh, if the tenderer so wishes (with or without simultaneous translation service).

12.5 The tenderer must be informed of your decision in Welsh if the tender was submitted in Welsh.

13. Communications and Corporate Identity (Standards 60 – 62)

13.1 You must promote any Welsh language services that you provide, and advertise that service in Welsh.

13.2 If you provide a service in Welsh that corresponds to a service you provide in English, any publicity or document that you produce or website that you publish,

which refers to the English service must also state that a corresponding service is available in Welsh.

13.3 In relation to the organisation's corporate identity, you must not treat the Welsh language less favourably that the English language.

13.4 All job titles on staff identification badges must be bilingual. This includes job titles and department names on staff uniforms.

13.5 All e-mail signatures must be bilingual.

14. Courses offered by the Health Board (Standard 63)

14.1 If you offer an education course that is open to the public, you must undertake an assessment of the need for that course to be offered in Welsh.

14.2 If the assessment indicated that the course needs to be offered in Welsh, you must offer that course in Welsh.

15. Public Address systems – (Standard 64)

15.1 When you announce a recorded message over a public address system, you must make that announcement in Welsh and English, with the Welsh announcement made first.

16. Primary Care (Standards 65-68)

When a primary care provider is willing to provide a primary care service or part of a primary care service through the medium of Welsh you must:

16.1 Provide a translation service for use by a primary care provider and encourage them to use it to translate their signs and notices.

16.2 Make available to a primary care provider a badge for it or its staff to wear to convey that they are able to speak Welsh and encourage them to wear them

16.3 Provide Welsh language awareness training to staff.

Policy Making Standards (Standards 69 – 78)

These Standards ensure that public bodies consider what effect, if any, their policy decisions will have on patients' ability (and/or staff) to use the Welsh language in their dealings with the Health Board, treating the Welsh language no less favorably than the English language.

17.1 When formulating a new policy, or reviewing or revising existing policies, you must consider whether the policy would have an effect on opportunities to use the Welsh language.

17.2 You must consider how the policy could be formulated or changed to have a positive effect on opportunities to use the Welsh language and seek views on this when consulting on a policy.

Operational Standards (Standards 79 - 114)

These standards focus on the use of Welsh within the workplace and its internal administration.

18. **Internal Administration (Standards 79 – 82)**

18.1 You must adhere to the Health Board Wide Procedure on Using Welsh Internally

18.2 When offering a new post to an individual, you must each employee whether they wish to receive the following in Welsh:
- Any paper correspondence relating to their employment
- Documents relating to their training needs
- Documents outlining their performance objectives
- Documents outlining their career plan

18.3 You must publish the following policies in Welsh:
- Behaviour in the workplace
- Health and well-being at work
- Salaries or workplace benefits
- Performance Management
- Absence from work
- Working conditions
- Work patterns

19.   Complaints (Standards 83 – 85)

19.1   When a member of staff makes a complaint, you must:
- Respond in Welsh to any complaint made in Welsh
- State in any complaint procedure that staff may make a complaint in Welsh
- Offer to conduct any meeting relating to a complaint in Welsh, and
- If the member of staff wishes this, the meeting must be conducted in Welsh (if necessary with the assistance of a simultaneous or consecutive translation service)

19.2   When you inform a member of staff of a decision you have reached in relation to a complaint made by him or her, or in relation to a complaint made about him or her, you must do so in Welsh if that member of staff:
- Made the complaint in Welsh
- Responded in Welsh to a complaint about him or her
- Asked for a meeting about the complaint to be conducted in Welsh, or
- Asked to use the Welsh language at a meeting about the complaint

20.   Disciplinary Cases (Standards 86 – 88)

20.1   You must allow staff members to respond in Welsh to allegations made against them in any internal disciplinary process. This should be done by:
- Stating in any disciplinary arrangements that staff may respond in Welsh
- When organising a disciplinary meeting you must offer to conduct the meeting in Welsh, and
- If the staff member wishes this, conduct the meeting in Welsh (if necessary with the assistance of a simultaneous or consecutive translation service)

20.2   When you inform a member of staff of a decision following a disciplinary process, you must do so in Welsh if they:
- responded to allegations made against them in Welsh
- asked for a meeting regarding the disciplinary procedure to be conducted in Welsh or
- asked to use the Welsh language at a meeting regarding the disciplinary procedure

21.   Information Technology and the Corporate Staff App (Standards 89 – 95)

21.1   You must provide staff with computer software for checking spelling and grammar in Welsh, and provide Welsh language interfaces for software (where an interface exists).

21.2   All information on the staff app must be available in Welsh

22. **Developing Welsh language skills – Workforce Planning and Training (Standards 96 – 105)**

22.1 You must assess and record your Welsh language skills on the Electronic Staff Record (ESR).

22.2 Opportunities must be provided to staff for training in Welsh in the following areas, if you provide such training is provided in English –
- Recruitment and interviewing
- Performance management
- Complaints and disciplinary procedures
- Induction
- Dealing with the public
- Health and Safety

22.3 You must provide opportunities for training in Welsh on using Welsh effectively in:
- Meetings
- Interviews
- Complaints and disciplinary procedures

22.4 You must provide opportunities during working hours for your employees to receive basic Welsh language lessons.

22.5 You must provide opportunities for employees who have completed basic Welsh language training to receive further training, free of charge to develop their language skills.

22.6 You must provide opportunities for employees to receive training, free of charge to improve their language skills.

22.7 Staff must be allocated time to attend Welsh language training in line with the Health Board's WP52 Study Leave Policy

22.8 You must provide training courses so that your employees can develop awareness of the Welsh language, (including awareness of its history and its role in Welsh culture), as well as an understanding of how the Welsh language can be used in the workplace.

22.9 Information must be provided for the purpose of raising awareness of the Welsh language during the orientation process for new employees.

22.10 You must display wording or a logo for your staff to include in e-mail signatures which will enable them to indicate whether they speak Welsh.

22.11   You must make available to members of staff who are able to speak Welsh a badge for them to wear to convey that.

23.   Recruiting and appointing (Standards 106 – 109)

23.1   When you assess the requirements for a new or vacant post, you must assess the need for Welsh language skills, and categorise it as a post where:
- Welsh language skills are essential
- Welsh language skills need to be learnt when appointed
- Welsh language skills are desirable

23.2   When advertising posts, you must state that applications submitted in Welsh will not be treated less favourably than an application submitted in English.

23.3   The following must be published in Welsh:
- Application forms for posts
- Material that explains your procedure for applying for posts
- Information about the interview process or assessment methods
- All job descriptions

23.4   You must not treat an application for a post made in Welsh less favourably than an application made in English.

23.5   You must ensure that your application forms for posts provide a space for applicants to indicate that they wish an interview or other method of assessment in Welsh, and if an applicant so wishes, you must conduct any interview in Welsh, or if necessary, provide a simultaneous or consecutive translation service.

23.6   When you inform an applicant of your decision in relation to an application for a post, you must do so in Welsh if the application was made in Welsh.

24.   Clinical Consultations (Standards 110-110A)

24.1   You must adhere to the corporate 5 year Welsh language plan*, setting out the extent to which you are able to offer to carry out a clinical consultation in Welsh and the actions you intend to take to increase your ability to offer to carry out a clinical consultation in Welsh. *currently in development*

25.   Signage and notices in the workplace (Standards 111 – 113)

25.1   When you erect a new sign or renew a sign in your workplace (including temporary signs, or publish or display a notice in your workplace, any text displayed on the sign or notice must be displayed in Welsh.

25.2 The Welsh language text must be positioned above or to the left of the English text.

25.3 You must ensure that the Welsh language text on signs and notices displayed in your workplace is accurate in terms of meaning and expression.

Glossary of Terms and Legislative Definitions

INDIVIDUAL: A standard which refers to an 'individual' refers to a private individual involved with the body in a private capacity rather than in their job capacity. It therefore does not include those involved with the body whilst representing corporate bodies or limited companies. The term 'individual' has a more limited meaning than the term 'public'.

THE PUBLIC: The term includes the public in its entirety, or a proportion of the public, as well as individual members of the public. The term also includes legal persons and corporate bodies such as voluntary organisations and charities, as well as those representing limited companies. Neither the Crown, Government nor State comes within the meaning of the term 'public'. Therefore, persons fulfilling official functions of a public nature would not come within the meaning of the term 'public' whilst carrying out those official functions. An example of a person that does not come within the meaning of the term 'public' may include a county council or health board staff member acting in that capacity.

PERSON: The Interpretation Act 1978 states that a *""person" includes a body of persons corporate or unincorporate."* It has a wider meaning than 'individual' or 'public' as it also includes persons acting in a capacity which is representative of the Crown, Government or State That means that the term 'person' also includes a member of staff of a public organisation (excluding the body's staff) acting in their job's capacity.

Strategy, Partnerships and Population Health Committee 5 February 2019	GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care

Report Title:	EU Exit transition planning
Report Author:	Sally Baxter, Assistant Director – Health Strategy
Responsible Director:	Mr Mark Wilkinson, Director of Planning and Performance
Public or In Committee	Public
Purpose of Report:	To brief the Committee on contingency planning for a potential "no deal" exit from the EU and provide assurance on mitigation actions
Approval / Scrutiny Route Prior to Presentation:	There have been briefings on EU Exit implications and local, regional and national planning to the Executive Team.
Governance issues / risks:	A corporate risk, CRR18, has been established to cover the potential impact of the EU Exit transition.
Financial Implications:	The financial risks arising from EU Exit transition arrangements are unclear. Current impact is on officer time to prepare plans, work with partners, and review business continuity arrangements. Current indications are that costs of additional supplies of drugs, clinical consumables, food etc. will be supported by WG. Any longer term impacts on recruitment and retention of staff, supplies, the local economy and general well-being are not yet clear.
Recommendation:	The Committee are asked to receive the report and note the planning work that is taking place to respond in the event of a "no deal" exit from the EU.

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	**WFGA Sustainable Development Principle** *(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.)*	√
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

(If no EqIA carried out, please briefly explain why. EqIA is required where a change of policy or direction is envisaged and/or where budgets are being reduced. It is particularly important that the biggest, most strategic decisions are subjected to an EqIA – see http://howis.wales.nhs.uk/sitesplus/861/page/47193)

**SPPH Committee
5 February 2019**

Briefing paper: EU Exit transition planning

1. Introduction

Preparations for the impact of any potential "no deal" EU Exit have been under way on a national, regional and local level since last year and have escalated over recent weeks. The rejection of the current proposals for the withdrawal agreement in the parliamentary vote and continued uncertainty over future direction have not brought any certainty to the process of planning. The UK will, under current arrangements, leave the EU on 29 March.

The purpose of this briefing is to appraise the Committee of arrangements currently in place to respond to potential implications of "no deal", including national and local arrangements.

2. Planning arrangements

The Welsh NHS Confederation is supporting Welsh Government and the NHS in co-ordinating plans. A summary of currently identified risks and issues within the Health Board, together with local planning arrangements, was submitted in November and further evidence supplied recently, with the intention to share information across the NHS and partners to inform the next months of planning.

The Welsh Government web portal went live on 18 January 2019 and can be reached at https://beta.gov.wales/preparing-wales. This provides information for the public on preparations to safeguard the interests of Wales and its people in the event no deal is brokered.

Nationally, there is a Health and Social Care Leadership Group which is working on identifying issues and mitigations. The Emergency Planning Leads for each NHS organisation have been meeting to ensure that business continuity and resilience arrangements are up to date locally. An exercise to test the organisational capacity to respond in the event of a "no deal" exit is scheduled for 15 February.

There is a newly established Senior Responsible Officers' group which met for the first time on 14 January (the Director of Planning and Performance has been nominated as SRO for BCU HB.)

In North Wales, the Local Resilience Forum has established a Strategic Co-ordinating Group which will work to ensure that local agencies are ready to respond to any issues which might arise. The Health Board has established an EU Transition Planning Task and Finish Group, with representatives from key corporate teams responsible for procurement, supplies, contracting, finance, workforce, communications as well as emergency Planning and operational management. NHS Wales Shared Services Partnership are also represented and contributing actively.

3. Key risks and issues currently identified

National and local work has been undertaken to identify the potential implications of a "no deal" EU Exit for health and social care and develop response mechanisms. The LRF also holds a risk register for the broader civil contingency planning agenda. It should be emphasised that the work being undertaken assumes the worst case scenario of no deal and any response and mitigating actions will need to be reviewed and revised once there is clarity on the UK position.

In respect of the Health Board's role and functions, a risks and issues log has been developed and is being updated as planning work continues. There are a number of potential immediate risks and issues and some longer term. There are national workstreams addressing the major areas of risk, and representatives of the Health Board are liaising in order to ensure there is no duplication of response. The outcome of some of the national workstreams is expected to be shared in the near future and the greater clarity this will bring will be welcomed.

Areas identified include the following:

- Medical devices and clinical consumables – Welsh Government have commissioned Deloitte to work with NWSSP to review supply chain risks and a national response will be put in place. Locally, medical devices stock has been reviewed and the additional discretionary capital allocation (2018/19) from WG will assist in ensuring adequate stocks
- Medicines and pharmacy supplies – Deloitte are also working with WG. Companies have been asked by national UK Government to increase stocks to hold a six-week supply on a rolling basis. Other plans are being developed to minimise the risks of disruption
- Facilities management, hotel services, hospital catering – Estates and Facilities team are working with NWSSP and the All Wales Commodity Group to review risks and develop mitigation
- Workforce – initial information suggests the number of HB employed staff of declared EU origin does not present a significant risk, although there are other staff who have not declared their national origin. There is commitment to no impact for those with residence rights for a period of two years and there will be a Settled Status scheme through which individuals can apply to confirm their status. Further work is required to consider agency staffing
- Primary Care contractors – HB representatives are liaising with the professional bodies to identity and seek to mitigate any risks; there are many practitioners of EU origin, for example dentists employed by the corporate companies, of which North Wales has a higher proportion than other areas of Wales.
- Independent sector – identified as a risk by the LRF SCG and work will be taken forward in partnership with Local Authorities
- Transport - this area is being considered by the LRF SCG, including risks of disruption at Holyhead port
- Communications – currently the all Wales heads of communications are discussing with WG and it is expected that there will be national direction on communications, given the political sensitivity
- Finance – there may be financial risks from the increase in stock levels by suppliers, which are being considered nationally, but more generally from the

economic impact, changing exchange rate, and any potential broader impact on economic well-being

- Community cohesion issues being considered by the SCG and heads of equality

The risks and issues will be updated continuously as information improves.

A risk has been developed for the Corporate Risk Register (CRR 18) and any significant issues will be escalated as required.

4. Conclusion and next steps

There remains uncertainty about the nature of any EU exit deal and therefore in the meantime plans must continue on the assumption of no deal.

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

*To improve health and provide
excellent care*

Report Title:	BCUHB – Main Budget Changes - Additional funding in 2019-20
Report Author:	Rob Nolan Finance Director, Commissioning and Strategic Financial Planning
Responsible Director:	Russell Favager, Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	The purpose of this paper is to brief the Committee on the additional funding allocated to the Health Board for 2019/20. The paper is for noting.
Approval / Scrutiny Route Prior to Presentation:	This report is subject to scrutiny by the Finance and Performance Committee
Governance issues / risks:	This report does not impact on Governance issues or risks.
Financial Implications:	The Health Board allocation has been increased by £63 million, which includes an additional £23 million for the 2018/19 pay award. The Health Board has also been allocated £19.6 million to meet estimated pay and other inflationary cost pressures for 2019-20. This equates to a 2% increase on the recurrent discretionary allocation, excluding mental health which is funded separately. A nationally agreed top-slice of £3 million has been applied for central developments. Additional growth funding of £10.6 million, including £1 million for Primary Care, has been allocated to support the development of stronger integrated medium term plans for 2019-20 and beyond; taking forward the vision set out in A Healthier Wales. Ring Fenced budgets includes an allocation of £6.7m for the Integrated Care Fund and an additional £5.1m of Mental Health Funding for pay and price inflation and unavoidable cost growth in mental health services.
Recommendation:	The committee is asked to note the report.

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	WFGA Sustainable Development Principle *(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.)*	√
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

(If no EqIA carried out, please briefly explain why. EqIA is required where a change of policy or direction is envisaged and/or where budgets are being reduced. It is particularly important that the biggest, most strategic decisions are subjected to an EqIA – see http://howis.wales.nhs.uk/sitesplus/861/page/47193)

BCUHB – Main Budget Changes - Additional funding in 2019-20

1. Allocation

The 2019/20 Health Board Allocation was issued on the 11th December 2018. The Allocation letter covered the following areas of spend for the Health Board:

- Hospital and community Health Service (HCHS) and prescribing revenue allocation
- General Medical Services Contract allocation
- Community Pharmacy Contract
- General Dental Contract

Additional Funding allocated for 2019/20 is summarised in the table 1 below:

Table 1 – Summary of 2019/20 Uplift and 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	1,211.199	127.784	33.471	26.241	1,398.695
2019/20 Top Slice Adjustments	-3.074				-3.074
2019/20 Recurrent Adjustments					
Primary care development fund adjustment	0.020				0.020
Agenda for Change funding	20.980				20.980
DDRB funding	1.918				1.918
Core uplift for 19-20 - includes 1% for pay	19.556				19.556
A Healthier Wales funding	9.566	1.063			10.629
	52.040	1.063	0.000	0.000	53.103
Ring Fenced Allocations - Adjustments					
Mental Health Services	5.102				5.102
Integrated Care Fund (ICF)	6.716				6.716
Paramedic banding	0.334				0.334
Genomics for Precision Medicine Strategy	0.802				0.802
	12.954	0.000	0.000	0.000	12.954
Directed Expenditure - Adjustments					
DAN 24/7 helpline	0.150				0.150
	0.150	0.000	0.000	0.000	0.150
Revenue Resource Limit	1,273.269	128.847	33.471	26.241	1,461.828

<u>2019/20 Recurrent Adjustments</u>

Funding for the impact of the 2018/19 Agenda for Change (£20.980m) and DDRB (£1.918m) agreements on pay awards have been included.

In addition, the Health Board allocation has been increased by £19.6 million (BCUHB share of £92 million) to meet estimated pay and other inflationary cost pressures for 2019-20. This equates to a 2% increase on the recurrent discretionary allocation, excluding mental health which is funded separately.

Additional growth funding of £9.6 million (BCUHB share of £45 million) has been added to our allocation to support the development of stronger integrated medium term plans for 2019-20 and beyond, which takes forward the vision set out in A Healthier Wales. The Health boards is expected to use this funding to take forward key areas, including increasing investment in primary care and linked to the contract reform programme, taking forward major strategic service decisions, embedding value based healthcare with a focus on outcomes that matter to patients, and quality improvement.

<u>Top Slice Adjustments</u>

The 2018-19 allocation letter includes a number of top slices to fund specific developments, with funding being transferred to ring-fenced allocations, or held centrally to fund developments. See Table 2:

<p align="center"><u>Table 2 – Top – Slice Adjustments</u></p>

	HCHS and Prescribing Revenue Allocation £m
2019/20 Top Slice Adjustments	
paramedic banding -to ring fence	-0.334
Non-medical education	-1.550
Additional Postgraduate medical education	-0.182
111 rollout - to Directed Budgets	-0.410
Genomics strategy	-0.598
	-3.074

<u>Adjustment to Ring Fenced Budgets</u>
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 3); £2.8m 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 3 – 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

General Medical Services

The GMS allocation is issued at this stage on the same basis as the 2018-19 allocation with an additional £1.1 million (BCUHB share of £5 million) Healthier Wales funding. This funding is to be used to shift services from secondary to primary care, and will be explored through the use of enhanced services, where a number of specific areas (minor surgery, learning disabilities, care homes/mental health and unscheduled care) are being explored with the British Medical Association (BMA) and NHS Wales.

The GMS Contract Allocation is ring fenced and therefore once the 2019/20 contract agreement is confirmed will be subject to a specific uplift for pay and inflation.

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. Community Pharmacy is ring fenced and therefore once the 2019/20 contract agreement is confirmed will be subject to a specific uplift for pay and inflation.

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. General Dental is ring fenced and therefore once the 2019/20 contract agreement is confirmed will be subject to a specific adjustment for pay and inflation

Rob Nolan

Finance Director, Commissioning and Strategic Financial Planning

Strategy, Partnerships and Population Health Committee

5.2.19

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Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	NW Regional Partnership Board update
Report Author:	Sally Baxter, Assistant Director – Health Strategy
Responsible Director:	Mark Wilkinson, Executive Director of Planning and Performance
Public or In Committee	Public
Purpose of Report:	To provide an update report for Committee members on key issues relating to the Health Board's partnership responsibilities in respect of the North Wales Regional Partnership Board. The agenda for the most recent meeting of the NW RPB is attached. The formal meeting scheduled for January 2019 was replaced by a partnership workshop. A verbal update will be given to SPPH on the outcome of the workshop.
Approval / Scrutiny Route Prior to Presentation:	No prior scrutiny of this update report as the paper has been prepared as part of regular reporting to the Committee.
Governance issues / risks:	Failure to engage effectively with the Regional Partnership Board would compromise fulfilment of statutory duties under the Social Services and Well-being (Wales) Act 2015. The importance of partnership working to support the delivery of the Health Board's strategic objectives is well recognised.
Financial Implications:	Confirmation has been received of approval of two transformation fund proposals submitted by the RPB – for people with a learning disability; and people with mental health needs. Further proposals have been submitted in respect of children and young people, and transforming community services. The outcome for these is awaited.
Recommendation:	SPPH are asked to note the content of the report and the initiatives being developed in support of the partnership agenda.

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	**WFGA Sustainable Development Principle** *(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.)*	√

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

This paper is an update report and reference is made to EqIA which will be undertaken for specific programmes of work supported by the NWRPB. EqIA has been undertaken in relation to the overall Population Needs Assessment and Area Plan.

(If no EqIA carried out, please briefly explain why. EqIA is required where a change of policy or direction is envisaged and/or where budgets are being reduced. It is particularly important that the biggest, most strategic decisions are subjected to an EqIA – see http://howis.wales.nhs.uk/sitesplus/861/page/47193)

Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru
Dydd Gwener 13ᵉᵍ o Ragfyr 2018
9:00 yb – 12:30 yp
Optic, Parc Busnes Llanelwy, Llanelwy

North Wales Regional Partnership Board
Thursday 13th December 2018
9:00 am – 12:30 pm
Optic, St. Asaph Business Park, St. Asaph

1.	09:00	Croeso Cyflwyniadau ac Ymddiheuriadau	Welcome Introductions & Apologies
2.	09:05	Nodiadau a chamau gweithredu o'r cyfarfod diwethaf – Tachwedd 2018	Notes and actions of last meetings – November 2018
3.	09:15	Cymru Iachach Cynnig Trawsnewid Gwasanaethau Cymunedol – Sally Baxter/Alwyn Jones Diweddariad : - Ymyrraeth gynnar a chymorth dwys integredig ar gyfer Plant a Phobl Ifanc - Gwasanaethau di-dor i bobl ag Anableddau Dysgu - Law yn llaw at Iechyd Meddwl yng Ngogledd Cymru	A Healthier Wales Community Services Transformation Proposal – Sally Baxter/Alwyn Jones Updates : - Integrated early intervention and intensive support for Children and Young people - Seamless services for people with Learning Disabilities - Together for Mental Health in North Wales
4.	10:15	Diweddariad am y Swydd Ymgynghorydd Ymarferwyr Iechyd Cysylltiedig â Dementia Cymru gyfan – Teresa Owen	Update on the All-Wales Dementia Allied Health Practitioner Consultant Post – Teresa Owen
	10:30	**Tea/coffee**	

5.	10:40	Adroddiad Strategaeth Anableddau Dysgu – Neil Ayling/Sarah Bartlett	Learning Disabilities Strategy – Neil Ayling / Sarah Bartlett
6.	11:10	CGC Diweddariad hanner blwyddyn – Neil Ayling	ICF Half year update – Neil Ayling
7.	11:30	Sgwrs 'Beth sy'n Bwysig' – adroddiad ar lafar gan Teresa Owen	What Matters conversation – verbal update Teresa Owen
8.	11:45	Unrhyw fater arall	Any other business
9.	11:45 – 12:30	Cyfle i rwydweithio a chinio bwffe	Networking and buffet lunch
		Er Gwybodaeth: • Adroddiad ar strwythur ar gyfer blaenoriaethau partneriaeth y Grŵp Trawsnewid Plant (cam gweithredu o'r cyfarfod mis Gorffennaf) • Ymgynghoriad Loteri • Concordat y Celfyddyadu ac Iechyd • Ymateb LIC i lythyr ynglŷn ag CGC 12.10.2018	**For Information:** • Reporting structure for the Children's Transformation Group partnership priorities (action from July meeting) • Lottery consultation • Arts, Health & Wellbeing Concordat • WG response to letter re ICF 12.10.2018
		Dyddiad y cyfarfod nesaf: Dydd Gwener 11eg o Ionawr 2019 9.00 – 12.30 yp	**Date of next meeting:** Friday 11th January 2019 9.00 – 12.30 pm
		Agenda items for January : • Strategic Programme for Primary Care - Sue Morgan, National Director & Strategic Programme Lead for Primary & Community Care • SCW Effect Report – Gerry Evans, SCW • What Matters conversation – Marian Wyn Jones	

CYDWEITHREDFA GWELLA GWASANAETHAU
GOFAL A LLESIANT **GOGLEDD CYMRU**

NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

Cofnodion Cyfarfod Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru

13 Rhagfyr 2018

9:00 am – 12:30 pm

Optic, Llanelwy

Yn bresennol:	Cynghorydd Gareth Roberts (Cadeirydd), Bethan Jones Edwards, Cynghorydd Liz Roberts, Cynghorydd Joan Lowe, Sally Baxter, Mark Wilkinson, Neill Anderson, Keith Roberts, Jennie Lewis, Peter Williams, Clare Budden, Caroline Turner, Morwena Edwards, Sian Purcell (yn mynychu ar ran Wendy Jones), Ffion Johnstone, Cynghorydd Christine Jones, Neil Ayling, Marian Wyn Jones, Mary Wimbury, Lynda Colwell, Teresa Owen, Dave Worrall, Cynghorydd Bobby Feeley, Judith Greenhalgh, Bethan Jones, Chris Stockport.
Ymddiheuriadau:	Nicola Stubbins, Jenny Williams, Wendy Jones, Rob Smith, Cynghorydd Llinos Medi Huws, Liz Hughes, Charlotte Walton
Hefyd yn Bresennol:	Sarah Bartlett, Rheolwr Prosiect Rhanbarthol (ar gyfer eitem 5 ar y Rhaglen)

Eitem		Camau gweithredu
1.	**Croeso, cyflwyniadau ac ymddiheuriadau** Croesawodd GR bawb i'r cyfarfod, yn arbennig aelodau newydd y Bwrdd: Mark Wilkinson (BIPBC), Cyfarwyddwr Gweithredol Cynllunio a Pherfformiad) a Clare Budden (PSG Pennaf). Diolchodd hefyd i SB am ei phresenoldeb a'i chyfraniad at y Bwrdd.	
2.	**Cofnodion y cyfarfod blaenorol a chamau gweithredu.** Derbyniwyd cofnodion y cyfarfod a gynhaliwyd ar 15 Tachwedd fel cofnod cywir. Materion a gwblhawyd: • Dogfen cynigiad Bwrdd Uchelgais Economaidd Gogledd Cymru wedi'i dosbarthu i aelodau'r BPRh • Llythyr ynghylch setliad ariannol ALI wedi'i anfon at LIC.	

	- Swydd Ymarferydd Ymgynghorol Dementia Perthynol i Iechyd Cymru Gyfan ar yr agenda heddiw. - Y siart perthynas plant wedi'i dderbyn gan Andrea Williams a'i gynnwys er gwybodaeth yn y pecyn papurau ar gyfer y cyfarfod. - Cynnig TGC ar yr agenda ar gyfer heddiw. 'Beth sy'n Bwysig' – diweddariad byr ar yr agenda ar gyfer heddiw a gweithdy i'w drefnu ar gyfer y Flwyddyn Newydd. - PW a JL wedi cael gwahoddiad i Weithdy Gofalwyr a'u cynnwys ar restr dosbarthu'r Gofalwyr. - Trafodaeth TO ar Blant a Phobl Ifanc wedi'i gwblhau. - Dogfennaeth IFSS ychwanegol wedi'i hanfon ymlaen at TO. - Manylion cyswllt PGGC wedi'u hanfon at DH. - Wedi cysylltu â'r ymgeiswyr Trydydd Sector - HM wedi cael gwahoddiad i fynychu'r cyfarfod y Grwp Arweinyddiaeth ym mis Ionawr i adrodd ar y Ganolfan Wybodaeth. Camau gweithredu sydd eto i'w cwblhau: - Mae Cytundeb y Bartneriaeth Comisiynu ar y gweill a bydd y Bwrdd yn derbyn cadarnhad unwaith y bydd hwn wedi'i gytuno a'i arwyddo gan y partneriaid. - Adroddiad Arbenigwr – ni dderbyniwyd yr adroddiad er gwaethaf sawl cais i Donna Hutton Dywedodd Sian Purcell fod fforymau compact yn gweithio'n rhanbarthol ar draws Gogledd Cymru. WJ i roi adborth i'r cyfarfod ym mis Ionawr 2019.	
3.	Cymru Iachach - Trawsnewid Gwasanaethau Cymunedol Roedd Sally Baxter yn bresennol i gyflwyno'r adroddiad drafft diweddaredig terfynol i'r Bwrdd er cymeradwyaeth ffurfiol. Mae'r cynnig wedi'i ddiweddaru o ganlyniad i sylwadau aelodau'r Grŵp Arweinyddiaeth ac adborth o weithdy Bwrdd Gweithlu Gogledd Cymru yn ymwneud â disgrifiad generig o'r angen i ddatblygu gweithlu cynaliadwy, heb fod yn gyfyngedig i swyddi gweithwyr iechyd a gofal cymdeithasol (gweithiwr generig). Mae'r brif thema a ddynodwyd yn awr yn cyd-fynd, gyda disgrifiad clir o integreiddiad ac eglurhad ar gyd-destun cyffredinol y tri maes: Y Gweithlu, Digidol a Datblygu Rhwydweithiau Cymunedol. Mae'r tri maes a ddynodwyd hefyd yn rhai y gallent ehangu'n gyflym ar draws y rhanbarth a Chymru gyfan. Mae'r cynnig yn awr yn dangos ymgais i fod yn arloesol, gan gysylltu â chlystyrau a cheisio integreiddiad ehangach gan gynnwys pob sector yn ogystal â phartneriaid Iechyd a Gofal Cymdeithasol ac mae'n cynnwys hyblygrwydd i weithio'n isranbarthol yn ogystal ag yn rhanbarthol. Y proffil cyllido amlinellol:	

BI 1 : £231K
BI 2 : £3.7K
BI 3 : £2.04M

Eglurodd SB y gallai fod cwmpas ar gyfer trafodaethau perthnasol i ymestyn y drydedd flwyddyn i 12 mis llawn ac mae gwaith ar y gweill i archwilio llwybrau posibl er mwyn gallu gwneud hyn.

Holodd LC am gyfleoedd posibl i'r trydydd sector gyflwyno ceisiadau fel rhan o'r gronfa drawsnewid.
Dywedodd SB fod y gronfa drawsnewid ar agor ar gyfer cyflwyniadau am ychydig fisoedd ac y byddai angen cymeradwyo unrhyw gynigion neu newidiadau ychwanegol drwy Fwrdd Partneriaeth Rhanbarthol Gogledd Cymru cyn gwneud hynny.

Cydnabu TO y gwaith a wnaed ar y cynnig, yn arbennig y cynnydd sydd i'w wneud ar y ffrwd waith ddigidol a phwysleisiodd bod cyfle yma i symleiddio'r cynigion yn fframwaith deilliannau.

Yn ogystal croesawodd BJ y cyfle i symud y Gwasanaethau Cymunedol yn eu blaen ac argymhellodd y dylai cynllunio lleol ddechrau'n fuan oherwydd bod yr amserlen mor dynn. Bydd angen hefyd ystyried rhyddhau a mesur adnoddau yn y system bresennol a sut y bydd hyn yn effeithio ar y model, yn ogystal â phwysigrwydd cynaladwyedd y model.

Ychwanegodd CB er bod tai yn cael ei grybwyll yn y model, y gellir cryfhau hyn gan gydnabod y cyfraniad y gallai tai ei wneud i'r cynnig e.e. arwyddobostio, mordwyo cymunedol, platfform rhyngweithio.

Gofynnodd MWJ, er bod yr amserlen yn dynn, a oedd y cynnig yn ddigon heriol ac uchelgeisiol ac a roddwyd ystyriaeth i gyflwyno cynnig mwy er mwyn cynnwys y gwasanaethau eraill.

Dywedodd BJ fod cais mwy wedi'i roi at ei gilydd yn wreiddiol ond y cafodd ei leihau ar ôl ystyried ymarferoldeb y ddarpariaeth a'r amser sydd ar gael. Mae'r cynnig presennol yn cynnwys swp aruthrol o waith i'w wneud gyda'r trydydd sector a'r sector annibynnol er mwyn bod â strwythur datblygu gyrfa ar gyfer staff heb gymwysterau.

Ychwanegodd BJE, hyd y gwyddom ar hyn o bryd, bod nawdd y Gronfa Gofal Integredig hefyd yn dod i ben ddiwedd Mawrth 2020, felly mae angen ystyried hyn hefyd yng nghyd-destun cynaladwyedd.

Roedd BPRhGC hefyd yn cytuno y dylid cymeradwyo'r cynnig Trawsnewid Gwasanaethau Cymunedol.

Ymyrraeth gynnar integredig a chefnogaeth ddwys i blant a phobl ifanc
Dywedodd NA fod LIC wedi cyhoeddi llythyr mewn ymateb i'r cynnig Plant a rhoddodd adroddiad hefyd ar gyfarfod dilynol gyda LIC ar ymweliad â'r Fflint i roi sylw i'r materion canlynol:

	- Nid yw'r gronfa'n cynnwys lwfans ymchwil nac arian cyfalaf (refeniw yn unig) - Mae angen rhagor o wybodaeth am gynaladwyedd y gwasanaeth ym mlwyddyn 3. - Mae angen mwy o eglurder ynghylch pam yr ydym yn gwneud cais am arian o'r gronfa Trawsnewid yn hytrach na defnyddio nawdd grant arall. - Atebolrwydd a llywodraethu Bydd y cynnig Plant yn cael ei ailgyflwyno ym mis Ionawr 2019. Gwasanaethau di-dor i bobl ag anableddau dysgu. Y cynnig hwn oedd y cyntaf i gael ei gyflwyno a'i gymeradwyo. Mae'r swyddi newydd ar gyfer y tîm o wyth ar draws y rhanbarth yn cael eu hysbysebu ar hyn o bryd. Bydd manyleb drafft ar gyfer y gwasanaeth yn cael ei gyhoeddi cyn bo hir er mwyn sicrhau cyngor/gwerthusiad arbenigol ar gyfer y prosiect. Dywedodd NA nad oedd yn ymwybodol o gynigion LD eraill a gyflwynwyd yng Nghymru ac am y rheswm hwn mae cyfle go iawn i'r rhanbarth symud y gwaith hwn yn ei flaen mewn ffordd arwyddocaol. Law yn Llaw at Iechyd Meddwl yng Ngogledd Cymru Mae llythyr a gynhwyswyd gyda phecyn y cyfarfod yn cadarnhau cymeradwyaeth y cynnig gan LIC. Bydd llywodraethu'n digwydd drwy'r bwrdd T4MH gyda BPRhGC yn derbyn adroddiadau. Mae cyfarfod yn cael ei drefnu i goladu'r wybodaeth derfynol ar gyfer y cais. Diolchodd MWJ, yn rhinwedd ei swydd fel Cadeirydd BIMPBC i bawb sy'n rhan o'r cynnig hwn, gan ddatgan fod y Bwrdd T4MH yn arweinydd yn y maes ac yn cynnig cyfle unigryw ar gyfer cydweithio effeithiol. Diolchodd GR i bawb sydd wedi bod yn rhan o'r pedwar cynnig a'r ymdrechion a wnaed i sicrhau cyllid ar gyfer Gogledd Cymru. Mae hwn yn gyfle arwyddocaol i wneud gwir wahaniaeth ar gyfer y rhanbarth a bydd angen ymdrech fawr gan bawb i wireddu'r trawsnewid hwn.	
4.	Swydd Ymarferydd Ymgynghorol Dementia Perthynol i Iechyd Cymru Gyfan Rhoddodd TO adroddiad ar y cyfle i gyflwyno mynegiannau o ddiddordeb ar gyfer y trefniadau lletya erbyn 26.10.2018. Mae LIC wedi dweud ei bod yn bosibl y gallai'r swydd gael ei llenwi gan Therapydd Galwedigaethol neu ffisiotherapydd. Mae Llywodraeth Leol wedi mynegi diddordeb ac mae TO yn aros am ymateb gan gydweithiwr yn LIC. Dementia - derbyniwyd llythyr gan y Comisiynydd yn cytuno i symud y gwaith yn ei flaen. Bydd BIPBC yn arwain ar y Gymraeg a bydd nyrs arbenigol yn gyfrifol am gyswllt â swyddfa'r Comisiynydd. Mae cyfle yma i edrych ar newidiadau ac addasiadau o fewn y gwasanaeth.	

	Dywedodd TO bod y Bwrdd Iechyd ar hyn o bryd yn hysbysebu am Nyrs Ymgynghorol i weithio ym maes Dementia. Mae'r ail swydd yn canolbwyntio ar iechyd corfforol o safbwynt gweithio gyda phobl â Dementia ac mae hyn yn mynd rhagddo.	
5.	<u>Strategaeth Anableddau Dysgu (LD)</u> Cafodd y Bwrdd ddiweddariad gan NA ac SB ar ddrafft terfynol y strategaeth Anableddau Dysgu sy'n cael ei gyflwyno heddiw i'w gymeradwyo'r ffurfiol gan BPRhGC. Dywedodd NA y datblygwyd y strategaeth AD cyn y Cais Trawsnewid AD a'i fod yn nodi sut y bydd partneriaid yn gweithio tuag at wasanaeth AD integredig yng Ngogledd Cymru, wedi'i ddatblygu ar y cyd gan y partneriaid, gan gynnwys pobl sydd wedi byw drwy'r fath brofiadau. Cafodd yr ymgynghoriad a gynhaliwyd rhwng mis Ebrill a mis Gorffennaf nifer sylweddol o ymatebion a chynhaliwyd nifer o ddigwyddiadau ymgynghori a sicrhaodd fod y strategaeth yn cael ei gweld gan gynulleidfa eang ac amrywiol, gyda'r holl ymatebion yn cael eu bwydo i mewn i'r dogfennau terfynol. Darparwyd fersiwn hawdd i'w ddarllen hefyd. Er mwyn gwireddu'r weledigaeth bydd y strategaeth yn cael ei darparu drwy waith integredig ar bum pecyn gwaith: • Strwythurau integredig • Datblygu'r Gweithlu • Comisiynu a chaffael • Newid cymunedol a diwylliant • Technoleg gynorthwyol Bydd gwaith gyda chymunedau lleol yn allweddol o ran cyflawniad y pecynnau gwaith uchod er mwyn sicrhau fod pobl ag anableddau dysgu'n cael eu gwerthfawrogi a'u cynnwys yn eu cymunedau. Amlygodd JL yr hyn sy'n ardystiad mwy na'r cais trawsnewid AD a gymeradwywyd eisoes gan LlC. Nododd JL hefyd nad yw adolygiad AD AGIC (Tachwedd 2016) wedi'i enwi yn y strategaeth a nododd fod yr adolygiad yn cynnwys argymhellion pwysig gan dynnu sylw at y gwahaniaeth rhwng gofal iechyd a chymdeithasol ar gyfer pobl ag AD, a'r gwahaniaeth rhwng angen medial a gofal a chefnogaeth. Cadarnhaodd NA nad oes cyfeiriad at yr adolygiad yn y strategaeth AD ac y byddai'n cael ei gynnwys yn yr adran cyngor arbenigol yn y cais trawsnewid. Cymeradwyodd JG y tîm am yr ymdrechion enfawr wnaed i ymgynghori ar y strategaeth AD.	

	Holodd CB ynghylch y llywodraethu, yn benodol mewn perthynas â swyddogaeth darparwyr tai a'u rôl mewn darparu lety addas. Cytunodd NA y bydd yr edefyn comisiynu a chaffael yn cael ei ddatblygu ar y cyd â phartneriaid tai.	
	Croesawodd SB y cyfeiriad pwysig at gydraddoldeb a hawliau dynol o fewn y ddogfen.	
	Awgrymodd ME y dylid hefyd meithrin cysylltiadau'n lleol mewn perthynas â llywodraethu ar y strategaeth fel bod y gwaith hwnnw'n mynd law yn llaw a gwaith clwstwr, ac yn y pen draw yn ffurfio rhan naturiol o'r holl wasanaethau.	Pob partner i sicrhau fod y strategaeth AD yn mynd drwy eu proses wleidyddol eu hunain.
	Dywedodd NA fod y strategaeth AD eisoes wedi'i chyflwyno a'i chymeradwyo drwy broses wleidyddol Cyngor Sir y Fflint, cyfarfod traws sector PSG Gogledd Cymru a'r cyfarfod Strategaeth Partneriaeth ac Iechyd Poblogaethau.	
	Cytunodd BPRhGC y dylid cymeradwyo'r strategaeth AD. Gofynnir i bob partner fynd â'r ddogfen drwy eu trefniadau gwleidyddol eu hunain er cymeradwyaeth.	
6.	Diweddariad Hanner Blwyddyn CGI Cafodd y bwrdd ddiweddariad ar y Gronfa Gofal Integredig gan Neil Ayling. • Cyfalaf – disgwylir y Llythyr Dyfarniad Grant ar gyfalaf y Gronfa Gofal Integredig gan LIC. Mae'r Prif Raglenni Cyfalaf (PRC) (> £100k) a'r Rhaglenni Cyfalaf yn ôl Disgresiwn (RhCD) (< £100K) wedi eu cyflwyno i'r Gweinidog. Bydd cymeradwyaeth fel arfer yn cymryd tua wythnos. Unwaith y ceir cymeradwyaeth Gweinidogol bydd llythyr dyfarnu grant ar gyfer y RhCD a llythyr mewn egwyddor ar gyfer y prosiectau PRC yn cael eu derbyn. Bydd llythyr dyfarnu grant ar gyfer y PRC yn cael ei gyhoeddi unwaith y bydd y gwir gostau wedi'u cytuno. Mae Cyfalaf CGI ar gyfer y prosiect Laurels yn Wrecsam wedi ei dynnu'n ôl, gan adael tanwariant o £201,407. Mae posibilrwydd y bydd prosiectau eraill mewn perygl o ganlyniad i gyfraddau amser. • Disgwylir y ddogfen arweiniad ddiwygiedig ar 1 Chwefror 2019. Mae Gweithdai Cenedlaethol yn cael eu cynnal ar hyn o bryd er mwyn ysgrifennu a diweddaru'r arweiniad. • Cafwyd ymateb gan LIC yn ddiweddar yn cymeradwyo prosiect terfynol y Cynllun Gweithredu Dementia. Y dyraniad hollgynhwysfawr yw £1,825,857 Dywedodd BJE bod cofrestr risg ranbarthol wedi'i chreu o ganlyniad i un o'r argymhellion yn adolygiad diweddar Fflur Jones (Swyddfa Archwilio) o'r CGI Mae cofrestrau risg lleol eisoes wedi eu sefydlu.	

	Cytunodd BPRhGC y dylid cymeradwyo'r canlynol: 1. Nodi Crynodeb Ariannol Chwarter 2 CGI a'r Hysbysiadau Newid dilynol yn unol ag arweiniad 2018/19. 2. Nodi'r sicrwydd y byddwn yn parhau i fonitro a rheoli gwariant dyraniadau CGI 2018/19, fodd bynnag bu oedi arwyddocaol gyda chymeradwyaethau Llywodraeth Cymru fel y'u nodwyd yn y Gofrestr Risg ranbarthol. 3. Nodi gofynion a therfynau amser Llywodraeth Cymru ar gyfer adrodd a chymeradwyo.	
7.	Beth sy'n Bwysig Darparodd TO ddiweddariad byr ar y gweithdy 'Beth sy'n Bwysig' arfaethedig. Bwriedir cynnal y gweithdy hwn ddechrau 2019. Bydd y sesiwn yn arbennig o fanteisiol i aelodau BPRhGC ac yn rhoi cyfle i drafod a herio materion penodol. Bydd eitemau i'w hystyried yn cynnwys: • Ffrydiau gwaith y BPRh a thrawsnewid. • Gweledigaeth BPRh • Datblygu Rhaglen Waith gyfredol ar gyfer y BPRh TO a MWJ wedi cytuno i arwain ar ddod o hyd i hwylusydd allanol ar gyfer y gweithdy, pynciau trafod ac amserlenni. Roedd aelodau'r BPRh yn cytuno â hyn ac yn dweud y byddent yn gwerthfawrogi'r mewnbwn er mwyn cytuno ar y weledigaeth a'r arweiniad a chyfle i rwydweithio mewn sesiynau anffurfiol mwy rheolaidd. Awgrymodd ME yn rhinwedd ei swydd fel Aelod Cyswllt BIPBC bod Mark Wilkinson yn cyflwyno cynllun 3 blynedd BIPBC. Holodd DW am gynrychiolydd defnyddwyr gwasanaeth y BPRh Gan na chafwyd unrhyw geisiadau mewn ymateb i'r mynegiant o ddiddordeb, cytunodd DW i weithio gyda rhai defnyddwyr gwasanaeth i weld a oes unrhyw ddiddordeb ac adrodd yn ôl.	TO/MWJ i arwain. DW i adrodd yn ôl par cynrychiolydd BPRh.
8.	Unrhyw fusnes arall – dim i'w adrodd.	
9.	Croesawodd aelodau BPRhGC y cyfle i rwydweithio dros ginio bwffe.	
	Dyddiad y cyfarfod nesaf: Dydd Gwener, 11 Ionawr 2019 9:00 am – 12:30 pm	

CYDWEITHREDFA GWELLA GWASANAETHAU
GOFAL A LLESIANT **GOGLEDD CYMRU**

NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

Notes of the North Wales Regional Partnership Board Meeting

13th December 2018

9:00 am – 12:30 pm

Optic, St Asaph

Present:	Cllr Gareth Roberts (chair), Bethan Jones Edwards, Cllr Liz Roberts, Cllr Joan Lowe, Sally Baxter, Mark Wilkinson, Neill Anderson, Keith Roberts, Jennie Lewis, Peter Williams, Clare Budden, Caroline Turner, Morwena Edwards, Sian Purcell (attending on behalf of Wendy Jones), Ffion Johnstone, Cllr Christine Jones, Neil Ayling, Marian Wyn Jones, Mary Wimbury, Lynda Colwell, Teresa Owen, Dave Worrall, Cllr Bobby Feeley, Judith Greenhalgh, Bethan Jones, Chris Stockport
Apologies:	Nicola Stubbins, Jenny Williams, Wendy Jones, Rob Smith, Cllr Llinos Medi Huws, Liz Hughes, Charlotte Walton
In Attendance:	Sarah Bartlett, Regional Project Manager (for agenda item 5)

Item		Actions
1.	**Welcome, introductions and apologies** GR welcomed all to the meeting, particularly new Board members: Mark Wilkinson (BCUHB, Executive Director of Planning and Performance) and Clare Budden (Pennaf, CEO). He also thanked SB for her attendance and contribution to the Board.	
2.	**Notes and actions of last meeting** Minutes of meeting 15th November were accepted as a true record. Matters completed: • NWEAB Proposition Document circulated to RPB members. • Letter re LA financial settlement has been sent to WG. • All-Wales Dementia Allied Health Practitioner Consultant Post on today's agenda • The Children's relationship chart has been received from Andrea Williams and included for information in the meeting pack. • CST proposal on today's agenda.	

	'What Matters' - a short update on today's agenda and a workshop session to be arranged in the New Year. - PW and JL have been invited to the Carers Workshop and included on the Carers circulation list. - TO discussion on Children & YP completed. - Additional IFSS documentation forwarded to TO completed. - NWWB contact details sent to DH completed. - Third Sector candidates have been contacted. - HMc has been invited to attend the January LG to report on the Intelligence Hub. Outstanding actions: - The Commissioning Partnership Agreement is ongoing and the Board will receive confirmation once this has been agreed and signed by partners. - Expert Report – this report has not been received albeit numerous requested to Donna Hutton. Sian Purcell reported compact forums are working regionally across North Wales. WJ to feedback in January 2019 meeting.		
3.	**A Healthier Wales: Community Services Transformation** Sally Baxter was in attendance to present the updated final draft report to NWRPB for formal approval. The proposal has been updated as a result of comments from Leadership Group members and feedback from the North Wales Workforce Board workshop in relation to a generic description of the need to develop a sustainable workforce, not limited to health and social care worker (generic worker) posts. The key themes identified are now in sync with a clear description on integration and explanation of overall context of all three areas: Workforce, Digital and Developing Community Networks. The three areas identified are also potentially scalable across the region and the whole of Wales. The proposal now demonstrates a bid for innovation, linking to clusters and broader integration including all sectors as well as Health & Social Care partners and includes flexibility to work sub-regionally as well as regionally. The outline funding profile: Year 1: £231K Year 2: £3.7M Year 3: £2.04M SB explained there may be scope for discussion in relation to extending the third year to a full 12 months and exploring possible avenues to address this is being pursued.		

LC enquired on possible opportunities for the third sector to submit bids as part of the transformation fund.
SB informed the transformation fund is open for submissions for a few months and any additional proposals or amendments would need to be endorsed through the NWRPB prior to submission.

TO acknowledged the work completed on the proposal, in particular the progress to be made on the digital work-stream and emphasised there is an opportunity here to streamline all the proposals to an outcomes framework.

BJ also welcomed the opportunity to progress Community Services and recommended local planning to start imminently due to the short timeframe involved. Releasing and measuring resources in the current system and how this will impact on the model will also need to be considered as well as the importance of the sustainability of the model.

CB added that housing, although mentioned in the proposal, could be strengthened, recognising the contribution housing could bring to the proposal i.e. signposting, community navigation, interacting platform.

MWJ queried, even though the timescale is tight, if the proposal was sufficiently challenging and ambitious and if consideration had been given to presenting a bigger proposal to incorporate other services.

BJ stated that a larger bid had been created initially, which was downscaled after reflecting on the practicality of the delivery and the permitted timescale. The current proposal includes a huge amount of work to be done with the independent and third sector to have a structure for unqualified staff to develop a career structure.

BJE added that, as far as we are aware at present, the ICF funding also comes to an end in March 2020 therefore, this also needs to be considered in the context of sustainability.

The NWRPB was in agreement to endorse the Community Services Transformation proposal.

Integrated early intervention and intensive support for Children and Young People
NA reported WG have issued a letter in response to the Children's proposal and reported also on a subsequent meeting with WG on a visit to Flint to address the following issues:
- The fund does not include allow research nor does it include capital funding (revenue only)
- Further information is required on the sustainability of the service in year 3.
- Clarity required on why we are bidding for the Transformation fund rather than using other grant funding.
- Accountability and governance.

	The Children's proposal will be re-submitted in January 2019. Seamless service for people with Learning Disabilities This proposal was the first to be submitted and endorsed. The new posts are currently being advertised for recruiting to the team of 8 across the region. A draft service specification will be issued shortly to secure expert advice/evaluation for the project. NA reported not being aware of any other LD proposal submitted in Wales and for this reason there is a real opportunity for the region to take this work forward in a significant way. Together for Mental Health in North Wales A letter included in the meting pack confirms the endorsement of the proposal by WG. Governance delivery will be through theT4MH board and reported to the NWRPB. A meeting is being arranged to collate final WG information for the bid. MWJ, in her capacity of chair BCU MH board thanked everyone involved with this proposal, stating that the T4MH Board is an exemplar in the field, presenting a unique opportunity to work effectively together. GR thanked everyone who have been involved with all four proposals and the effort undertaken to secure funding for North Wales. This is a significant opportunity to make a real difference for the region and a huge effort by all will be required to accomplish and deliver this transformation.	
4.	Update on the All-Wales Dementia Allied Health Practitioner Consultant Post TO reported on the opportunity to submit expression of interest for the hosting arrangements by 26.10.2018. WG have indicated the post could possibly be filled by an OT or a physiotherapist. There is interest from Local Government and TO is awaiting response from WG colleague. Dementia. A letter has been received from the Commissioner in agreement to progress with the work. BCU will lead on Welsh and a BCU specialist nurse will link in with Commissioner's office. There is an opportunity here to look at alterations and modifications within the service. TO also reported that the Health Board is currently advertising for a second Consultant Nurse for Dementia. The second post focusses on physical health in terms of working with people with dementia and this is progressing.	
5.	Learning Disabilities Strategy (LD) The board received an update from NA and SB on the final draft of the LD strategy, being presented today for formal approval from the NWRPB.	

NA reported the LD Strategy was developed prior to the LD Transformation Bid and sets out how partners will work towards an integrated LD service in North Wales, developed jointly by partners including people with lived experience.

The consultation carried out between April and July 2018 received a significant amount of responses and various engagements events ensured the strategy was viewed by a wide and varied audience, with all responses fed into the final documents. An easy read version was also provided.

To achieve the vision the strategy will be delivered through integrated work on five work packages:
- Integrated structures
- Workforce Developments
- Commissioning and procurement
- Community and Culture change and
- Assistive Technology

The key to achieving the vision of the above work packages will be to work with local communities to make sure people with learning disabilities are truly valued and included in their communities.

JL highlighted what is a greater endorsement than the LD transformational bid already approved by WG.

JL also pointed out the HIW LD review (November 2016) is not cited in the strategy and highlighted the review included important recommendations and illustrated distinction between health and social care for people with LD and identifying the difference between medial need and care and support.

NA confirmed this review is not referenced in the LD strategy, and would be taken forward within the expert advice section of the transformation bid.

JG commended the team on their huge effort undertaken on consulting on the LD strategy.

CB enquired on the governance, specifically in relation to the role of housing providers and their role of providing suitable accommodation. NA agreed the commissioning and procurement strand will be developed jointly with housing partners.

SB welcome the important reference to equality and human rights matters within the document.

ME suggested connections are also made locally in relation to governance on the strategy so that the work goes hand in hand with cluster work, and ultimately form a natural part of all services.

	NA advised the LD strategy has already been presented and endorsed through FCC political process, North Wales CEO Cross Sector meeting and the Strategy Partnership and Population Health meeting. The NWRPB was in agreement to endorse the LD strategy. Each partner is requested to take the document through their own political route for endorsement.	Each partners to ensure the LD strategy is taken through their political process
6.	**ICF Half Year update** The board received an update on ICF from Neil Ayling. • Capital - The Grant Award Letter is awaited on the ICF Capital from WG. The Main Capital Programmes (MCP) (> £100k) and the Discretionary Capital Programmes (DCP) (< £100K) have been submitted to the Minister. Approval normally takes a week or so. Once Ministerial approval has been received a grant award letter for the DCP and in principle letter for the MCP projects will be received. A grant award letter for the MCPs will be issued once the actual costs have been agreed. ICF Capital for the Laurels Project in Wrexham has been withdrawn, leaving an underspend of £201,407. There are possibly further projects at risk due to timescales. • The revised guidance documents is due out 1st Feb 2019. National Workshops are currently being held to write and update the guidance. • Recent response from WG approving the final project of the Dementia Action Plan. The total allocation is £1,825,857. BJE pointed out that a regional risk register has now been created as a result of one of the recommendations highlighted in Fflur Jones (Audit Office) recent ICF review. Local risk registers are already in place. The NWRPB were in agreement to endorse the following actions: 1. To note the ICF Quarter 2 Financial Summary and the subsequent Change Notifications in accordance with the 2018/19 Guidance. 2. Note the assurance that we will continue to monitor and manage spend of the 2018/19 ICF allocations, however, there have been significant delays in approvals from Welsh Government, noted in the Regional Risk Register. 3. Note the Welsh Government requirements and deadlines for reporting and signoff.	
7.	**What Matters conversation** TO provided a brief update on the proposed 'What Matters' workshop. It is aimed to hold this workshop at the beginning of 2019. The session will be particularly beneficial for new NWRPB members and provide an	

	opportunity to discuss and challenge specific issues. Items for consideration will include: • RPB and transformation fund work-streams • RPB vision • Develop an up to date RPB Work Programme TO and MWJ agreed to lead on sourcing an external facilitator for the workshop, discussion topics and timelines. RPB members were also in agreement and would value the input to agree the vision and guidance and the opportunity to network on more regular informal sessions. ME in her capacity as BCUHB Associate Member suggested Mark Wilkinson to present the BCU 3 year plan. DW enquired on the RPB service user representative. As no applications were received for the expression of interest, DW agreed to work with some service users to see whether there is any interest and report back.	TO/MWJ to lead. DW to report back re SU RPB rep.
8.	Any Other Business – nothing to report.	
9.	NWRPB members welcomed the opportunity to network over a buffet lunch.	
	Date of the next meeting: Friday 11th January 2019 9:00 am – 12:30 pm	

Strategy, Partnerships and Population Health Committee 5.2.19	GIG CYMRU NHS WALES	Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care

Report Title:	Local Public Service Boards
Report Author:	Diane Davies Business Support Manager
Responsible Director:	Mark Wilkinson Executive Director Planning and Performance
Public or In Committee	Public
Purpose of Report:	It is intended that the Area Directors attending the Local Public Service Boards (PSBs) as BCUHB representatives will address the Committee in turn to account for business conducted at the meetings and appraise the Committee of developments.

Information in respect of PSB meetings may be accessed via the websites below

Anglesey & Gwynedd Public Service Board:
https://www.llesiantgwyneddamon.org/en/Amdanom/Papurau-Bwrdd/

Conwy & Denbighshire Public Service Board:
https://conwyanddenbighshirelsb.org.uk/en/agendasandminutes/

Wrexham Public Service Board :
https://www.wrexhampsb.org/about-us/

Flintshire Public Service Board :
https://www.flintshire.gov.uk/en/Resident/Council-and-Democracy/Flintshire-Public-Services-Board.aspx |
Approval / Scrutiny Route Prior to Presentation:	None
Governance issues / risks:	Not applicable
Financial Implications:	Not applicable
Recommendation:	The Committee is asked to note the intention for Area Directors, as representatives of BCUHB, to update the Committee on developments under discussion at PSB meetings and their implications for the Health Board.

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	WFGA Sustainable Development Principle *(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.)*	√
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 • Strategic and service planning			
Equality Impact Assessment Not applicable			

Board/Committee Coversheet v10.0