



# Annual Operational Plan 2017-2018

**Draft**

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## 1. Foreword

Our Annual Operational Plan for 2016/17 set out our priorities for action to deliver improvement across a range of activities and services. The past year has been a challenge for the Board as we responded to the specific requirements of the Special Measures Improvement Framework and sought to improve services across North Wales. Through the efforts of our staff, collaboration with partners and the collective focus of the Board we have made good progress and now set out our Plan for 2017/18 which aims to build on this good work.

Our Plan reflects the challenges which face the Board as we look forward. We are committed to addressing the further requirements of the Special Measures Framework and securing improvement across a range of services. We have spent a great deal of time engaging with staff, patients, service users and partners over the past year and their views have helped shape our Plan.

During the year ahead we have a number of key priorities which the Board is committed to delivering. They are –

- Demonstrating continuous improvement against the Special Measures Improvement Framework
- Taking action to support improvement in the health and wellbeing of the population of North Wales
- Improving access to services and the experience of people who use our services
- Delivering improvement in performance against key national standards
- Improving our financial position through efficient and effective use of resources
- Progressing the development of our long term strategy and Integrated Medium Term Plan

Our Plan strikes a balance between our ambition to improve service delivery at pace and our responsibility to make difficult choices regarding how we deploy the resources allocated to us by the Welsh Government.



## 2. Executive Summary

**Progress in 2016/17** - The Annual Operating Plan builds upon the work undertaken in 2016/17. The past year has been a challenging one. Positive progress has however been made in relation to the requirements of the Special Measures Improvement Framework. We focussed on mental health services, maternity, engagement with communities and staff and Board responsibilities for governance. Clear improvements have been made in each of these areas whilst managing our resources in line with the budget set for the year.

We have responded positively to challenges in primary care, implementing new models such as healthy Prestatyn whilst supporting existing GP Practices through new clinical roles and enhanced community teams. Within planned care we are on track to deliver the waiting times targets agreed with Welsh Government with notable success in delivering an 8 week maximum wait for diagnostic tests. We have made some progress in unscheduled care, but this remains an area of challenge for the Board and further improvement is required against key performance and quality measures.

**Population Health Need** – Our Plan contains a summary of the health challenges facing the population of North Wales and highlights the growing challenge of health inequalities between communities. We also describe key developments that will further inform our understanding of population need and strengthen our ability to redesign services with our partners and our population so that we prioritise actions in general, but specifically prioritise those in greatest need first. These are the single North Wales Population Assessment to inform the Social Services and Well-being (Wales) Act implementation, and the 4 Well-being Assessments currently being developed by Public Service Boards under the auspices of the Well-being of Future Generations Act. The key challenges identified are reflected in our actions to improve health and reduce inequalities

**Strategy Development** – Our Plan sets out how we will continue engage with staff, communities and partners to inform our long term strategy “Living Healthier, Staying Well”. We will bring forward proposals in the summer for the Board to consider the future shape of services in North Wales, with a particular focus upon health and wellbeing and care closer to home. We plan to consult on any significant changes in the Autumn to allow the Board to sign of its strategy early in 2018.

Alongside the strategy work we will prepare our Integrated Medium Term Plan which will be presented to the Board in March 2018, in line with the requirements of the Special Measures Improvement Framework.

**Improving Health and tackling Health Inequalities** – During the year ahead we will focus on three key areas, namely a strong focus on the early years agenda and the roll out of the Healthy Child Programme; supporting population behaviour change

to improve and protect the population's health, with a strong focus on tobacco, obesity, immunisation and alcohol reduction; and investing in Community resilience and self-care by taking forward the Well North Wales programme.

**Primary and Community Care** - In 2017/18 we will build on the work we have done to date to introduce a broader range of health and social care professionals including Specialist Nurses, Pharmacists and Therapists into independent and managed GP practices. We will work to improve access to sustainable primary care services and support the development of clusters to enhance their role in designing and delivering primary and community services. In support of this a clear estate strategy for primary care will be developed.

We will expand the number of integrated multi-disciplinary community teams and develop our staff to engage with individuals to deliver support which reflects "what matters" to them. We will review and improve service models and pathways of care to better manage chronic conditions within a community setting. Over the course of the next 12 months we will pursue further integrated working with our Local Authority colleagues in response to the Social Services and Wellbeing Act, establishing pooled budgets by April 2018.

**Urgent and Emergency Care (Unscheduled care)** - Our plan is based on changing the Unscheduled Care Model to ensure that more health service needs can be met outside hospitals through providing treatment alternatives to hospital admission and ensuring that patients who do require admission for specialist treatment can be safely discharged from hospital as soon as possible. We will work with the Welsh Ambulance Service to enhance the resources available to support people in their communities rather than relying solely on acute hospitals.

We will develop Community Resource Teams to provide alternatives to hospital care and pathways and treatments in the community. Our Single Point of Contact approach aims to improve care co-ordination and ensure effective processes for redirecting appropriate patients to community services. Within hospitals we will focus on daily review of patients and early discharge planning, co-ordinating with Community, Social Services, the third sector and Independent sector to strengthen evening and weekend services to support patients within their own homes.

**Planned Care** - Our plan recognises the importance to patients of improving access times. In providing services patients will be treated in terms of their clinical priority. We will use our resources effectively by not undertaking procedures which evidence suggests are of limited effectiveness. We will maximise our efficiency and productivity through appropriate scheduling and resource utilisation, treating patients of equal priority in turn, based on length of wait.

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During the year we will undertake work to re-design the way services are delivered in 5 key specialties; diabetes, dermatology, urology, orthopaedics and ophthalmology. This will enable us to use resources more effectively, deliver services in appropriate settings and reduce waiting. We will develop specific proposals to address the long waiting lists in orthopaedics and ophthalmology. We have developed a number of plans to reduce waiting times and continue to discuss these with Welsh Government. Our Plan will be updated to reflect the outcome of these discussions.

**Maternity services** - The Strategic Framework for Maternity, Neonates and Paediatrics approved in December sets out our ambition for these services, including our commitment to retaining obstetrics services at the three District General Hospitals in North Wales. Our Plan for the year ahead focuses on delivering improvements in the four key areas identified in the Special Measures Improvement Framework, namely continued improvement in the culture and clinical leadership within maternity services; continued improvements against the national maternity services performance dashboard; meeting national and statutory requirements for mandatory training; re-designing maternity, neonatal and paediatric services.

**Mental Health and Learning Disabilities** - Working closely with our partners we will focus on quality, safety, and sustainability of services. With continued involvement of people with lived experience we will finalise our Strategy and identify priority areas for early action.

We will ensure that we build on progress in 2016/17 to strengthen governance and performance through strong leadership at all levels. We will respond to the emerging findings and recommendations from HASCAS and the Ockenden governance review to ensure services improve and develop as a result of the findings. We will deliver improved performance and compliance with the standards set out in the Mental Health Measure. We will continue our investment programme to develop the environment of care in inpatient settings.

**Children** – In 2017/18 we will further roll out the Healthy Child Wales Programme, focusing our actions upon preventing ill health, promoting health and wellbeing and intervening early by improving access to services, with particular focus on areas of deprivation. We will build upon the work commenced as part of the Wrexham Pathfinder to implement processes aimed at preventing Adverse Childhood Experiences (ACEs).

We will continue to work in partnership with other agencies in tackling poverty and supporting key Programmes such as Flying Start and Families First to promote secure emotional attachment and positive maternal and family emotional health and resilience.

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Specific priority areas for action include: improving perinatal mental health; development and implementation of the Sub Regional Neonatal Intensive Care Centre (SURNICC) based at Ysbyty Glan Clwyd hospital; enhancing the access and service model for families and children with complex needs / learning disabilities; continuing to improve MDT assessment and waiting times for children; working with partners to ensure compliance with safeguarding, mandatory training and looked after children; further develop our CAMHS services, including 7 day services and crisis intervention; continue to implement childrens diabetes delivery plan.

**Older People** - Our plans aim to ensure services are available which everyone can access as well as providing more targeted services to support and help older people with particular needs. As part of the development of our long term strategy, we are engaging with older people and groups such as Local Authority 50+ Strategy Forums, to seek out their views to shape future health and health services.

Working with our partners as Public Service Boards, we will embed the wellbeing of older people within all our Services and work to support older people who are at risk, for example tackling social isolation, harm, tackling inequality and discrimination and ensuring that older people are safeguarded and protected.

We will work to ensure that older people can access high quality primary and community services. To assist this we will develop more integrated community services provided with our partners. We will further develop organisational wide tools to improve Quality & Safety of care, dignity and respect for older people. We will support older people by strengthening community teams to respond to urgent and emergency care needs and deliver more care closer to home, reducing the need for a hospital admission. The development and implementation of our dementia strategy will continue in 2017/18 and during the year we will introduce John's Campaign across all inpatient wards.

### **Major health Conditions (Including Together for Health Delivery Plan Priorities)**

The Welsh government have established a number of Delivery Plans which set out specific areas for improvement in the prevention, diagnosis and management of major health conditions. These include respiratory disease, heart disease, stroke, diabetes, neurological conditions, oral health, cancer, critically ill, liver, rare diseases, end of life. National Programme Boards provide oversight of this work with clear expectations that the HB will demonstrate progress in key areas. Our plan summarises the areas we will focus on in 2017/18 utilising our existing staff and resources to best effect.

**Finance** – Our Plan is set in the context of the resources made available to the Board by Welsh Government and assumes no further allocations. The Board has operated with a deficit in 2016/17, projected to be £30million at year end. We have a duty to return to financial balance and our Plan therefore contains a challenging

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savings target, aligned to the Board's interim budget, which will enable us to deliver a reduced deficit position of £26million in 2017/18. This is subject to ongoing dialogue with Welsh Government.

**Supporting and Enabling Plans** - We have set out our priorities in a number of key areas which support and enable the service priorities set out above. These include -

- quality and safety
- Workforce and organisational development
- Infrastructure investment (capital)
- Digital health (informatics and information)
- Research and development
- Finance and commissioning
- Governance and performance.

**Other key Corporate Priorities** - Our plan identifies the key corporate priorities for action across the health Board in 2017/18 as follows:

- Working with the third sector in supporting communities and delivering services in North Wales.
- Promoting the use of the Welsh language
- Supporting Carers.
- Accessible Healthcare and roll out of All Wales Standards for Accessible Communication and Information for People with Sensory Loss.
- Emergency Planning, resilience assurance and governance.
- Working with partners to deliver the priorities of the Mid Wales Health Collaborative

**Monitoring Performance and Delivery-** Performance against this Plan will be monitored through the Board's accountability arrangements as set out in the Board's Performance and Accountability Framework.

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### 3. Introduction

Betsi Cadwaladr University Health Board is committed to providing excellent healthcare to the people of North Wales. The experience of most people who access our services is one of high quality care and treatment and some of our services deliver results that are among the best in both Wales and the United Kingdom. There are, however areas where it is clear that we could do better.

The Health Board has faced a number of challenges, which were highlighted when the Health Board was placed in Special Measures by Welsh Government in 2015. During 2016/17 the Board has undertaken a significant amount of work to address the areas for action identified in the Special Measures Improvement Framework and provided a detailed self-assessment of progress to Welsh Government in November 2016. It is clear that whilst we have made some significant improvement in specific areas, there is more we need to do to address the wider challenges of improving health, meeting the changing health needs of the population, recruiting and retaining expert staff and responding to very real financial constraints.

It is crucial that the Health Board does not focus solely on short term service issues. We have a duty to plan for the future in a more structured way. This Plan describes how we will continue our work to set out our strategic direction through our Living Healthier, Staying Well programme. This is crucial work to enable us to have a clear direction for our development going forward and for the people of North Wales to have a clear understanding of what the Health Board, working with partners, will deliver in the future. This work will provide the framework for the development of our Integrated Medium Term Plan in March 2018.

Whilst we are developing our long term strategy and plans we understand that our services cannot stand still. There is urgent work to do to improve access to the services we currently deliver, enhance the quality and safety of those services and focus upon improving the experience of those individuals who access our care, as well as their families and carers. This Plan sets out what we aim to deliver in the year ahead, moving towards excellence in service delivery through planned changes and improvement.

The plan takes into account direction provided by the Welsh Government and responds to performance expectations set upon us. We have used feedback from our population, partners and staff, alongside an understanding the health needs of our population to help us plan improvements in service design and delivery to meet these needs.

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## 4. Strategic Overview

The Health Board is a significant public sector organisation in North Wales. We have a duty to work with our staff, partner organisations and communities to deliver improvements which will benefit those who live in our area. Our Plan has been developed to reflect this duty.

Setting a clear strategic direction for our activities and services to meet the future needs of our population is a critical task facing the Board. This direction will be built upon our organisational purpose, vision and values.

### Our Purpose

Our purpose is to **improve the health of the population we serve and deliver excellent care**

### Our Vision

Our vision for the future is that:

- **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 partnerships 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**

This vision sets out our ambition and will guide the work we undertake to plan and develop services for the future. It is an ambition that we are committed to delivering by engaging with our staff, population, partners and stakeholders.

Our vision of an integrated health service reflects our commitment to remove barriers between primary, community and hospital services, finding new ways of working which make the best use of resources and skills throughout our organisation.

Working in partnership to deliver our vision means that integration with other organisations and services will also be key to our success, whether that be with statutory partners, the third sector or with communities directly.

### Our Values

Whilst having a clear vision is essential, if we are to work together to deliver improvement in the future its achievement will only be possible if we have a shared set of values which guide our behaviours and focus.

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We have previously worked with our staff to identify the values that we all wish to adhere to. Feedback through surveys and other channels has identified that these values are not always evident throughout our organisation and we will therefore commit to a concerted focus upon these values going forward.

Adoption of these values means that we will:

- **Put patients first**
- **Work together**
- **Value and respect each other**
- **Learn and innovate**
- **Communicate openly and honestly**

The human rights principles of fairness, respect, equality dignity and autonomy (FREDA) underpin these values.

### **Our strategic goals – responding to the Well-being of Future Generations Act**

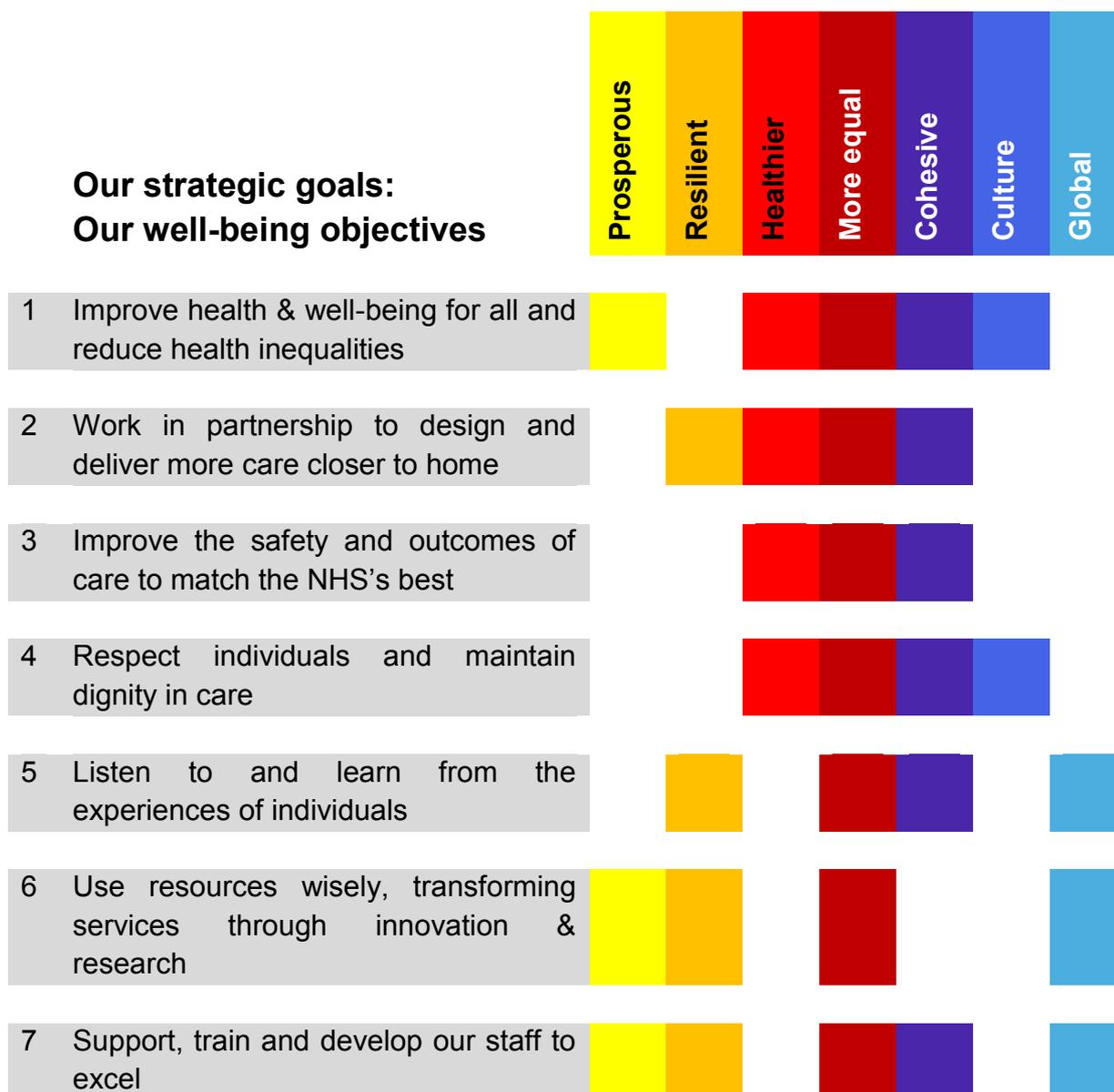
From April 2016, the Well-being of Future Generations (Wales) Act 2015 came into force with major implications for the Health Board and the way that we carry out our business and plan for the future.

The Well-being of Future Generations (Wales) Act 2015 requires all public bodies to change the way they work in order to improve well-being for the *whole* population, by acting in accordance with the sustainable development principle and meeting the 7 Well-being Goals. Sustainable development connects the environment in which we live, the economy in which we work, the society which we enjoy and the cultures that we share to the people that we serve and their quality of life. Working in this way means we can better meet the needs of our present population without compromising the ability of future generations to meet their own needs.

We have considered the requirements of the Act and reflected upon our previously published strategic goals. These strategic goals have been discussed with our Local Partnership Forum, Health Professionals Forum and Stakeholder Reference Group, all of whom support them as a framework to guide our actions moving forward. Considering the requirements of the Act we have assessed how our existing goals align with the 7 Well-being Goals and determined that they provide a sound framework to respond as set out below –



## Our strategic goals: Our well-being objectives



We will review the objectives further during our strategy development process and the subsequent IMTP development in order to refine our approach. In doing so:

- We will take account of the findings of the four well-being assessments being produced by the Public Service Boards in Gwynedd and Ynys Môn; Conwy and Denbighshire; Flintshire; and Wrexham. The emerging findings of these assessments will help refine our objectives.
- We will ensure the five ways of working and the prudent healthcare principles are embedded as enabling principles in our strategy and IMTP.
- We will consider a broader perspective in the work we take forward to help deliver our well-being objectives, thinking about the impact that we can deliver

collectively with partner agencies, stakeholders and communities. In doing so we will take account of, and seek to work with, the well-being objectives of partner organisations

- We will consider the need to raise our sights and consider how we can develop further our contribution to the global well-being agenda, learning through best practice and sharing examples of best practice from within the Health Board and in our work with partners.

We have collaborated on the preparation of 4 Well-being Assessments across North Wales which have been led by Public Service Boards as part of the collective responsibilities under the Well-being of Future Generations Act. The Health Board has taken a leading role in each of the PSBs, through the presence of Areas Directors, as Chairs or Vice Chairs and Executive Director input. This reflects the significance of this legislation and the Board's commitment to actively contribute to cross sector working to deliver improvements for the population of North Wales.

During 2017/18 we will also contribute to the development of the PSB well-being plans. The development of well-being plans will run in tandem with the LHSW strategy programme and the development of the IMTP for 2018/21. We will review our strategic goals during this period to ensure that they fully align with the Well-being Plans and maximise our contribution to the well-being goals.

The implementation of this Act and also the Social Services and Well-being Act (see below) will require a significant cultural and behavioural shift within the Health Board, especially in relation to the way we work with the public we serve and with our partners. Both, however, represent a significant opportunity to create the conditions in which we can improve the well-being of both current and future generations in North Wales.

### **Social Services and Well-being Act**

The Social Services and Well-being (Wales) Act came into force in April 2016 and focuses on the individual well-being of a sub-set of our population, namely those individuals who need care and support, along with carers who need support. Its aim is to maximise each individual's ability to feel good and function well by increasing their sense of control; strengthening their resilience and ability to access resources to cope when needed; and feeling included and being able to participate.

We have worked with colleagues in the Local Authorities to develop a single North Wales Population Assessment to inform the Social Services and Well-being Act implementation. This Population Assessment describes the care and support needs of specific groups within our population and we will publish this on our website.

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We have established our Regional Partnership Board and will use this to drive improvement and greater collaboration in service design and delivery. The Act places specific responsibilities upon the Board to develop greater integration of services, to be supported by pooled budgets from April 2018 and our Plan sets out actions to deliver this.

The Plans we develop in response to both of these Acts will ensure that the way we work builds upon a strong connection to the communities we serve. We will develop plans together which prioritise our attention to those with the greatest need and provide services in a manner which is carefully considered. We will work to understand what matters for individuals and what would bring the greatest benefit to them. We will ensure that our services are delivered consistently and in line with evidence and best practice. This will enable us to achieve the best possible outcomes for the people we serve. This approach to planning is consistent with the principles of prudent healthcare.

This way of planning will guide our thinking going forward and be central to the dialogue we have with staff, our population and partner organisations. Adopting these principles offers us:

- A challenge to our traditional assumptions and ways of doing things in favour of a new approach
- A requirement to consider what will bring about the best benefit in individual circumstances
- A clear focus upon prevention and early intervention, and on enabling people to maintain and improve their own health
- A clear shift of emphasis to primary and community-based support designed and delivered in partnership with individuals and communities to achieve the best possible outcomes from the resources available.

## **Quality and Safety**

Improving the quality and safety of our services is at the heart of becoming a sustainable and successful integrated Health Board. Our aim is “getting it right first time, every time for all our service users.”

Our Quality Strategy is due for review during 2017/18. In undertaking this we will focus on the prioritisation of harm free care and drive improvements in the quality and safety of care, keeping a focus on patients at the heart of all that we do. We will be clear and explicit about the standard of care that patients and service users can expect from our services. This new quality strategy will form a key component of our IMTP for 2018-21 and will guide the design of services.

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In the short term our Plan for 2017/18 sets out a number of priority areas for action to drive up quality and safety across the Health Board.

## **Equality and Human Rights**

In the 2015 report, 'Is Wales Fairer?' the Equality and Human Rights Commission identify a number of key equality and human rights challenges for Wales. Evidence suggests that inequality damages the economy and society as a whole. Everyone is affected whether or not we experience discrimination in our daily lives. That's why the review, and the detailed evidence it is based on, is so relevant to all of us in the public, private and third sectors across Wales. In assessing whether Wales is fairer, the review found that compared to five years ago:

- There are a few improvements, for example, a reduction in hostility towards lesbian, gay and bisexual people.
- In areas of life such as education and employment significant inequalities remain between different groups of people.
- Young people are significantly worse off in many ways including income, employment, poverty, housing and access to mental health services.

The analysis identified seven key challenges that need to be addressed in Wales over the next five years. These are major, entrenched inequalities and human rights abuses that will require substantial efforts of public, private and third-sector organisations and of individuals to reduce them. The all Wales challenges can be accessed: <https://www.equalityhumanrights.com/en/publication-download/wales-fairer-report>

We will pay due regard to our public sector equality duties set out in the Equality Act 2010 in all of our activities and plans. By doing this we will ensure that equality and human rights are properly considered and influence decision-making at all levels. We have a duty in relation to the appropriate and sensitive engagement with those communities described as seldom heard, vulnerable and disadvantaged groups. These groups often have the greatest healthcare needs yet face additional barriers to accessing services and making their views understood.

Listening to the views of these communities will give us insight about their needs and how to meet them. It will also empower them to make their views about service provision known. All decisions relating to healthcare provision must take account of potential impacts on these groups. Through our planning and engagement work we will ensure that all protected characteristic groups have the opportunity to fully participate by making engagement accessible to them. As far as possible, when we make a decision, develop a strategy or policy, or do anything else that affects our

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service users or staff, we will do so in a fair, accountable and transparent way taking into account the needs and rights of all of those who might be affected.

### **Welsh Language**

Ensuring the safety, dignity and respect of Welsh speakers is integral to the provision of health services in Wales. The Welsh Language Standards under the Welsh Language (Wales) Measure 2011 established the legislative requirements for the Health Board. Whilst complying with legal requirements, we will also set a greater level of ambition that will be driven by the desire to improve the quality of care provided for patients in their first language.

The Health Board's Welsh Language Strategic Plan ensures that changes in the legislative landscape are reflected in our approach to planning high quality, language appropriate care. The Welsh Language Standards and the 'More than just words' Framework provide the foundation on which we continue to build and improve upon.



## 5. Achievements in 2016/17

The Board's Annual Operational Plan for 2016/17 was supported by a summary of key deliverables and the following section summarises key achievements made in 2016/17.

### Improving Health

Progress has been made against a number of priority areas for improving health and reducing inequalities. Positive performance has been maintained in terms of our local flu campaign and childhood immunisation. Activities to enhance access to smoking cessation services include the roll out of the 'quit for them' smoking campaign and greater access to community pharmacy for smoking cessation services. A plan for maternal smoking cessation services was developed and appointments to this service are progressing.

Work to expand opportunities to promote health and wellbeing advice through brief intervention training and adopting the "make every contact count" approach is ongoing. Training and adoption of the MECC approach has commenced and this will continue into 2017/18 to scale up impact across the Health Board.

Improvement actions in hospital settings tackling falls are being implemented and a community assistance team supporting falls has been established in Denbighshire with impacts evaluated to inform plans for 2017/18.

The Board's "Well North Wales" programme is developing with wide engagement with partners taking place. Three communities have been identified for early adoption of this programme. Clear leadership in this area is evident through the Programme Director with supporting governance structures identified.

### Primary and Community Care

Work to introduce new and extended roles into General practice has continued throughout 2016/17. Pharmacist, physiotherapist, and Occupational Therapist roles have been introduced in North Wales, providing improved access and improved quality of care. New models of delivering primary care services continue to develop alongside traditional GP Practice services. Other work undertaken to support primary care sustainability included the development of a GP practice level risk assessment tool, supported by sustainability teams enabling rapid response to Practice challenges.

The role and contribution of Clusters has developed during 2016/17, supported by a Cluster OD programme. Cluster plans have been developed and implementation is progressing utilising the additional resources allocated in year. Examples of innovative services transferring work from secondary care, include heart failure services and diabetes. Clinical pathways to support access to multi-disciplinary

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teams have been developed in rheumatology and diabetes and admission avoidance pathways for blocked catheter and community IV therapy implemented.

Additional capacity has been commissioned in General Dental Services to ease pressures on access towards the end of the financial year. In addition, work to develop a Community Dental Services (CDS) strategy has commenced and will inform plans for 2017/18.

Work with partners is progressing through the Intermediate Care Fund. Integrated health and social care teams are in place in some areas and being developed across North Wales. Health and social care generic workers, including navigator roles, have been introduced across North Wales and access to services operating via county based “single point of access” (SPoA) is in place.

District nursing services are expanding and the roll-out of 24 hour access to district nursing has commenced alongside work to integrate health and social care teams. Additional step up-step down bed capacity has been introduced across north Wales.

Photo-triage has been rolled within dermatology to all areas assisting clinical triage including urgent suspected cancer.

Work to progress estate improvements in primary care is ongoing. Both Benllech and Colwyn Bay primary care centres were completed and opened in accordance with the project plan. The review of primary care estate condition has concluded and its findings will now be used to inform estate planning for 2017/18 and beyond.

Work to develop the future roll of community hospitals has commenced and will continue into 2017/18. Options for shared estates/ accommodation are being explored with partners as part of developing the community hub model across north Wales.

A strategic framework for primary and community services has been adopted by the Board which will help inform detailed service planning going forward.

### **Unscheduled Care**

Significant work has been undertaken in 2016/17 including developing clinical triage models working with Welsh Ambulance Services Trust (WAST), approaches to dynamic divert, rapid handover (linked to local escalation action plans with WAST) and the development of unscheduled care hubs.

Positive progress has been reported in the implementation of new pathways in the community which are beginning to impact upon patient flow. Work to enhance the response to meet the needs of patients with mental health problems, particularly in the emergency department setting has progressed. More capacity has been made

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available in liaison services and this is being focussed to improve unscheduled care delivery.

The Seasonal Plan was developed and implemented to ensure clear and enhanced plans were in place to support and manage specific population demands over the winter period.

Work to develop a better understanding and a new approach to independent sector resilience and market development has been progressed in partnership with Local Authorities on a regional basis. Outputs of this work will be used to support improved discharge planning going forward.

The model of frailty care has been developing across north Wales supported through strengthened clinical leadership capacity and this will continue through to implementation in 2017/18.

Despite significant progress with the areas above performance remains of concern and further focussed action will be required going into 2017/18 to ensure improvements in the responsiveness of services and patient experience are achieved.

### **Planned Care**

Work has continued to address clinical pathways and access to planned care services, working alongside National Planned Care Programme. Pathway improvements include non-visible haematuria, access to optimise the use of audiology services and a revised pathway for cataracts.

Hospital capacity has been utilised flexibly across north Wales to offer treatment to patients based on clinical need and length of wait. Where external capacity is available this has been commissioned in line with plans and has made a positive contribution to elective capacity.

Work has commenced to identify capacity needs and strategic options for orthopaedic services supported by strong clinical engagement. This will inform plans for 2017/18 and beyond.

Work has also progressed to maximise outpatient and theatre productivity in line with the plan. Weekly planning cells are fully established and supported by the Board's PMO programme of work to improve scheduling of patients, address DNA and hospital cancellations, thus enabling a planned increase in activity.

Positive progress has been reported in relation to reducing follow up backlog across the Health Board but this is not at the scale or pace required to reduce the potential clinical risks to patients associated with this position.

A number of cancer specialties have capacity constraints and clinical reviews are ongoing to change pathways and optimise capacity to deliver the expected

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improvements in these areas. Gastroenterology has improved due to staff recruitment, however, urology, colorectal and breast continue to be a challenge.

Improvements in waiting times for diagnostic services have been delivered throughout the year, with therapy waits and cancer standards maintaining performance levels. Significant additional planned care activity has taken place throughout the year however long waiting times remain problematic in some specialties and will require focussed attention in 2017/18.

### **Mental Health**

Positive progress has been maintained throughout 2016/17 against the areas set out in the Special Measures Improvement Framework. Leadership has been strengthened further within the Division and there is an enhanced focus on issues of quality and governance. Staffing levels have been reviewed against standards and this work will continue to give assurance that staffing levels are matched to the needs of service users.

Clear arrangements have been established to respond to and learn from concerns and incidents with strong clinical leadership. Learning sessions have been held with staff and good practice is being shared across the Division.

Actions to engage staff, service users and carers have increased. There is clear evidence of broad engagement that has taken place as part of the strategy development process. A strategic framework for mental health services was developed in November 2016 and a new all age strategy for mental health on track for completion by Spring 2017.

Performance against the mental health measure requirements continues to improve supported by a refinement of data collection and audit reporting systems. This provides a firm foundation for the sustainable delivery of this standard of performance throughout 2017/18.

Work to address environmental improvements in inpatient facilities have been implemented including removal of ligature risks in inpatient settings, improving safety, service user and staff experience. The first year of this two year programme has been successfully completed.

### **Maternity**

Positive progress has been made throughout the year against the milestones within the Plan and the requirements of the Special Measures Improvement Framework.

Medical staffing levels are improved, with consultant recruitment progressing successfully to support the revised medical staffing model and deliver a reduced reliance on agency medical staff. Recruitment of midwives has been successful with staffing levels meeting the birthrate plus standard.

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Risk assessment and management continues to function effectively and is providing increased levels of assurance with regard to safety and sustainability of services and mandatory training at 100% compliance at end Q3. Performance against the Welsh Government dashboard of indicators is reported and reviewed on a regular basis.

Work to enhance team working in maternity services has commenced and will continue into 2017/18.

Work to develop sustainable service models for the future has commenced, engaging clinical leaders and reflecting upon the report of the Royal College of Obstetrics and Gynaecology. A Strategic Framework for Maternity, Neonates and Acute Paediatrics was adopted by the Board in November 2016.

The SuRNICC business case was developed and approved by Welsh Government in accordance with the agreed timescale. Construction has commenced on site. Medical and nursing staff recruitment to the SuRNICC has been successful and is in accordance with plan. The North Wales transport service is established and operating effectively.

### **Services for Children and Young People**

Additional health visitors have been recruited enabling implementation of the Healthy Child Wales Programme to commence.

New services are becoming established in CAMHS following investment resources being made available. Community CAMHS outreach services are being expanded to a 7 day service. The neuro-developmental pathway is finalised, with Speech and Language Therapy, Occupational Therapy and psychology staffing being recruited to establish the service which will become fully operational in 2017/18. The eating disorders team has been developed with a clear pathway in place and new posts appointed to.

Good progress has been made in year to improve compliance with the mental health measure requirements, enabling delivery of the standard by year end.

Capacity to support children with epilepsy has been secured and services are in place in line with plan. Development of diabetes services and improved management of chronic conditions pathways has commenced. This includes the recruitment of a multi-disciplinary team incorporating diabetic nurses, psychology and dietetic staffing. Parents of children with diabetes are actively contributing to the development of this service.

Collaborative work with partners has progressed in line with our plan allowing proposals to be submitted to WEFO to support the “TRAC” project –overcoming barriers for 16-24 year olds to education, training and employment.

## **Quality and Safety**

The strategic falls group has implemented a falls policy and revised documentation for inpatient areas in community and acute sites.

Consistent systems for mortality reviews at stage 1 and stage 2 are now in place across the Health Board. Mental health division have established a robust mortality committee and undertaken a retrospective review of mortality

There is a clear plan in place to address infection prevention and control to secure improvement and rates of C. Difficile have shown reductions as the year has progressed, however further improvement is required going forward.

The World Health organisation Safer Procedures Checklist has been implemented in radiology and other clinical areas are developing their approaches, such as anaesthetics in YG. There will be further rollout of this approach through to year end.

Progress in eradicating concerns where responses are provided in a timeframe over 6 months has progressed over the year. Likewise 30 day response performance is improving. There is however more to do to consistently deliver acceptable response times and evidence the application of lessons learnt across the organisation.

The Safehaven process for staff to raise concerns is well established and will be formally reviewed for its effectiveness in Quarter 4 to support improvement in 2017/18.

## **Leadership and Governance**

Board membership has been stabilised and all posts recruited to. A full cohort of Executive Directors are now substantively in post alongside a settled Independent Member cohort. The Board has continued to engage in a development programme supported by external advisors appointed by Welsh Government.

Information and systems to assess and communicate risk from service areas to the Board have been enhanced, supported by new reporting arrangements.

Ward to Board audits continue, providing a monthly analysis against key standards with enhancements developed between the Quality team and the Informatics team.

On a broader level, the Board's policy for risk management has been approved and implementation is ongoing throughout the organisation.

The organisational structure is now implemented. The core components of the operational structure are 3 Area Teams, Secondary Care Directorate coordinating the work of three hospital sites and a separate Mental Health and Learning Disability Directorate lead by a Director who is now an Associate Board Member.

The Board's Audit Committee has kept the progress against the recommendations made by Wales Audit Office and Healthcare Inspectorate Wales under review and progress is evidenced. All Special Measures expectations have been tracked and assurance sought by the Special Measures Improvement Group of the Board to underpin the Board's assessment of performance.

## **Engagement**

Over the past year there has been a significant focus upon engagement with partners and communities with a new engagement strategy adopted and dedicated staff appointed to co-ordinate this work.

Activities through social media are increasing. We have launched our "get involved" website and the number of people registered is rising. Our strategy development work also has its own web presence, linked to "get involved".

A wide range of engagement has been undertaken to inform the developing Mental Health Strategy. Caniad, a new service user involvement organisation commissioned by the Health Board, has undertaken formal engagement on the strategy with service users, carers and families and produced a report on the findings of this programme.

Since September 2016 the engagement team has attended and held over a hundred meetings and events with external partners and stakeholders to build relationships and gather people's views.

Engagement officers have supported Public Service Boards (PSB) to engage on the population needs assessments and also undertaken a programme of health and wellbeing engagement activity.

Work is ongoing with the Consultation Institute to pilot an approach to assessing the effectiveness of the Board's engagement activities and procuring a more robust programme of monitoring and evaluating the impact of continuous engagement.

## **Strategic and Service Planning**

Work to develop out long term strategy is progressing as planned and the Board has agreed a programme of work to develop the strategy and our Integrated Medium Term Plan (IMTP) for 2018-21. Three Strategic Frameworks have been approved by the Board for Primary and Community Services, Mental health and Maternity, Neonates and Paediatrics.

We have begun to engage with staff and communities regarding our Care Closer to Home Programme. Structured events have taken place in February and March which will inform further work in 2017/18. Staff, partners, and community groups have been involved, including "hard to reach" groups.

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Clinical engagement has commenced in a number of specific workstreams, including orthopaedics, urology and maternity and an approach for service redesign has been agreed within maternity services.

Our Health Professionals Forum, Stakeholder Reference Group and Local Partnership Forum are actively engaged in this work and Public Service Boards have received presentations on our priorities and approach.

We have engaged external support to develop our modelling capacity to support the strategy development. This includes demand, activity, workforce and finance modelling. Our baseline assessment of the current position is complete.

A timetable for producing our 2018-21 IMTP has been defined which links with the strategy development work with clear milestones set for this work, leading to approval of the Plan in March 2018.

### **Infrastructure Investment (Capital)**

2016/17 saw a major increase in the capital funding available to the Health Board with over £64m invested during the year. Significant achievements include:

- On-going redevelopment of Ysbyty Glan Clwyd including the re-opening of the main entrance, fracture clinic, orthopaedic outpatients, head and neck outpatients, discharge lounge and a further 3 inpatient wards.
  - Completion of the development of Tywyn Hospital.
  - Approval of the Full Business Case and commencement of the development of the SuRNICC.
  - Commencement of construction of Blaenau Ffestiniog, Flint and Prestatyn Health Centres.
  - Investment in the replacement of the original Catheter Laboratory at YGC and the Fourth Linear Accelerator.
  - Completion of the upgrading of Substance Misuse accommodation in Rhyl and approval of the business case for the development of accommodation in Wrexham.
  - Submission to Welsh Government and approval of the Full Business Case for the Ysbyty Gwynedd Emergency Department
  - Completion of the Outline Business Case for the North Denbighshire Community Hospital.
  - Implementation of the first phases of the replacement Patient Administration System and telephony systems.
  - Preparatory work for the implementation of the national Emergency Department clinical information system and the Welsh Community Care Information System.
  - Investment in diagnostics and pharmacy services.
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- Investment to improve safety and the environment in Mental Health ward settings.
- The delivery of £14.68m discretionary investment in urgent estates, medical devices and informatics priorities.



## 6. Our Population's Health Needs

In many respects the overall health status of the population we serve remains good in comparison to many other areas of Wales. This is an important asset, and gives us a strong basis on which to build. However, whilst the benefits of this relatively good health and wellbeing are shared by many, there remain significant numbers of individuals and families in our communities whose experience is very different. In addition, it is also important to note that using Wales itself as a benchmark can lead to complacency given that in many respects, compared to the rest of the UK, Europe and other countries in the developed world, our health outcomes remain poor.

The past 12 months has seen continued improvement in the availability and accessibility of information sources to support our planning and prioritisation. This enables our Health Board Planners, our Clinicians and Partners to refine their understanding of need at both regional and more local levels.

Going forward, our approach will continue to:

- look beyond need alone – and ensure we also examine local assets
- highlight inequalities
- focus on cluster level data
- focus on outcomes – both as in measurable and given that the process of collating and interpreting the data is in itself a valuable activity.

The North Wales Population Health Directory, developed by the Betsi Cadwaladr Public Health Team, is now available bilingually via the Internet and brings together data on key population health priorities at different geographical levels.

<http://www.wales.nhs.uk/sitesplus/888/page/87492>

Two other key developments currently being finalised inform our understanding of population need and strengthen our ability to redesign services with our partners and our population so that we prioritise actions in general, but specifically prioritise those in greatest need first. These are the single **North Wales Population Assessment** to inform the Social Services and Well-being (Wales) Act implementation, and the **4 Well-being Assessments** currently being developed by Public Service Boards under the auspices of the Well-being of Future Generations Act.

Rather than repeat the information in these two significant documents, we have summarised some of our health needs below using the structure of the public health outcomes framework to re-emphasise the priorities BCUHB have consistently recognised as key to improving population health and well-being.

See: <http://www.wales.nhs.uk/sitesplus/922/page/87416>

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Although in comparison to other areas of Wales our overall population health status and outcomes are relatively favourable, there remain profound inequalities between different groups and communities across North Wales. Our understanding of inequalities which arise as a consequence of socio-economic deprivation is reasonably well established, we know, for example, that there are significant differences in life expectancy and in the prevalence of limiting long-term illness, disability and poor health between different socio-economic groups (The Deprivation Profile of North Wales). We are not defined by any singular characteristic, social determinants such as ethnicity; gender, disability, and sexual orientation combine and intersect to affect health and wellbeing, often varying across the life-course. A narrow focus on one aspect of an individual's or a group's identity may therefore work to the detriment of understanding and responding to the reality of people's lives and experiences. We recognise that we have a significant amount of work to do with individuals, communities and other agencies to better understand the inequalities which arise as a consequence of differences including those identified as protected characteristics.

During 17/18 we will continue to work to improve our understanding of needs and health outcomes, and we will work with partners to fully utilise the wealth of health data which is collected. This remains particularly true in respect of the protected characteristics described by the Equality Act 2010.

### KEY STATISTICS FOR BCUHB

Population total: 694,000		
<b>West</b> 192,400	<b>Central</b> 211,000	<b>East</b> 290,500

Number of births: 2014 = 7365. 2015 = 7055 ( <i>source: PHWO Stats Wales</i> )	
Population (0 – 14)	116,000
Population (15 – 64)	425,900
Population (65+)	152,200
Population (80+)	40,200

Life Expectancy – Females ( <i>source: PHOF Reporting Tool</i> )	82.4
Life Expectancy – Males ( <i>source: PHOF Reporting Tool</i> )	78.7
Leading cause of death and premature death:	
➤ Cardiovascular Disease	c 2190 deaths per year
➤ Cancer – <i>Healthmaps Wales 2014 = 2100</i>	c 2040 deaths per year

➤ Respiratory Deaths – <i>Healthmaps Wales</i>	C 1250 (2015)
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* Number of people with Diabetes	34,680
* Number of people with Coronary Heart Disease	29,720
* Number of people with COPD	16,770
Number of people with Dementia ( <i>source: PHWO Projections for 2015</i> )	11,486 Age 65+
* Number of people with Asthma	46,850
* Number of people with Hypertension	111,150

\* (registered in North Wales GP Practices 2014)

### Overarching Outcomes - Years of life and years of health

*Measured by Life Expectancy at birth and Healthy Life Expectancy at birth*

- Life Expectancy (LE) in our area (Male 78.7 years; Female 82.4 years) is similar to the average for Wales for both men and women
- Healthy Life Expectancy in our area for both males (67.6 years) and females (69.2 years) is higher than the averages for Wales.
- Healthy Life Expectancy in our area for both males (67.6 years) and females (69.2 years) is higher than the averages for Wales.

### Overarching Outcomes - Mental Wellbeing

Measures for this indicator, using the Warwick-Edinburgh Mental Wellbeing Scale are still in development at national level.

### Overarching Outcomes - A fair chance for health

*Measured by the gap between the most and least deprived for life and healthy life expectancy, and for mental wellbeing*

- The overall gap in life expectancy between the most and the least deprived in our area is around 7.9 years for men, and 5.8 years for women. This is broadly similar to other areas of Wales.
- For our area, the overall gap in healthy life expectancy between the most and the least deprived is around 13.3 years for men, and 13.8 years for women, and is broadly similar to other areas of Wales.

### Ways of Living that Improve Health - Healthy starts and Health in the early years and childhood

#### Teenage Pregnancy

- Trend data at Local Authority level across BCUHB illustrates that there has been a steady decline in rates of teenage pregnancy although our rates remain higher than the Welsh average and some other areas of Wales. (Wales 25.4 per 1000 females; BCUHB 26.9 per 1000 females)

#### Smoking in Pregnancy

- Data to inform this indicator is at present, woefully inadequate. However, BCUHB

is one of the 3 Health Boards in Wales able to report against this indicator.

- Data for 2016 suggests that 17.6% of women were smokers at the end of their pregnancy compared to 15.3% in Cardiff UHB and 22% in Cwm Taf UHB.

### **Breastfeeding**

- Current breastfeeding rates at 10 days vary substantially at Health Board level with BCUHB rates (39.8%) below the Welsh average (44.4%), and considerably lower than some other parts of Wales.
- The pattern across North Wales appears to demonstrate a degree of East to West variation with higher rates in the West and substantially so among Gwynedd residents (48.4%).

### **Childhood Vaccination**

- In comparison to the rest of Wales, BCUHB continues to demonstrate higher than average coverage, with relatively little variation at LA level. (Wales 85.3%; BCUHB 89.2%)
- However, there has been a slowing in the rate of increase in uptake in the most recent period.

### **Low Birth Weight**

- The current rate for BCUHB is similar to the Wales average. (Wales 5.1%; BCUHB 5.2%)

### **Healthy weight in childhood**

- The proportion of 5 years olds in BCUHB of a healthy weight varies at Local Authority level, ranging from 69.3% (Gwynedd) to 74.8% (Conwy)
- Overall the rate of healthy weight is slightly lower than the average for Wales. (Wales 73.8%; BCUHB 72.6%)

### **Healthy weight in adolescence (Aged 11-16)**

- Girls at this stage remain more likely than boys to be of a healthy weight, with around 77.3% of boys of a healthy weight, compared to 78.5% of girls
- Comparison across Health Board areas demonstrates variation although, largely due to the nature of survey data, caution needs to be exercised in considering the variation to represent a real difference.

### **Tooth decay among 5 year olds**

- Tooth decay is measured by the average number of decayed, missing or filled teeth (dmft) in children aged 5 years
- There is relatively little variation across LA areas in BCUHB but lower levels of tooth decay than the Welsh average. (Wales average dmft 1.3; BCUHB 1.1)

## Ways of Living that Improve health - Healthy Actions

### Physical Activity – Adolescents and Adults

- The overall the percentage of adolescents meeting the suggested levels of physical activity is very low (20% Boys / 10% Girls).
- Analysis by age group illustrates a clear decline in levels of activity across the life course with those aged 65 and over, and 85 and over demonstrating very low levels of activity.
- Although slightly higher than the Wales average (30.6%), figures at Health Board level demonstrate that only around 35% of our population overall meet activity guidelines. Again although there is some variation at LA level, this is unlikely to suggest real tangible differences.

### Smoking – Adolescents and Adults

- At Health Board level figures for BCUHB are similar to the Welsh average, with 3.3% of boys smoking and 3.9% of girls.
- Smoking prevalence at Health Board level (21.7%) illustrates that rates for BCUHB remain higher than the average for Wales (20%), with variation seen across LA areas.
- Smoking prevalence is strikingly different between those limited by disability (32%) and those not (19%).
- There is a strikingly clear gradient according to deprivation, and this attests to the impact of smoking on inequalities in health.

### Alcohol consumption – Adolescents and Adults

- Alcohol consumption figures (for young people in BCUHB) for both boys (7.7%) and girls (4.4%) are in line with average for Wales.
- There is little variation across Wales at Health Board level, or at LA level demonstrating that this is a universal issue with around 40% of all adults over 16 reporting regular drinking
- Analysis by age group demonstrates, as might be expected, increased levels of alcohol consumption in earlier phases of life. However, over 25% of over 65s still report excess drinking

### Fruit and Vegetable Consumption – Adults

- At Health Board level figures for BCUHB compare favourably against the average for Wales at 33.7% but this in turn means that by far the majority of our population eat less than the recommended amounts.
- The analysis by age group suggests some variation, with older age groups eating more fruit and vegetables. Among those over 85, however, there is significantly lower reported consumption

## Health throughout the Life-course

### Good health – Working age people and Older People

- The population in North Wales has historically been more likely to report good health than some other areas in Wales. This feature is borne out by the most recent survey data with BCUHB figures significantly higher than the Wales average (Wales 85.2%; BCUHB 88%)
- At Health Board level older people in BCUHB are significantly more likely to report good / very good health than other areas of Wales. (Wales 65.8%; BCUHB 70.8%)
- Although there are some notable differences between some LA areas, levels of uncertainty related to the nature of survey data mean that caution needs to be exercised in asserting that a true difference exists.

### Limiting Long term illness - Working age adults and Older people

- A Long Term Limiting Illness (LLTI) means a physical or mental condition long lasting in nature (i.e. 12 months or more). It suggests that an individual may need some level of assistance and treatment over a long period of time. Levels of LLTI do increase with increasing age. Although the difference from the Wales average is not quite as marked as with overall health status, BCUHB residents of working age report the highest levels of freedom from LLTI (Wales 75.4%; BCUHB 76.6%)

### Life Satisfaction - Working age adults and Older people

- This indicator is measured in the National Survey for Wales by the percentage of people, rating their satisfaction with life as 7 out of 10 or higher. Although higher than the Wales average (82.9%), the figures for working age adults in BCUHB (84.4%) are not substantially different from the rest of Wales, and variation is relatively small across the area.
- Amongst older people there is generally less variation by levels of deprivation in relation to life satisfaction than among 16 – 64 year olds. However the contrast between the most and least deprived remains notable

### Healthy Weight – Adults aged 16 and over (Separate Data for Older people in development nationally)

- The overall percentage of the Welsh population of a healthy weight is just under 40% and is fairly consistent across Health Board areas.
- At LA level there are some notable differences between specific areas, including a 10.5% difference between Denbighshire (38.1% healthy weight) and Gwynedd (48.6% healthy weight). A similar magnitude of difference is also reported between Gwynedd and Flintshire and Wrexham.
- Among this age group women are more likely to be of a healthy weight than men (Male 35%; Female 42%)

### **Hip Fractures – Older people**

- The majority of hip fractures in older people occur as the result of a fall, with roughly one in three of over 65s suffering a fall each year.
- The latest data for BCUHB suggests a relatively low prevalence in comparison to other areas of Wales (Wales 590.9 per 100,000; BCUHB 550.7 per 100,000). There is a degree of variation across LA areas but this is not suggestive of true differences.

### **Minimising Avoidable Ill-health**

#### **Premature death from key non-communicable diseases**

- This indicator is represented by the mortality rate in persons aged 30 to 70 years from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases.
- Rates of premature mortality are substantially higher among men than women.
- The BCUHB rate of premature mortality is very similar to the average for Wales. (Wales 319.5 / 100,000; BCUHB 322.3 per 100,000) However rates vary across N Wales with some of the differences unlikely to be due to chance, suggesting real differences.
- Trend data for the period since 2005/7 presents a mixed picture across Local Authority areas with some evident decline in rates in some areas (e.g. Gwynedd) but little discernible changes in others (e.g. Denbighshire)

#### **Suicide**

- Suicide is the second leading cause of death among young people in the 15 – 19 year age group. Suicides are not just a characteristic of younger people but does also lead to loss of life among the older age groups, including the 45 – 64 year old group
- There are higher rate of suicides among men compared to women.
- Across Wales there is variation but the rate for BCUHB is similar to the average for Wales. (Wales 12 per 100,000; BCUHB 11.2 per 100,000). At Local Authority levels as the trend data best illustrates there can be considerable variation over time.

This analysis of population health need has informed our priorities for action and intervention which are set out in this Plan.

## **7. Developing our plans for future health, well-being and healthcare - 'Living Healthier, Staying well' Strategy development**

During 2016/17, as set out in our Plan, we commenced work on developing our strategy for health, well-being and healthcare, under the Living Healthier, Staying Well programme.

The programme structure and governance arrangements have been established. Programme brief documents have been developed, which set out what each programme area is expected to achieve in terms of benefits, outcomes, scope and objectives.

Our approach to the development of our strategy is focussed around the following key themes –

### **Improving health and reducing inequalities**

This element of our strategy will set out how we, along with partners and communities, will respond to the population health needs identified in order to deliver and sustain an overall improvement in health and wellbeing for the people of North Wales. Critically, we will also identify how we will make a demonstrable impact on the known health inequalities experienced by many people across North Wales.

In addition to population health needs assessment this programme will respond to the wellbeing assessments prepared by Public Service Boards in North Wales and will form a core component of our response to meet our duties under the Wellbeing of Future Generations Act.

### **Care closer to home**

This programme will build upon the Strategic Framework for Primary and Community Services which was agreed by the Board in November 2016. It will embrace services in primary care, community services, including the role of community hospitals and focus upon our work with Local Authorities and other partners to deliver greater levels of integrated services.

The programme will bring a focus to how all services in the community will work together to meet the needs of all individuals. As such it will draw in aspects of our Children's Strategy, Older Persons Strategy and Mental Health Strategy.

### **Acute hospital care**

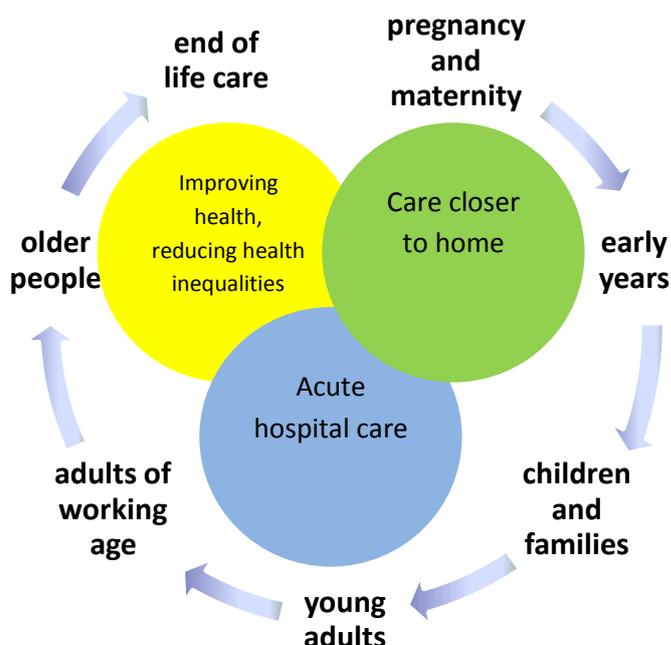
The development of proposals for hospital services will be shaped by the outputs of the other two workstreams. Care, treatment and support services need to be delivered across a range of settings, offering safe, compassionate care to those who need hospital services. Plans for these services will be developed to reflect evidence regarding service design and achievement of the best clinical outcomes. They will

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build upon the Board's commitment to maintaining its three major hospital sites across North Wales as the principal source of services for their local populations.

The major workstreams are set out in the diagram below.

**Health through the life course**  
*Physical, emotional and mental health and well-being*



Supporting these major programmes will be three focussed strategies in the following areas –

- Children's Services
- Older People
- Mental Health Services

In the final quarter of 2016/17 we produced a baseline assessment that summarised the current position, including technical information on capacity and demand. This will inform the next stages of the strategy development programme.

It is crucial that this work is informed by the experiences, knowledge and views of our staff, patients, carers, stakeholders and wider communities.

In order to support our work, a set of strategic questions which provide a guide for the programme workstreams have been agreed. These questions have been designed to support the change in emphasis of the Board's work required under the Well-being of Future Generations Act. The questions also link to the 7 strategic goals confirmed by the Health Board and set out earlier in this plan. The questions are:-

How can we work with people to improve health and well-being for all ages – physical and mental health – both now and in the future?

What can we do to help reduce the differences in health and well-being in different parts of North Wales or different groups?

How can we make sure our NHS always provides good, safe and effective care, and produces good results for all, to match the best?

How will we reduce how long people wait for health services, so that people can get the support they need, at the time they need it, in the right place?

How can we make sure we use our staff, our budgets and our hospitals, clinics and other facilities well so we can provide better NHS services in the future?

How will we use current and new technology to help improve how we connect with people and how others connect with us?

How do we work better together with our staff and with others in addressing these issues?

How do we make sure we continue to listen and to learn from feedback and from patients' experiences in the future?

### Next steps

The actions we will take in 2017/18 to develop our strategy are summarised below:-

- We will publish the Mental Health and Well-being strategy which will be founded on the engagement that has taken place with service users, carers and partner organisations. This will set out the direction of travel for these services and provide a framework for further detailed planning.
- We will undertake extensive engagement with staff, patients, carers, stakeholders and communities to shape our plans. Our approach will adopt a range of methods to ensure that we access a broad range of interests and views, particularly those in traditionally “hard to reach” groups.
- In the first two quarters of 2017/18 we will develop the future vision for the programme workstreams, describing what this might mean in terms of support for health and well-being and future delivery of healthcare. This work will be informed by extensive engagement with staff, stakeholders, communities and partners.
- In this work we will respond to the population and well-being assessments developed under the SSWB Act and the WFG Act. We will be undertaking further engagement with partner organisations, stakeholders and the population to do this. We will also be seeking to identify ways of working more closely together with partners and particularly the PSBs, to avoid unnecessary duplication and to share findings.

- By April 2017 we will have published our well-being objectives, integrated with the organisational priorities within this operational plan, and a statement on well-being as required by the WFG Act.
- By July 2017 draft scenarios of future services will have been developed for consideration by the Board. These will be informed and shaped by our engagement work. The scenarios will be supported by enabling workstreams on workforce and organisational development, estates and capital; finance; information management and technology; activity and capacity modelling. Assessment of transport and travel issues, benefits realisation and a broader impact assessment (including equality impact assessment) will inform the work.
- We will define an approach to impact assessment which will help assess major proposals and policies against the five ways of working set out in the Wellbeing of Future generations Act. This will support the ongoing work needed to embed the five ways of working at all levels within the Health Board at strategic, such that consideration is consistently given to the impact on well-being of decisions and actions. We will hold workshops to facilitate this from April 2017 and will be confirming a small number of areas on which we will work in detail to test the new approach.
- The scenarios will be brought together into a draft strategy document in for consideration by the Board by September. This will include the high level strategic framework setting out how we will contribute to improving health and well-being and addressing inequalities. It will also set out the broad picture of future service models, with key areas identified and described in more depth. This will include Care Closer to Home and major elements of Acute Hospital Care.
- Where services changes are proposed which require formal public consultation this will take place in the autumn of 2017, with feedback available to the Board early in 2018 to enable decisions to be made which can be reflected in our Integrated Medium Term Plan.

### **Developing our Integrated Medium Term Plan 2017/18**

The Health Board has not previously produced an Integrated Medium Term Plan (IMTP), however there is a clear requirement to do this by March 2018 as part of the Special Measures Improvement Framework.

The development of an IMTP for 2018/21 is a critical activity in setting out a clear approach to delivering improved services to meet the changing needs of the population of North Wales.

The Board therefore has a duty to prepare and approve an integrated plan which shows how services will be delivered over a three year period, implementing the

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Board's strategy, achieving key delivery targets set by Welsh Government and balancing the Board's financial resources over the lifetime of the plan.

Whilst the IMTP must cover three years, it is acknowledged that the level of detail for each of the three years will be different as follows:

- **Year 1 (2018/19):** Year 1 plan will clearly describe, the actions and milestones for 2018/19. Year 1 will also set out the preparatory work to support delivery in future years.
- **Year 2 (2019/20):** The IMTP will indicate priorities, actions and risks for the second year and set out detail around key plans and metrics including performance trajectories. Work on major challenges or opportunities will be outlined.
- **Year 3 (2020/21):** The IMTP will show how we propose to make continued progress towards delivery of our strategic objectives and include as much detail as possible for year 3.

Divisional Area, Secondary Care and Mental Health teams will work closely with our partners and through their departmental and service teams to focus on quality, safety, sustainability and patient/user experience. The plan will be integrated, bringing together service, workforce, infrastructure and financial elements.

There will be a continued drive to reduce variation and embed innovation across North Wales as our strategic direction is implemented, using data and best practice in support of all our work. Plans will be grounded in good evidence of effectiveness and will reflect the prudent healthcare principles:-

- Achieve health and wellbeing, with the public, patients and professionals as equal partners through co-production
- Care for those with the greatest need first, making the most effective use of skills and resources
- Do only what is needed, no more, no less and do no harm
- Reduce inappropriate variation using evidence based practices consistently and transparently

The planning timetable for preparing our IMTP is set out below and will work in tandem with the strategy development work referred to above:-

- April – May 2017 – Summary of population needs and baseline assessment. Consolidate the work undertaken to support strategy development to set out the key health challenges facing the population of North Wales and our assessment of current service provision. This will clearly identify the context for the development of our IMTP

- July 2017 – Identification of strategic direction and key priorities for service change. We will identify the priority areas for action within the Board's emerging strategy, particularly those aspects which can be progressed over the first year of the IMTP in order that detailed implementation planning work can commence.
- September 2017, draft capital priorities for action will have been identified to shape our Capital Plan over this period including estates, medical devices and IM&T.
- September - October 2017 – Development of detailed Planning Guidance and Planning and Commissioning Intentions for the period of the Plan. This will enable work across the organisation to develop in a coherent, focussed manner to build robust plans for service change.
- It is expected that the NHS Planning Framework for 2018/21 will have been published by October 2017 which will define national priorities to be addressed within the Plan. We will then develop the detail of our Plan as follows -
  - November 2017 - Divisional priorities identified and draft plans will be developed
  - December 2017 - Draft Delivery plans will be developed to underpin our IMTP
  - January 2018 - Draft BCU IMTP will be reviewed by Board prior to submission to Welsh Government for plan scrutiny.

Importantly, at this stage, the Board will be able to reflect upon the outputs from our consultation and agree the initial priorities for implementation over the period of the IMTP ie 2018/21.

The final IMTP will be presented to the Board in March 2018 for approval.

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## 8. Operational Delivery Plan 2017/18

### Pathways and Services

This section describes our immediate priorities for action in 2017/18. These have been informed by listening to and engaging with our population, staff and partners and the messages we received regarding the areas where we could do better.

Alongside this, the plan aims to respond to addressing the challenges arising from our population needs assessment, key areas of operational risk and areas requiring performance improvement. These have informed and shaped our priority themes for action in 2017/18 as set out below.

The delivery priorities for the year ahead have been summarised to follow the structure set out in the Welsh Government planning guidance and appear under the following headings:-

- Improving Health and tackling Health Inequalities
- Primary and Community Care
- Urgent and Emergency Care (Unscheduled care)
- Planned Care
- Maternity services
- Mental Health and Learning Disabilities
- Children
- Older People
- Major health Conditions (Including Together for Health Delivery Plan Priorities)



## 8.1 Improving Health and tackling Health Inequalities

Our Health Board plans for the 17/18 build on previous Operational Plans.

Long term approach	The Health Board remains committed to its aim to reduce health inequalities and we continue to build a partnership ethos to our work on this agenda
2017/18 Operational Plan	<p>We have three key area of work to tackle in 17/18:</p> <ul style="list-style-type: none"> <li>• A strong focus on the early years agenda and the roll out of the Healthy Child Programme</li> <li>• Supporting population behaviour change to improve and protect the population's health, with a strong focus on tobacco, obesity, immunisation and alcohol reduction.</li> <li>• Investing in Community resilience and self-care by taking forward the Well North Wales programme, rolling out Making Every Contact counts and improving mental well being</li> </ul>

This is the year of Well-Being, when all Public Service Boards (PSB) will be developing their plans to improve the well-being of their population. We will have a key role as a statutory member of the PSBs to support the well-being assessments and the development of well-being plans

We will work closely with Primary Care colleagues, Cluster Leads, and Local Authorities to take forward the health improvement priorities identified as part of this plan. We believe that through a sustained focus on the three areas listed above, we will see an increase in:

- Community resilience, engagement and improved well-being in targeted areas
- A reduction in smoking prevalence
- Improvements in immunisation targets
- A reduction in older people falling at home
- Improved physical activity levels
- Pathways to support those who are overweight and obese and want to become a healthy weight
- Less children exposed to Adverse Childhood Experiences
- A reduction in geographical inequalities

Our core work on health protection activity will continue. We will maintain our links with our screening colleagues in PHW, and especially the screening engagement team in North Wales.

Improving health activity in relation to both alcohol reduction and sexual health will be progressed alongside the APB and service developments respectively.

### **Key Actions/Deliverables in 2017/18**

#### **Tackling Inequalities in Health – Well North Wales**

We will progress our Well North Wales programme. This will include stepping up our community engagement via the establishment of community cafes and community action groups to engage residents and stakeholders in the process.

Capacity building by recruiting volunteers will be a key feature. We are aiming to have an additional six volunteers recruited.

We aim to establish a youth engagement programme.

Local people will be involved in the design and delivery of themed activities with local projects.

Strong links are already in place with Bangor University and Well London and we will be producing an activity report.

#### **Ensuring the best start in Life**

We will be implementing the Healthy Child Wales Programme to ensure a consistent approach to our health improvement work with families.

A childhood obesity strategy for prevention and treatment, (which will implement the 10 steps to a Healthy Weight in childhood programme) will be developed and implemented – including a weaning project, and a roll out of cook and eat activity. This will lead to decreasing trends in childhood /maternal obesity rates.

We will deliver a child measurement programme and maternal smoking cessation service.

We continue to develop ACE informed services and approaches to mitigate impact of ACE's in those children already exposed – particularly awareness training for frontline staff. Our aim is to reduce number of children exposed to four or more Adverse Childhood Experiences (ACEs) including links to Perinatal Mental Health programme and implementation of Emotional Health Strategy.

We aim to prevent and reduce childhood injuries by auditing and reviewing attendances at ED and MIU in relation to childhood injuries.

Partnership plans will be in place for taking forward 10 Steps programme in our

three Areas. We will be completing a plan for developing ACE informed services.

The 1000 days pathfinder programme will commence in Wrexham in partnership with Local Authority and PHW.

Early years priorities will be visible in PSB well-being plans and the injury audit of MIU/ED attendances completed and an action plan developed.

### **Tobacco Control**

An Integrated smoking cessation LES will be commissioned with interested new GPs leading to improved quit rates and better choice for patients.

We aim to stop NRT prescribing in non-LES GPs (resulting in a predicted reduction in spend of £50,000)

We will implement the recommendations of the National Electronic Claim and Audit Forms) NECAF North 51 Pilot thus improving accessibility of services for clients.

We aim to ensure that prison services health professionals undertake (Making Every Contact Count) MECC training and Dental contractors offer smoking cessation advice.

Targets and Quality Standards will be reviewed with a view to improving quit rates.

#### **Secondary Care:**

We will identify staff to deliver a secondary care smoking cessation service We aim to progress the service which should improve quit rates and lead to more clients being treated.

This year we will review our smoke-free site policies in a bid to reduce the number of complaints.

We will be targeting additional dedicated support to people with mental health needs and launch our maternal smoking cessation services.

Our work on social Marketing will continue. We are working with PHW to support national and local social marketing campaigns.

Through partnership working with the third sector we will train partners in MECC so more patients are referred appropriately to specialist services.

Our children's brief intervention training approach will progress to ensure existing student health visitors and School Nurses complete training, and include training as mandatory for new staff.

### **Increasing Immunisations**

#### **Preschool age children:**

We will implement a Childhood Action plan with view to achieving improved target rates and resulting in public protection being achieved.

#### **School age children:**

Recruiting immunisers for school based programmes is a key action target by Q4.

We will be undertaking a data cleanse of records, specifically focussing on children originating from abroad.

#### **Influenza vaccination programme - Vaccination of the public:**

Following a regional planning day held in 16/17 resulting in a new action plan for the Health Board in 17/18 we will be developing a more specific action plan by the end 2017/18. Our aim is to see improved uptake rates, with better results at GP level, cluster and at Area level

#### **Influenza vaccination programme - Vaccination of NHS staff:**

We will hold a regional planning day by Q2 with a view to rolling out a refreshed staff campaign with local leadership to improve uptake to a minimum of 50%.

### **Reducing Falls**

We will target the prevention of community falls through:

- review of both community and care home pathways
- increasing the use of FRAT (Falls Risk Assessment Tool) and MRA (Multi-disciplinary Risk Assessment) reviewing the CAT pilot.
- a roll out of care home training.

This will lead to improved care in the community and a reduction in use of secondary care services.

### **Mental Health and Wellbeing**

For children and young people we will:

- Implement the 5 Ways to Well-being ethos by training all specialist CAMHS staff in the 5 ways and embedding the principles in all our work with children and families.
- Embed the CAMHS Single Point of Access (SPOA) and including mental health training and consultation.
- We will undertake further work with partner agencies to deliver key

messages across the workforce, and work with PHW to develop new resources tailored to specific age groups of children and young people.

- Provide targeted early help for young people not in employment education or training (NEET): AD-TRAC by setting up and delivering the project (once confirmation of funding received from WEFO).
- Progress the specialist CAMHS consultation service for Children Looked After (CLA,)

For adults we will focus on:

- Continued roll out the Caring and Coping with loss in Dementia Group and services which look to provide early intervention in chronic health conditions and muscular-skeletal disorders, psychosocial interventions for hypertension in chronic kidney disease and continue with our Street Triage project aimed at preventing crisis.

### **Obesity**

We are continuing to develop our Adult Tier 1 and 2 obesity service and ensuring that there is a defined pathway of care and appropriate follow up for weight management by focussing on:

- Making every contact count,
- Prevention (chronic disease);
- Integrated working,
- Developing the workforce

The Tier 3 obesity pathway will be established with a clinical lead identified and Tier 3 team to be established. We aim to have this operational by the end of Q3.

## 8.2 Primary and Community Care

Our longer term ambition is for primary care services to remain central to providing healthcare close to where people live. We will build on the work we have already done to introduce a broader range of health and social care professionals including Specialist Nurses, Pharmacists and Therapists into independent and managed GP practices.

We will continue to develop and support measures to improve access to sustainable primary care services and support continued development of geographic clusters incorporating all contractors, secondary care and mental health and community services, the local authority and third sector partners in planning and developing services to meet local need.

We will expand community teams who work together to care for people in their community and in their own home if needed. There will be a single point of contact to arrange for the right healthcare professional to go to people when they need them.

A clear estate strategy will be developed to ensure that the buildings from which we provide services are fit for purpose, supporting provision of additional and enhanced primary and community services. Professionals utilising technology and up to date equipment and techniques will be a fundamental part of our vision moving forward.

Work will continue to develop a culture of shared learning, reflective practice, resulting in reduced duplication and better efficiency across our system.

Our staff will continue to engage with individuals to really understand what matters to them. Through actively listening we aim to realign our services towards prevention and health improvement. This approach is in line with Social Services and Well-being (Wales) Act 2014 which promotes independence and self-sufficiency and places 'What Matters' to individuals at the centre of all we do. There is also a focus in our plans on improving end of life care and providing individuals with increased control and choice over where they die, ensuring that they die in a place of their choosing (where possible) and with dignity.

A key part of the work we will be carrying out this year involves reviewing and improving our service models and pathways of care to better manage chronic conditions within a community setting. Our aim is to increase the scale and pace of how we integrate services, within health and with our partner organisations (Local Government, the third sector, Carers and other agencies) and to reduce contact with secondary care/acute where possible, in particular unscheduled care attendances and admissions.

We have already started some of this work which is funded from the Intermediate Care Fund and Primary Care Fund schemes, for example with the Healthy Prestatyn

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Each project, Advanced Physiotherapy Practitioners working in 49 GP practices across N Wales and health and social care teams working together in Gwynedd.

Building upon the work commenced in 2016/17, the establishment of Community Resource Teams (CRTs) will be continued and expanded during the coming 12 months. The anticipated impact of the role and function of these multi-disciplinary, multi-agency CRTs is expected to be significant, particularly in terms of supporting the sustainability of Community services, impact on unscheduled care agenda and in terms of increased collaborative working with, Primary Care, Local Authority and Third Sector colleagues.

Over the course of the next 12 months we will establish pooled budgets with our Local Authority colleagues in Social Care. The Social Services and Wellbeing (Wales) Act 2014 has already set out the requirement to have pooled budgets for care homes by 2018. This has the potential to have cost savings in the long term, although we acknowledge the benefits will not be seen within 2017/18.

### **Key Deliverables in 2017/18**

#### **Delivering safe and sustainable primary care services**

We will undertake regular risk assessments of the health and sustainability of our independent GP practices with clusters and individual practices, allowing early identification of where additional support is required which will include.

- Collaborative models of working for GP practices.
- Full or partial implementation of learning from the Healthy Prestatyn local model of primary care
- Expanded multi-disciplinary team working including physiotherapists, pharmacists and advanced nurse practitioners
- Use of the Out of Hours Service to support home visiting for GPs and provision of services for temporary residents to the area and holidaymakers.

In response to the primary care conditions survey and development of new models of care, develop Area primary care estates plans that are integrated with public sector estates opportunities, complete business cases for new primary care developments including Waunfawr, Conwy/Llandudno Junction, Kinmel Bay.

In line with new models of primary care develop a workforce plan that can best respond to current workforce challenges and changing models of care.

Extend the use of mobile IT devices within Primary Care to all GP practices to support efficient processes and safe service delivery.

Develop an agreed model of primary care services for the proposed Wylfa Newydd development temporary workforce of up to 11,000 people to ensure an adequate primary care service for them mitigate any adverse impacts on the local population.

We will fully establish the provision of health services for HMP Berwyn and 2,106 prisoners held there when fully operational.

### Improve access to primary care services

We will improve access to a range of primary care services and put in place measures to monitor achievement and share best practice.

For GP services we will:

- Improve accessibility through opening hours, both within core hours and extended opening times to ensure 75% of GP practices offer daily appointments between 17:00 and 18:30 hours and 91% of GP practices open during core hours or within 1 hour of daily core hours.
- Establish the percentage of adults (aged 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP/family doctor and take actions to improve the levels of satisfaction.
- Establish the baseline for the percentage of people (aged 16+) who found it difficult to make a convenient appointment with a GP and seek to understand and address the reasons for this difficulty.
- Ensure that patients access to diagnostic tests is timely and within the 8 week national target for all reportable diagnostics
- Following successful piloting of advanced clinical roles in supporting multi-disciplinary working in primary care increase by a minimum of 10% the number of GP practices with Advanced Practice Physiotherapist and Clinical Pharmacist supporting them

Based on the experience of Healthy Prestatyn in utilising the role of Occupational Therapists roll out the role to a further 6 practices to test the role in traditional GP practices.

Following review during 2016-17 of the efficiency and functionality of My Health On-Line system across GP surgeries, we will support primary care to improve electronic access for patients to prescription services and to increase practices offering patient appointments through my health on line by 5%. (This work includes increasing the uptake amongst patients to access and utilise the system for ordering repeat prescriptions as well as implementing and extending the use of online appointment booking.)

Increase the number of GP practices using SMS text messaging services by 10% and the overall number of texts by 15% to improve communication between patients and their GP surgery including reminder service for appointments, vaccinations etc.

Ensure patients in high risk groups have excellent access to influenza vaccination and that this is actively supported. (achieving 75% for 65 year olds and over and under 65's in at risk groups)

Work with mental health services to increase the number of GP practice teams that

have completed training in dementia care. Establish a baseline for the percentage of GP practice teams that have completed mental health Direct Enhanced Services (DES) in dementia care or other directed training and seek to increase this by 5% during the year. Ensure that the percentage of people with dementia in Wales aged 65 years or over who are diagnosed (registered on a GP QOF register) improves from the present expected 70% to 80%

Working with community pharmacies we will

- Complete roll out of the Chose Pharmacy scheme to 155 community pharmacies across North Wales
- Deliver level 2 smoking cessation services in 95% of community pharmacies to reduce the level of smoking in the community.

Working with General Dental Contractors

- Commission additional dental services for geographic areas with low access rates with the aim of securing general dental services for a further 10,000 people by March 2017.

Working with the Expert Patient Programme team,

- Roll out the COPD Self-Management for Life (SML) project to support individuals to self-manage their condition and symptoms, providing 2 courses for 32 patients.
- Develop a Cancer Survivorship and Chronic Pain Management course

### **Implement referral management systems**

Optimise the benefits derived from use of the Welsh Health Clinical Portal and electronic referrals between primary and secondary care, monitoring and seeking to improve percentage of referrals made through this route.

Continue to develop the capacity and expertise in primary care to manage chronic conditions effectively and safely out of hospital.

Raise awareness across GP Surgeries of direct access / urgent care pathways to support practices to direct patients to access the most appropriate service

With colleagues in secondary care establish new ways of working across the whole system for the following specialities of, orthopaedics, ophthalmology, care of the elderly, dermatology and diabetes that will result in patients being managed in a different way.

### **Build multi-disciplinary working in primary care and implement risk stratification processes**

- Establish community resource teams (CRTs) across all areas, working closely with GP practices, pharmacies and dental services
- Identify appropriate risk stratification tool within primary care clinical systems to identify patients who are vulnerable / at risk of unplanned hospital admissions and implement measures to avoid unnecessary hospital admissions and link to the development of CRTs
- Work with WAST to pilot f Ambulance Paramedic Pathfinder role within primary care to support GPs / primary care services
- Evaluate proof of concept in regard to the social prescribing model implemented during the winter to understand with Bangor University the impact on both the individual and the service during the 4 month period, specifically for frequent flyers and high users of the service. This will then inform the longer term model development with the third sector.
- Develop plans to deliver MECC training across a range of primary care health professionals to empower staff to hold 'brief intervention conversations' with service users to prevent illness, support behaviour change to encourage healthy lifestyle choices, promote key lifestyle messages and signpost to other support services.

### **Roll out of technology and next phase of telemedicine**

During 2017-18 further evaluation and analysis of 2016-17 initiatives will be undertaken of the efficiency and effectiveness of access to mobile IT services for GPs prior to roll out across all GP surgeries.

We will review the telehealth initiatives already in place and work across the region to develop further opportunities to support local health provision

We will launch a primary care dashboard providing robust information at a practice, cluster and area level to underpin planning and service improvement

### **Medicines Management**

We will continue to reduce the risk associated with hospital acquired infections through management of anti-microbial prescribing in primary care including testing the effectiveness of C-Reactive Protein (CRP) machines in 10 GP practices,

Working within the BCUHB respiratory group, we will agree Asthma and COPD guidelines to improve the use of low strength inhaled corticosteroids prescribed in primary care and Improve the percentage use of low strength inhaled cortisteroids prescribed in primary care from 33% to 35% during the year.

As part of the Local Enhanced Service (LES) for 2017-18 improve the rate of yellow card submissions by GP practices Establish the baseline for the percentage of GP practices that submit one (or more) yellow card per 2,000 practice population and seek to improve this during 2017/18.

We will roll out Medicines Transcribing and e-Discharge (MTeD) across the region to improve discharge information

A service to Care home service will be established to support safe medicines management for residents

We will establish pharmacy presence within integrated health and social care teams to support early discharge

A business case for E-Prescribing will be developed.

We will commission a new enhanced service from community pharmacies focussing on care homes and domiciliary care

Ensure that pharmacy capacity is available for Emergency Departments to support unscheduled care

### **Delivering Integrated Community Services**

We will promote Independence, self-sufficiency and What Matters to individuals. We will look to implement training around the what matters conversation and the integrated assessments to embed a culture across BCUHB in line with the Social Services Well-being (Wales) Act 2014, which promotes independence and self-sufficiency and listens to what matters to individuals.

We will continue to work with partners to build on the concept of Integrated Health and Social Care Teams

We will develop a primary care based Integrated Services Model, aligned to local population needs. We will use demand and capacity information, to inform the roll out of local integrated health and social care teams. This will result in a 25% increase in the number of integrated teams, within health both for primary care and secondary care and with local authority partners.

We will proceed with implementation of the Community and Social Service Information System with Local Authority partners. We will develop a plan for the use of fit for purpose mobile technology and systems to release time to care in community settings, and facilitate integrated working, by implementing hardware solutions ahead of WCCIS implementation.

As more staff are able to access the systems, we expect an increase in the number of hours available for direct patient care which will bring a correlating rise in the number of people seen. In addition, there will be a reduction in lost time due to travel, together with a reduction in travel costs.

We will optimise the contribution of wider staff groups to meet the needs of patients, delivering timely high quality care, to maximise patients' independence. Specifically, Identify opportunities for delivery of services by Pharmacists / Therapy services / Allied Health Professionals to support primary and community care models e.g. common ailments, phlebotomy, independent prescribing, falls prevention and poly-pharmacy. We will continue work to scope out existing models for staffing our community services which support new ways of working

By managing patients in the community and closer to home it is anticipated that patient experience and outcomes will improve. We will develop an implementation plan and by the end of 2017/18 we would expect to see reduced admissions from domiciliary and community institutional care settings and a reduced length of stay as per AvLoS project plan.

Through the development of community resource teams and risk stratification including implementation of Major Conditions Delivery Plan priorities and pathway redesign for chronic conditions such as respiratory and diabetes we will reduce the rate of hospital admission for the basket of 8 chronic conditions by 4.8%

We will establish the rate of readmission within one year for patients with chronic conditions and through improved community services we will seek to reduce the frequency of re-admissions for these patient groups.

The above two aims will also support unscheduled care pressures, reducing ambulance conveyance rates, ED attendances and admissions.

As a consequence of this work the Health Board will be able to model the future bed requirements for patients with chronic conditions and consider future resource allocation to meet population health need.

### **Community Hospital Services**

We will build on work carried out during 2016/17, which resulted in the development of a draft Community Hospital Framework, and will use this to inform and shape the development of services to align with our longer term strategy.

We will have finalised the Full Business Case for the North Denbighshire Community Hospital and submitted to Welsh Government for approval.

### **Effective Commissioning of Care outside hospital**

During 2017/18 we will develop a proposal for future commissioning of care outside of hospital for agreement and implementation commencing April 2018.

We will engage with partners to set clear expectations around workforce planning for the care sector. We will develop a plan for a more joined up approach to commissioning in care home sector, reducing duplication across commissioning organisations.

By the end of the year we will have a clear understanding of current demand and future needs with reduced bureaucracy and duplication of monitoring arrangements of care homes.

There will be a better understanding of possible alternative options and will have a completed proposal.

Long term, we believe that better communication of viable alternatives, will mean more people will be discharged to their usual place of residence and there will be an increased number of people who will be able to live independently in their own homes.

### **Pooling of Budgets**

In line with the Social Services and Wellbeing (Wales) Act 2014 we will develop in partnership with Local Authorities a plan for the pooling of budgets – initially focused on requirement to have pooled budgets for Care Homes by 2018. We will establish governance arrangements and a clear structures and plans setting out how pooled budgets will operate will be finalised and ready for implementation for roll out in 2018/19.

The community services transformation group will take an overall lead for Respiratory, Diabetes, Oral health and Neurological Conditions and end of life delivery plan priorities –(refer to section 3.9. Major Health Conditions)

### 8.3. Urgent and Emergency Care (Unscheduled Care)

The unscheduled care plan describes the services that will be available to residents of North Wales when they have an unplanned or urgent health need. These patients and/or their Carer's are often in urgent need or distress and it essential that the services provided are of a high quality and available in a timely manner.

The waiting time at hospital, measured by the 4 hour wait and 12 hour wait as well as ambulance handover delays, are indicators of the level of pressure on services and the ability of the system to cope with demand. For individual patients, delays at hospital can cause distress, impact upon quality of care and may in some cases affect the outcome from treatment or length of admission to hospital. Delays at hospital particularly drive the urgency for improvement in the unscheduled care system and improvement and will be measured by the 4 hour and 12 hour target performance.

The Health Board, along with other parts of the NHS, has faced significant challenges in providing a timely response to unscheduled care needs. This has resulted in delays in providing treatment and an inability to routinely provide the quality of care that residents of North Wales should rightly expect. The Welsh Government targets for the % of patients waiting less 4 hours and 12 hours have not been met on a regular basis.

The solutions to the above problems are based on changing the Unscheduled Care Model to ensure that more health service needs can be met outside the hospitals. Through providing treatment alternatives to hospital admission and ensuring that patients who do require admission for specialist treatment can be safely discharged from hospital as soon as possible, we can ensure that hospital capacity is available for those in most need.

Therefore, whilst pressures upon unscheduled care often become visible in Emergency Departments, the solutions lie in all areas of the health and social care system.

#### **Our Changing Model of Unscheduled care**

Our model of care and planned improvements have been derived from a combination of national guidance, Health Board Strategy (Care Closer to Home) and in response to locally identified issues being addressed with partners across North Wales. BCU is also working closely with other Health Boards across Wales as part of the all Wales Unscheduled Care Board and Emergency Ambulance Services Collaborative Commissioning programme. The key features of our plan to deliver this model of Care are:

- Development of Community Resource Teams to provide alternatives to hospital care
  - Development of alternative pathways and treatments in the community, Single Point of Contact
  - Effective processes for redirecting appropriate patients to community services and pathway
-

- Daily review of patients within Hospital
- Early discharge planning within hospitals (co-ordinated with Community, social services and Independent sector) and Expected Date of Discharge for all patients
- Evenings and weekend services to support patients within their own homes
- Further develop skills of HCSW to enhance support to inpatient wards

Our model and local plan aligns with the all Wales framework which utilises a patient-centred unscheduled health and care patient pathway. The following 10 step model is being utilised to clearly describe the Programme's expectations for delivery of these services to citizens who access them in Wales.

- Step 0** - Help to keep me independent
- Step 1** – Help me choose
- Step 2** – Answer my call
- Step 3** – Come to see me
- Step 4** – Give me treatment
- Step 5** – Take me to hospital
- Step 6** – Assess me
- Step 7** – Provide me with my diagnosis
- Step 8** – Give me treatment
- Step 9** – Discharge me from hospital
- Step 10** – Ensure my continuing care is effective

The ambulance service plays an important role in all stages of the patient pathway, and will be included in our programmes of work to address unscheduled care pressures.

### **Key Deliverables in 2017/18**

#### **Maintaining Patient Independence and Avoiding Hospital Admissions**

We aim to achieve an overall reduction in admissions of 5% across the health board in 2017/18 through the following targeted actions.

We will ensure that robust systems are in place to coordinate admission avoidance activities between hospitals, community services and partner organisations including WAST Local Authorities and voluntary organisations. Our actions will include the following -

We will increase the operating hours of our Community Resource Teams in partnership with Local Authorities. We aim to increase hours by at least 2 hours per day in the evenings when this service is often most in demand

Working with WAST we will:

- Ensure effective use of Minor Injury Units to support care closer to home and reduce transfers to Acute sites. The protocol for transfer to MIU will be revised in Q1 and metrics for improvements will be developed based on the revised protocol.

- Fully establish a clinical desk with WAST to assess and direct patients to alternative services and increase calls handled by the clinical desk.
- Fully implement the Frequent Caller Initiative with WAST to reduce transfer to acute sites by re-directing people to alternative services. This project is being revised, with new leadership arrangements and performance metrics will be developed in Q1
- Establish a collaborative hospital/community/WAST system to review patients referred for admission and identify appropriate alternatives.

Taken together the above actions are expected to reduce admissions by 2 patients per day per Area

We will ensure our pathways for IV, falls and catheter management work effectively to build on progress made in 2016/17 and expect to reduce admissions by 1 per day per Area through these actions.

We will implement pre-crises frailty assessment to enable more patients to be treated without admission to acute hospital. Specifically we will :-

- Establish clear pathways to support Care Homes to avoid admission/expedite discharge to reduce admission from Care Homes.
- Develop and Implement frailty assessment services to maintain independence and avoid admission.
- Recruit staff and roll out our falls pathway to support access for GPs, Social Services and the Emergency Department

Through the combined impact of the admission avoidance work we aim to both prevent an increase in admissions (as indicated by the population demographics) and achieve a further reduction in admissions of 5% by the end of the year.

### **Improving Acute Hospital Processes**

We aim to increase the percentage of patients who spend less than 4 hours in A&E from 81% to 86% by March 2018 and reduce the number of patients who spend longer than 12hours in A&E from 600 to 350

We will implement consistent pathways and criteria for streaming through Emergency Departments. There will be increased separation of minor injuries from major injuries/illness to ensure that, wherever possible, patients can be treated without delay. Through this we will improve the number of minor cases treated within 4 hours to 95 by Q4%

We will place a specific focus on Ambulatory Emergency Care and an increase in the number of patients supported in this way. This will contribute to the overall 5% admissions reductions target.

We will embed the elements of the SAFER bundle across the 3 sites and will improve discharge planning to deliver an Increase in estimated date of discharge

(EDD) planning. We will achieve 70% of patients having an EDD across all sites. We will develop baseline metrics and targets for SAFER measures in Q1.

### **Reducing Hospital Average length of Stay (AVLOS) and Delayed Transfers of Care (DToC)**

In 2017/18, we will reduce DToC by 10%

We will undertake a number of actions to reduce average length of stay and specifically to reduce number of Delayed Transfer of Care (DToC) patients, specifically:-

We will improve admission/assessment processes through implementation service improvements including discharge to assess and rehab/re-enablement models of care. Through these improvements in partnership working and discharge planning we will aim to :

- reduce the level of our delayed transfers of care rate per 10,000 population for mental health from 2.5 to 2.3 and for non mental health from 180 to 176.
- Deliver reduction in community hospital length of stay of 10% through improvements such as implementation of “discharge passports” and escalation processes to support early discharge
- Review of admission criteria for “Step up, step down” beds, linked with discharge to assess project which will commence in Q1.
- Deliver strengthened Community Resilience through the full implementation of “proof of concept” projects from 2016/17 in collaboration with the third sector.

These actions will be enhanced by the outcomes from the 5 Day workshops on DTOC developed in 2016/17. Further actions, aimed at reducing risk aversion and maintaining independence will be established into 2017/18.

By avoiding unnecessary admissions, improving our performance in A&E and reducing length of stay and delayed transfers we will assist WAST to maintain delivery of the ambulance response times.

We will also reduce delays to handover of patients between the ambulance and hospital, delivering 65% of emergency ambulance response calls arriving within 8 minutes by March 2018 and reducing the number of ambulance handovers over one hour from 600 to 250 by March 2018.

**Improving quality of care for unscheduled care patients**

We will deliver improvements in the following clinical areas –

We will continue to improve performance on Acute Stroke care taking note of the learning from the Peer review when this is produced. We will work towards delivery of the revised SSNAP standards, tracking improvement through the year, including the 1 hour time to CT scanning for all patients.

We will implement changes to improve outcomes for patients suffering from a fractured neck of femur. We will use the 30day mortality indicator as an outcome indicator to assess this.

We will ensure patients suffering from sepsis are recognised and treated within one hour in accordance with the Sepsis 6 bundle, improving compliance across all sites to over 75% by year end.

#### 8.4. Planned Care

Our plan recognises the importance of improving patient experience and access times for planned care. The principles underpinning our plan are to ensure patients are treated in terms of their clinical priority, to ensure we use our resources effectively by not undertaking procedures which evidence suggests are of limited effectiveness, to maximise our efficiency and productivity through appropriate scheduling, resource utilisation and treating patients of similar clinical priority in turn based on length of wait.

We have developed a clear demand, activity and capacity model for 2017/18 at specialty and consultant job plan level, working closely with WG Delivery Unit. From this, we have been able to determine the specialties which are able to sustain delivery of the elective access targets and focused our work upon specialties where there is a service gap in capacity to deliver the national target waiting times. Operational teams have in response developed proposals to improve access for specialties, where capacity is insufficient to meet demand which could be deployed to improve expected access times if additional resources are available.

We aim to ensure patients receive a prompt diagnosis of their conditions, to not only reduce the anxiety caused while waiting with symptoms, but also to enable prompt clinical decision-making on the treatment options and urgency of treatment for each patient.

Our actions to improve planned care in the coming year reflect the approach above and fall into four categories, namely -

- Effective Demand Management in line with Prudent Health Care
- Securing Efficiency and Productivity Gains
- Priority Areas Identified to Improve Access, Quality and Patient Experience in 2017/18
- Service Transformation to deliver sustainable access times

Some of these actions can be progressed within the resources currently available to the Health Board and others are subject to ongoing dialogue with Welsh Government.

#### Key Action/ Deliverables

In 2017/18 we will deliver the following :-

- We will maintain performance levels in a number of specialties where delivery of national targets has been achieved during 2017/18.
-

- We will ensure patients waiting for secondary care consultation in relation to medical conditions, gynaecological conditions and in paediatrics are treated within a maximum of 36 weeks from referral
- We will aim to ensure that no patients waits over 8 weeks for a reportable diagnostic test and that all therapy services see patients within 14 weeks of referral month on month
- We will reduce the volume of patients and length of time patients are overdue their follow up appointments during 2017/18.
- The rate of hospital cancellations will be reduced, especially focussing on ensure that patients do not have repeat cancellations without an offer to reschedule within 14 days of the 2<sup>nd</sup> cancellation (from 0.5% to 0.2% by March 2018
- We will improve our access to treatment times for patients with cancer, achieving 31 day target (98%) and 62 day target (95%) by March 2018
- Our critical care plan aims to ensure 95% of patients will be discharged from Critical Care within 4 hours of readiness for discharge and reduce the number of hours lost to DToC to no more than 5% bed occupancy

We will undertake further work to improve service access and quality in the following areas -

#### **Effective Demand Management in line with Prudent Health Care**

We will focus on three specialties: Dermatology, Diabetes, and Care of the Elderly (COTE). Each Area team will take the clinical lead on one specialty. We will undertake a detailed analysis of demand patterns and the nature and location of current activity. Options for alternative treatment and pathways will be developed, including use of technology to deliver increased resource effectiveness.

We will ensure robust implementation of our Interventions Not Normally Undertaken policy for interventions with low clinical effectiveness. We will seek to reduce referrals which do not meet the appropriate clinical criteria indicated through the National Planned Care Programmes of ENT, Urology, Orthopaedics and Ophthalmology.

We will benchmark our performance with that of other Health Boards in Wales through the national planned care programme and provide increased education and support to GP practices to enhance clinically appropriate referrals.

We will increase community service capacity to support patients with musculoskeletal conditions to deliver access within 8 weeks across North Wales. Through this we will optimise the use of Lifestyle programmes ensuring 1000 patients are provided with support through this programme.

### **Securing Efficiency and Productivity Gains**

We will deliver improved Theatre productivity and efficiency gains through our theatre improvement programme. We expect to deliver a 10% improvement in theatre activity, based on improved scheduling and reduction in cancellations. This equates to approximately 3,000 additional patients treated compared to 2016/17.

We plan to reduce DNA rates for outpatient attendances during the year, achieving a reduction in DNA rates for new appointments from 5% to 4.7% by March 2018 and from 6.9% to 6.6% for follow up outpatients

We will improve practice and pathways within ENT, orthopaedics, Gastroenterology, Urology and Ophthalmology to ensure that patients who can be discharged and supported in the community are managed in this way

We will identify priorities to drive outpatient efficiency, including new to review ratios and productivity initiatives across all specialties. We will share learning and best practice from 'early adopters' to maximise impact across the Health Board.

We will undertake clerical and clinical validation and prioritisation of patients based on clinical need and longest wait to maximise the effective use of capacity and resources.

We will reduce by 50% the number of cancellations initiated by hospitals within 6 weeks of a patient's appointment.

### **Priority Areas Identified to Improve Access, Quality and Patient Experience in 2017/18**

We will review systems to monitor PSA results and manage follow up appointments which will achieve release of Consultant capacity to deliver other activities including cancer work and treating long waiters. This will also deliver a reduction of follow up backlog by up to 3,000 a year.

We will review ward nursing establishments to ensure compliance with national quality and safety requirements.

We will utilise the "Safecare" module to enhance roster compliance and match staffing availability to patient acuity. This will enhance quality and ensure the most resource effective deployment of skilled staff leading to a reduction in use of bank and agency staff.

The role and number of matrons will be reviewed, as well as the role, practice and opportunity for Advanced Nurse Practitioners/Clinical Nurse specialists.

We will provide timely access to Cardiac MR service that meets recognised quality and governance standards and increase capacity from 484 in 2016/17 to 682 in 2017/18. This includes plans in place to outsource and to provide additional capacity at YG.

We will profile elective activity to allow for predictable variances due to patient and staff availability, bank holidays and seasonal changes thereby making more effective use of our resources.

We will profile our planned workload throughout the year to reflect the impact of urgent care pressures, particularly in January and February. This will allow the delivery of planned care to be maintained with casemix adjusted in these peak times to increase daycase activity and prioritising cancer inpatients.

We will Implement the provision of elective services to HMP Berwyn

### Service Transformation to deliver sustainable access times

We will transform services to respond to patient needs, changes in demand and workforce and changing technologies.

We will develop long term sustainability plans for Orthopaedics and Ophthalmology as part of the Living Healthier, Staying Well strategy programme. In the short term we will identify ways in which capacity can be increased to halt the rate of deterioration in waiting times seen in these services and deliver improvement.

We will commence an end to end pathway reviews within these services, bringing primary, community and secondary care leaders together with the aim of transforming the delivery of services.

Our plans in these areas will be subject to discussion with Welsh Government regarding resource availability.

We will commence an 18 month programme and undertake a system wide review of administration and clerical functions (across Areas and Secondary Care). This will take into account use of technology (such as digital dictation and voice recognition software, and outpatient/appointment arrival process), centralisation of key functions such as waiting list management.

In Urology, Gynaecology and Colorectal surgery, we will develop plans for robotic surgery provision for pelvic cancer. A business case is under development for consideration in 2017/18

We will develop a Hub & Spoke Vascular Service model for implementation in April 2018.

### Waiting times Improvements for Planned Care

The Health Board is in dialogue with Welsh Government regarding its plans to deliver a reduction in the longest waiting times and secure continuation of current performance in areas such as diagnostics. Within the resources that are available to the Board as set out in the draft Financial Plan the following table summarises the likely waiting profile of specialties in 2017/18 -

Specialties at 26 weeks	Specialties at 36 weeks	Specialties 36-52 weeks	Specialties over 52 weeks
Gynaecology Pain Restorative Dentistry Paediatrics Care of the Elderly Nephrology Clinical Oncology Haematology Endocrinology General Medicine Respiratory Medicine Rheumatology	Gastroenterology Dermatology Cardiology Maxillo-facial surgery	General Surgery  Urology  ENT  Ophthalmology	Orthopaedics

Orthodontics (subject to recruitment to normal establishment)			
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We have developed a number of proposals and scenarios which would bring about reductions in the profile of waiting set out above. We have plans to address diagnostic waits on a sustainable basis and deliver significant reductions in overall waiting times for procedures.

These plans are the subject of ongoing dialogue with Welsh Government. The outcome of these discussions will feed into the Board's final budget for the year ahead and at this time the planned care section of this Plan will be updated to reflect commitments that can be made within the resources available to the Board.

## 8.5. Maternity Services

Our aim is to secure safe, high quality maternity services which are sustainable for the future. Our Strategic Framework for Maternity, Neonates and Paediatrics which was approved in December sets out our ambition for these services, including our commitment to retaining obstetrics services at the three District General Hospitals in North Wales.

Maternity Services in BCUHB remain in Special Measures with the following expectations for further improvement in 2017/18:

- Continued improvement in the culture and clinical leadership within maternity services.
- Continued improvements against the national maternity services performance dashboard.
- Satisfying national and statutory requirements for mandatory training.
- Clarity about further strategy and services plans for re-designing maternity, neonatal and paediatric services as part of the SuRNICC business plan.

### Key Actions /Deliverables in 2017/18

<b>Secure a safe, high quality, sustainable model for Women's Services for the future.</b>
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We have established a clinical group to bring forward sustainable workforce plans for maternity services in line with the Board's Strategic Framework. This work will also cover sustainable models for gynaecology services given the critical medical manpower link between these services.
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This will feed into our overall strategy, informing our Care Closer to Home element for community based services and our Acute Hospital work. It will also address in full the Special Measures requirement with regard to service design.
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<b>Improving health and reduce inequalities</b>
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We will continue improvements against the national maternity and gynaecology services performance dashboard, developing plans to:
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|--|
| <ul style="list-style-type: none"> <li>• Reduce low birth weight rates below 7%,</li> <li>• Achieve stillbirth rates to below 3.5%/1000 births</li> <li>• Achieve c-section intervention rates below 25% on a sustainable basis</li> <li>• Support individuals to reduce smoking rates below 18%.</li> <li>• Increase breastfeeding rates and Midwifery led intrapartum care.</li> </ul> |
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We will work to improve the well-being of patients and their unborn child through increased performance on smoking cessation, and flu vaccination as set out in the earlier sections of this plan.
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**Service Modernisation, efficiency and Productivity**

We will maximise efficiency and productivity and exploring ways to modernise our services, specifically:-:

Working with Primary Care we will ensure engagement with referral pathways as part of care Closer to Home and aim to increase the % of pregnancies assessed prior to 10weeks from 78% to 83% each month

We will review current efficiencies across Outpatient Departments, Theatres including conversion rates for surgery. We aim to reduce the number of patients that do not attend, (DNA) and identify opportunities and develop action plans.

**Workforce Development**

We will secure a fit for purpose workforce to reflect the cultural shift in philosophy of care and requirements for sustainable services.

We will focus on the Public Health Agenda and Clinical Leadership skills to support appropriate career framework for all staff.

We will implement a programme of work, supported by expert external facilitators, to develop a positive and supportive culture and environment of clinical leadership in maternity services

We will continue to deliver the Strategic Vision of Maternity Services in Wales through delivering the following actions:

- Benchmarking against the RCOG Obstetrics and Gynaecology Workforce Standards, 2016.
- Benchmarking against the Safer Childbirth Workforce Governance Standards, 2008.
- Review of Birthrate Plus compliance.
- Review nurse staffing against CNO compliance.
- Mandatory Training compliance at 90% by Q4.
- PADR compliance at 90% by Q4.
- Recruitment to support SuRNICC and MAMMS project.
- Supporting this will be feedback taken from the 2016 staff survey

## 8.6. Mental Health and Learning Disabilities

Working closely with our partners we will focus on quality, safety, sustainability of services with continued involvement of people with lived experience. The plan will draw together key actions for 2017/2018 to implement national policy and support the emerging strategy and develop our transformation programme.

The forthcoming year will also ensure we strengthen governance and performance by the development of strong leadership at all levels supported by the implementation of well-constructed systems and processes. Once available, we will ensure that recommendations from HASCAS are incorporated following reviews for Older Person's Services arising from Tawel Fan to ensure services improve and develop as a result of the findings.

Further additional investment into services will be made and we will work to continue to implement the now extensive improvement programme for our estate.

### Strategy Development

The strategy for Mental Health & Learning Disabilities Services and will be finalised in Spring 2017 and during the year we will also develop specific strategies for Learning Disabilities and Substance Misuse Services. Together these will provide underpin the development of all services across the Division and support the Health Board's overall strategy Living Healthier, Staying Well.

As well as finalising our strategies we will align work across the Division into a Transformation Delivery Programme. This programme will directly support delivery plans for national policy such as Together for Mental Health, Talk to Me 2, Working Together to Reduce Harm and Crisis Concordat.

### Key Actions in 2017/18

Reflecting learning from our work with staff and partners our plan for 2017/18 will be designed to respond to key areas and will focus on:

- Understanding demand for our services and our capacity to respond to improve waiting times and reduce the number of people cared for outside of North Wales.
  - Developing clinical and operational models of care to improve pathways and increase our focus on recovery ensuring we take a holistic approach to physical and mental health needs.
  - Improving our integrated approaches with social care and other partners.
  - Increasing the use of information technology to improve our approaches to care delivery and increase information available across services.
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- Developing our workforce to develop skills, leadership and increase engagement.

We will continue our focus upon governance, quality and safety of services, their resilience in terms of staffing, the environment in which they are delivered and the experience of service users and carers. By fully implementing a substantive clinical and leadership structure we will drive forward further improvements to ensure our services are safe and sustainable.

We will increase assurance levels through further development of our framework for assessing and monitoring quality and further develop our approach to learning in support of continuous improvement.

We will ensure compliance with standards set out in the Mental Health Measure (parts 1,2,3,4) relating to advocacy, assessment, treatment and care planning are consistently met in all settings.

We will continue to progress on developing the Perinatal and Liaison services from 2016/2017 additional investments.

Work with the HMP Berwyn Prison Project Team to ensure processes are developed and implemented within the Prison facilities.

#### **Inpatient Services for Adult and Older Adult People**

Building on work already begun in 2016/17 we will review our clinical models for inpatient services ensuring that staffing levels and skills are designed to support safe and effective care. Our work to review staffing levels will be broadened in 2017/18 to further develop the clinical model for inpatients across disciplines focussing on therapeutic activities which aid recovery and support effective admission and discharge planning.

This work will impact positively on:

- Service user experience and outcomes
- Length of stay
- The use of bank and agency staff
- Delayed transfers of care
- Improved pathways of care with other services
- Out of area patients

We will reduce delays to transfer of care from mental health beds to support patients to return to suitable premises for their needs at the earliest opportunity, releasing acute bed capacity for other patients.

## Community Mental Health Teams

Between April and September we will undertake a development programme for our CMHTs with the support of Public Health Wales. This programme will focus on developing the functions within CMHTs across Single Point of Access, Primary Care and Secondary Care ensuring that we support people at the right time with the right care. Through the development programme we will generate a greater understanding of capacity and develop interventions which support recovery.

This approach will:

- Improve referral to assessment processes and time scales.
- Develop pathways within CMHTs which support timely and appropriate step-up / step-down of care.
- Ensure higher levels of integrated working with social care and other partners.
- Ensure Care and Treatment Plans are developed in a way that is meaningful to our service users.
- Improved pathways of care with other services.
- Support the development of qualitative outcome metrics.
- We will ensure that our population is well served and supported to access help lines in respect of mental health conditions.
- Promote increased rate of calls to the mental health line CALL (Community Advice and Listening Line) by Welsh residents per 100,000 of the population from 1,850 to 1,910 by March 2018
- We will ensure patients in need of care under the Mental health measure are provided with timely access to assessment and treatment in accordance with the 28day standard:
  1. Achieve 80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral throughout 2017/18
  2. Achieve 80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS throughout 2017/18
- We will ensure that patients under Part 2,3, 4 of the mental health measure receive care that is compliant with the standards set out by the measure.
  1. Achieve 90% of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) throughout 2017/18
  2. Ensure that all health board residents who have been assessed under part 3 of the mental health measure are sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken place
  3. Ensure all hospitals within the health board have

arrangements in place to ensure advocacy is available for all qualifying patients.

### **Crisis Concordat**

We will progress the Crisis Concordat Delivery plan in partnership with the Police, the Welsh Ambulance Services NHS Trust, Local Authorities and third sector to improve the system of care and support for people in crisis due to a mental health condition and who are likely to be detained under section 135 and 136 of the Mental Health Act 1983.

Our multi-agency work is designed to deliver the following outcomes:

- Better training and awareness of police officers in Mental Health and Learning Disability.
- Better liaison between police officers and mental health practitioners at the point of crisis.
- Identification of suitable alternatives to S136 at the point of crisis giving due regard to adults and children and younger people.
- Ready availability of health based places of safety where S136 is the only option giving due regard to adults and children and younger people.
- A dynamic joint review process to ensure concordat failures are identified and addressed quickly.

### **Substance Misuse Services (SMS)**

The Division will continue to actively participate with partners on the Area Planning Board to ensure that service plans reflect the regional and National priorities contained within Working Together to Reduce Harm Delivery Plan and ensure that budgets are utilised effectively across partner agencies. In addition the issues in relation to co-morbidity pathways and training for professionals contained in the plan relating will be implemented and monitored via the Together for Mental Health Partnership Board.

Two main overarching priorities for the plan this year will be a review of the SMS community and inpatient models. We will also continue to progress key areas across:

- Alcohol liaison services in our three District General Hospitals.
- Continued delivery of needle syringe programme services via Harm Reduction Team and SMS community bases, linking with work delivered by community pharmacies.
- Continued provision of specialist midwifery service for SMS and access to long acting contraception via SMS.
- Provision of take home naloxone across North Wales via Harm Reduction Team.
- Development of a co-morbidity pathway and provision of staff training.

- Promote increased rate of calls to the DAN 24/7 helpline by Welsh residents per 100,000 of the population from 315 to 340 by March 2018

### **Psychological Therapies**

Building on specific investment we will be increasing access to psychological therapies across the division in 2017/18. We will be supporting the development of skills and interventions across other care professions through review of the model of delivery of psychological therapies.

Through this work we will reduce waiting times for psychological therapy both in the community and in inpatient settings, increase the range of services available and develop a sustainable and well governed model of delivery.

### **Dementia Strategy**

The development and implementation of the dementia strategy will continue in 2017/18. During the year we will introduce John's Campaign across all inpatient wards within the Division and focus on actions which will:

- Improve referral to assessment timescales in Memory Assessment Services.
- Reduce falls in an inpatient setting involving a patient with dementia.
- Develop staff so that case note entries for all Older People's Mental Health are written in language that is positive or neutral when describing the person and their needs.
- Promote increased rate of calls to the Welsh dementia helpline by Welsh residents per 100,000 of the population (aged 40+) from 42 to 48 by March 2018

### **Learning Disabilities**

We will work in partnership with local authorities and other partners to develop a specific strategy to develop services across inpatient and community settings for people with learning disabilities. Work in this area will:

- Ensure higher levels of integrated working with social care and other partners
- Ensure we develop services within North Wales which reduces the need for people to be cared for elsewhere.
- Ensure fair and equal access to a range of services for those people who have more than a learning disability, and provide training for staff.

### **Continuing Health Care**

Specific work will seek to improve the timeliness and quality of care for those people who have identified continuing health care needs. Our programme of work in this area will focus on:

- Ensuring that the right care is provided in the right setting.
- Ensure that assessments under the framework are fully informed and

engaged.

- Ensuring that transfers of care are effective and take less time
- Work with the independent sector to forecast the need and provide sustainable locally based high quality provision.

### **Service User and Carer Involvement**

Developing services with people with personal experience of mental health and/or substance misuse issues is a priority for the Division. To support this we will continue to develop improved working with CANIAD to provide an integrated service user and carer involvement approach for people with.

We will also develop our work with the Regional Self-Advocates Forum for people with Learning Disabilities further.

### **Workforce Development, Communication and Engagement**

As part of our Transformation Programme we will review our workforce needs to reflect our changing model of service to ensure that we have the correct number of staff, with the right skills to consistently deliver high quality care and support.

We will develop and begin delivery of a programme of leadership development based on Compassionate Care which promotes a values-based culture throughout the Division.

We will actively engage our staff in development and transformation of our services through a Communications and Engagement programme and support them further through a Staff Wellbeing Plan.

This work will directly support the Together for Mental Health outcome to improve the values, attitudes and skills of those treating or supporting individuals.

### **Estate and Environment Improvements**

We will continue to address the risks identified in our anti-ligature review as an urgent priority. We will also invest to ensure that the physical environment in which we deliver care is fit for purpose. This work will initially focus on our inpatient units and then be broadened to community provision in collaboration with partners.

### **Information Technology**

We will work with the Informatics Department to implement WCCIS through agreed phased programme of work. To underpin this we will develop our transitional plan to move from paper records to an integrated electronic patient record. The implementation of WCCIS will include the use of mobile technology and our

Divisional plans will begin to look at the development of an information technology into the longer term.

Anticipated benefits from developing our use of information technology will include:

- Reduced clinical risk as patients flow through services
- Information sharing across partners and other agencies
- Improved understanding of demand and capacity across services
- Improvements in the availability of data to support high performing teams, levels of assurance and performance reporting.

## 8.7. Children

There is clear evidence that one of the most important things we can do to improve the health of our population and reduce inequalities is to support children to have the best start in life. Influencing the development of children to maximise their health, social and educational development is most effective when done as early as possible, the first 1000 days being critical. This ambition is an integral part of our Childrens strategy work which is linked to our wider strategy development 'Living Healthier, Staying Well' to address health throughout the life course.

In 2017/18 we will further roll out the Healthy Child Wales Programme, focusing our actions upon preventing ill health, promoting health and wellbeing and intervening early by improving access to services, with particular focus on areas of deprivation. We will build upon the work commenced as part of the Wrexham Pathfinder to implement processes aimed at preventing Adverse Childhood Experiences (ACEs).

We will continue to work in partnership with other agencies in tackling poverty and supporting key Programmes such as Flying Start and Families First to promote secure emotional attachment and positive maternal and family emotional health and resilience. Specific priority areas for action in 2017/18 are set out below:

- Training of health visitors in support of improving perinatal mental health and ensure compliance with the recommendations for screening for post-natal depression and supporting families in the NICE guidance.
- Development and implementation of the Sub Regional Neonatal Intensive Care Centre (SURNICC) based at Ysbyty Glan Clwyd hospital
- Using the Intermediate Care fund (ICF) as a catalyst we will enhance the access and service model for families and children with complex needs / learning disabilities.
- Building on the Multi-Disciplinary Team (MDT) established in 2016/17 we will continue to improve MDT assessment and waiting times for children.
- We will ensure compliance with safeguarding, mandatory training and looked after children, linking in with our local partners.
- We will further develop our CAMHS services, including 7 day services and crisis intervention.
- Continue to implement the diabetes delivery plan in relation to children (see major health conditions section of the plan)
- We will roll out Welsh Community Care Information system in CAMHs and Health Visiting and School Nursing

Taken together our actions aim to tackle rates of stillbirth, preterm birth, low birth weight, neonatal deaths, admissions to neonatal units, infant mortality, child

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mortality, injuries and teenage pregnancy which all have been shown to be significantly higher in areas with high levels of deprivation.

### **Key Actions / Deliverables in 2017/18**

#### **Health Promotion Children's**

Specific actions concerning early prevention and intervention are referred to in the Improving Health section of this plan and include children's actions for Obesity, Breastfeeding, Smoking, Immunisations and Accident Prevention.

#### **Childhood Vaccination Programmes (see also improving health section)**

We will work to ensure children are well protected from communicable diseases through delivery of the childhood vaccination programme

We will deliver the 95% target for the percentage of children who received the following scheduled vaccinations by focusing on communities and practices where uptake is lower to as to provide local community levels of immunity.

- 5 in 1
- 4 in 1 pre school booster
- HibMenC Booster
- Second MMR dose

#### **Children's Strategy**

We will develop a strategy that aims to improve the health of children & young people. This will build upon previous operational plans and reviews, and linking to Local Authority plans and priorities.

#### **Healthy Child Wales Programme**

We will develop a baseline to improve the percentage of eligible children being provided with access to universal service component of Healthy Child Wales Programme assessed by socio-economic quintiles

The programme will reach all families with children aged up to the age of 7 years, with increasing support from the Health Visitor depending on the level of need a child or family has.

We will recruit and train an additional 13 Health Visitors which will enable the caseloads to be reduced to 250 per 1 WTE resulting in more families being better supported. The intensity of support will be delivered based on vulnerability and need.

This increase in Health Visiting in the early years will support parents to parent and to develop family resilience by supporting a range of needs - breast feeding, managing behaviour, managing complex health needs, emotional health and wellbeing, early identification of development problems, prevention and early intervention – obesity, alcohol and drug misuse, smoking; and safeguarding children.

### **Perinatal Mental Health (PMH)**

We will continue training Health Visitors in PMH enabling them to provide early intervention and support to families. A specialist multi-disciplinary perinatal service for North Wales will be established which will provide direct intervention for families; consultation and advice to maternity services, health visiting, other mental health services and community services. This will support practitioners to comply with the NICE Guidance, implement the perinatal mental health pathway and improve awareness amongst practitioners.

### **Children with Complex Needs/Disabilities**

Building on the ICF investment in 2016/17 we will continue to enhance the access and service model for families, via Integrated multidisciplinary/multi agency teams, respite care, transition, and integrated equipment. This will assist the developments to be embedded and sustainable. The initial aim of 2017/18 is to see improved experience by patients, their families and carers across the system of care.

### **Neuro-development pathway**

We will build on the established Multidisciplinary team model made up Community Paediatrics, SALT, Education Psychologist, OT, CAMHS, behavioural practitioner. Children will have a neuro development assessment from this team, which will deliver more timely comprehensive assessments and reduce the number of children waiting for a mental health assessment.

We expect to see a steady decline in the waiting list times to 26 weeks, with a corresponding fall in the number of children waiting for a mental health assessment.

### **Development of the Sub Regional Neonatal Intensive Care Centre (SuRNICC)**

Building on work completed in 2016/17, the development of SuRNICC will improve the quality of care for babies requiring specialist neonatal care, and will ensure babies are cared for closer to home rather than outside of North Wales. The aim is that all babies 27+0 to 31+6 will be cared for at YGC (approximately 8 extra babies per year).

### **Child and Adolescent Mental health Services (CAMHS)**

We will ensure that we improve access to assessment and treatment for children in need of CAMHS so as to deliver the requirement of the Mental Health Measure on a monthly basis from April 2017.

We will establish the baseline and seek to understand the levels of self-harm in our children, working during the year to reduce incidents of self-harm and monitoring improvement against the baseline using the measure of: Continuous periods of hospital care with any mention of self harm for children and young people (aged 10-24 years), rate per 100,000 population

We will move towards 7 day service to support paediatric wards, s136 suites (which provide a place of safety for patients who have been detained under **Section 136** of the Mental Health Act by the police) and inpatient care to support more timely assessments.

We will complete a review of the Crisis Model with partners, focussing on 16-18 year olds. The aim of the review is to look at ways to improve the overall experience of people accessing services; reducing the time taken for assessment and reducing the inpatient length of stay. This includes working with schools, GPs and Social Workers to develop a Prevention and Early Intervention programme, to reduce demand on specialist CAMHS and crisis admission.

We will develop a First Episode Psychosis and psychological therapies model, alongside Adult Mental Health. The aim of the model is for 14 – 25 year olds to be cared for by CAMHS/AMH in partnership.

We will embed the Eating Disorder pathway and service model with the multi-disciplinary team approach that includes Consultant paediatrician. Dietetics and Psychiatry. It is anticipated that this model will reduce admissions and length of Stay within acute Paediatrics and Tier 4 inpatient settings.

We will improve Transition to adult services with improved communication and sharing joint clients, concordance with the existing policy will be audited. This change will lead to improved experience of the transition pathway.

We will deliver support services to young people age 16-24 years who are not in employment education or training with increased access to mental health interventions for this vulnerable group and improving information sharing between practitioners.

### **Safeguarding**

We will ensure staff are fully compliant with mandatory training, confident and skilled at supporting children, young people and their families requiring protection. There will be 95% compliance with Mandatory Training for Safeguarding. Staff will be more confident and skilled at supporting children, young people and their families requiring protection

### **Looked after Children (LAC)**

We will prioritise Looked after Children within the service – for medicals/ LAC health assessments and reviews. This will result in improved response times for medical/LAC health assessments and by working with LAs we will reduce the number of late notifications and increase the experience and improve care for Looked After Children.

### **Chronic Conditions- Diabetes**

The roles of Community and Acute paediatrics, Psychology, Dietetics, School Nurses and Specialist Diabetic Nurses are fundamental to supporting families, and individual children and young people with diabetes. We will support the elements of the delivery plan applicable to children services in the NICE Technical appraisal and Guidance, specifically; improving access to:

- Prompt diabetes specialist review at diagnosis
- Appropriate out of hours advice service
- Four appointments per year per patient
- Access to structured diabetes education
- Improved provision of Insulin Pump Therapy
- Support for C&YP with high HbA1c levels to improve level of control

## 8.8. Older People

The majority of older people live without help in their own homes, engage in their local community and make use of local facilities and services that are available. However, with an ageing population in which more people enjoy longer lives and better health, a number of people and their carers need some specific support and help in both health and social care to ensure as full and satisfying a life as possible.

Our plans aim to ensure services are available which everyone can access as well as providing more targeted services to support and help people with particular needs. Working with our partners, we aim to ensure older people are offered a range of opportunities, including employment and leisure and through a combination of mainstream services and to promote Independence and wellbeing for all older people.

Our population needs assessment has identified the very specific needs of our older population and key actions have been identified in response to meeting these needs. These actions are integral to our delivery plans for action in 2017/18 and summarised below.

### Key Actions/ Deliverables in 2017/18

<b>Older Peoples Strategy Development</b>
<p>A Strategy for Older People is essential to ensure that all older people In North Wales, regardless of where they live, or their race, religion, gender, disability or sexual orientation will have the same access to services that will enable them to enjoy healthy ageing. This ambition is an integral part of our Older people strategy work and linked to our wider strategy development 'Living Healthier, Staying Well' to address health throughout the life course.</p>
<p>Our plan sets out the timeline for development of our long term strategy. As part of this, we are engaging with older people and groups such as Local Authority 50+ Strategy Forums, to seek out their views to shape future health and health services.</p> <p>The following key principles have been developed locally to support planning to meet the needs of older people in the longer term and to shape our services for 2018/21:-</p> <ul style="list-style-type: none"> <li>• The system will look and feel from a patient's perspective that it is personalised – with the older person at the centre of their provision and integrated, organised services around them.</li> </ul>

- A rights-based perspective that seeks to develop the capacity of communities and older people to realise their rights.
- Co-production that supports the delivery of person-centred care, and prioritises putting older people, their families and carers at the heart of all decisions and plans about healthcare.
- Health inequalities including the social and environmental causes of ill health  
such as poverty and poor housing
- The well-being, independence and personal circumstances of older people (including risk factors such as loneliness) that drives the development of services and support
- The important role played by unpaid carers.
- The provision of care that is integrated across health (physical and mental), social care and local authority providers.
- Well-being, meaningfulness, health promotion, early diagnosis and early intervention that is fundamental to achieving outcome ambitions.
- Delivering more healthcare services closer to home or in the patient's own home rather than in District General Hospitals.
- The principles of prudent healthcare in order to make the most effective use of resources and ensure high quality consistent care.
- The Welsh Government's 'Strategy for Older People in Wales' and the complementary 'Ageing Well in Wales' Programme (hosted by the Older People's Commissioner) that aim to make Wales a great place to grow old.

### **Embedding the Wellbeing of Older People within all our Services**

We will support older people to remain healthy, for example, promoting healthy lifestyles through making every contact count, to have excellent access to influenza vaccination and ensure that this is actively supported. (achieving 75% for 65 year olds and over and under 65's in at risk groups)

There is, as might be expected, a considerably lower proportion of the older age group free from Limiting Long term Illness LLTI, with only around 38% of older people reporting this, in comparison with around 76% of 16 – 64 year olds. This is entirely consistent with what we know about the association between increasing age and all illness but particularly holds true for chronic conditions. Our improving health plan for 2017/18 identifies key actions to address this, including tackling lifestyle factors such as smoking and obesity to support older people to age well. This work is vitally important as a large proportion of chronic illness is entirely preventable – even at older age

Working with our partners as Public Service Boards, we will support older people who are at risk, for example tackling social isolation, harm, tackling inequality and discrimination and ensuring that older people are safeguarded and protected.

Our need assessment identified that the majority of hip fractures in older people occur as the result of a fall, with roughly one in three of over 65s suffering a fall each year. Actions to reduce falls in older people are therefore a key priority for 2017/18 to support older people to live well and independently within their home environment.

### **Primary and Community Services**

Our primary and community services plan aims to ensure that older people can access high quality primary care, advice and support continuity of their care including more integrated community services provided with our partners.

We will monitor implementation of the accessible healthcare standards and develop a sensory loss toolkit for staff who work in community and primary care to support older people living with sensory loss in accessing and making an appointment within primary care.

A key part of the work we will be carrying out this year involves reviewing and improving our service models and pathways of care supporting older people to better manage chronic conditions within a community setting. Our aim is to increase the scale and pace of how we integrate services, within health and with our partner organisations (Local Government, the third sector, Carers and other agencies) and to reduce contact with secondary care/acute where possible, in particular unscheduled care attendances and admissions.

We will expand community teams who work together to care for older people in their community and in their own home if needed. There will be a single point of contact to arrange for the right healthcare professional to support older people when they need them.

We will work with mental health services to increase the number of GP practice teams that have completed training in dementia care.

We will establish a baseline for the percentage of GP practice teams that have completed mental health Direct Enhanced Services (DES) in dementia care or other directed training and seek to increase this by 5% during the year. This will ensure that the percentage of people with dementia in Wales aged 65 years or

over who are diagnosed (registered on a GP QOF register) improves from the present expected 70% to 80%

### Quality of care

We will further develop organisational wide tools to support Quality & Safety, dignity and respect in care supporting older people

Specific actions for 2017/18 are:-

- We will focus on gaining patient/service user and Carer feedback in real time and take appropriate action where required. In association with Local Authority and Third Sector Partners we will; map service provision for carers across North Wales, identify gaps and develop action plans in response to carers section of our Population Needs Assessment and work with partners to address gaps identified in service mapping.
- Ensure that staffing is deployed effectively at all times and continue to make public ward staffing levels based on clear evidence. We will demonstrate prudent use of staffing resources and provide one overall picture of the staffing and standard of care at team ward, department, and across the Health Board.
- We will support staff at all levels to be skilled and confident/competent in their specialist area and recognises the need to support clinical staff to have the access to and be able to attend the required onsite or e-learning training provided
- We will roll out values based recruitment to ensure all staff hold the right values and with compassion as required across the Health Board.
- We will deliver mandatory and statutory compliance in 17/18 to ensure we meet staff training requirements and validation requirements and to ensure that staff are competent and confident in their current clinical skills
- Develop a programme of awareness, training and support to establish Quality Impact Assessments as a core business tool across the organisation during 2017/18. Each of our service change programmes will be subject to a quality impact assessment and appraisal with senior clinician sign off.

### **Planned and Urgent / Emergency Care**

Our planned care and unscheduled care plans are orientated towards supporting older people by strengthening community teams to respond to urgent and emergency care needs and support closer to home reducing the need for a hospital admission

We will further embed pathways for IV, falls and catheter management to build on progress made in 2016/17 and to introduce a new system to manage the specific requirements of frequent attenders to ED

Our plans involve working with local authority and independent sector to provide more holistic intermediate care services and co-ordinated end of life care, e.g. Provision of palliative and end of life support to nursing homes.

We will implement pre-crises frailty assessment to enable more patients to be treated without admission to acute hospital, specifically:-

- Establish clear pathways to support Care Homes to avoid admission/expedite discharge to reduce admission from Care Homes.
- Develop and Implement frailty assessment services and establish clear processes for assessment of independence and support to maintain independence/avoid admission.
- Recruit staff and roll out of falls pathway to ensure well communicated falls pathways are in place to support access for GP, Social Services/ED and ensure comprehensive and appropriate usage

### **Dementia Strategy**

The development and implementation of the dementia strategy will continue in 2017/18. During the year we will introduce John's Campaign across all inpatient wards within the Division and focus on actions which will:

- Improve referral to assessment timescales in Memory Assessment Services.
- Reduce falls in an inpatient setting involving a patient with dementia.
- Develop staff so that case note entries for all Older People's Mental Health are written in language that is positive or neutral when describing the person and their needs.
- Promote increased rate of calls to the Welsh dementia helpline by Welsh residents per 100,000 of the population (aged 40+) from 42 to 48 by March 2018

## 8.9. Major Health Conditions

The Welsh government have established a number of Delivery Plans which set out specific areas for improvement in the prevention, diagnosis and management of major health conditions.

National Programme Boards provide oversight of this work with clear expectations that the HB will demonstrate progress in key areas. The following sections summarise the areas we will focus on in 2017/18 utilising our existing staff and resources to best effect. Some additional resources may become available in year through the programme and we will seek to secure this to deliver key improvements.

### Key Action/ Deliverables in 2017/18

#### Improving Health and Tackling Health Inequalities

##### Summary of Key Actions/ Deliverables in 2017/18

Section in 3.1 Improving Health and tackling Health Inequalities, sets out the common actions we are taking to address health and wellbeing priorities identified within our major conditions delivery plans.

These actions combined aim to improve the health status of the population we serve and tackle the stark inequality in health outcomes that exist in North Wales. We will deliver this by focusing on continuously improving the ways in which we identify and recognise in individuals, families and communities the conditions which increase the risk of inequalities; redesign the way we prioritise and deliver preventative and early interventions; and measure and evaluate the impact of what we do on those with the greatest need.

#### Respiratory

##### Summary of Key Actions/ Deliverables in 2017/18

- We will re-establish respiratory delivery steering group to support delivery and development of locally based respiratory plans
- Detecting respiratory disease quickly ,e.g. hospital smoking cessation, access to diagnostic spirometry within the community, improving diagnosis of COPD and asthma, development of MDT for Interstitial Lung Disease (ILD) and Idiopathic pulmonary fibrosis (see also Specialist services plan)
- Delivering fast, effective treatment and care, e.g. full roll out of guidelines for COPD and asthma, early supported discharge form hospital
- Supporting people living with lung disease and ensure access to pulmonary

rehabilitation, review of palliative care for patients with progressive chronic lung disease.

## Heart Disease

### Summary of Key Actions/ Deliverables in 2017/18

- Promotion of Healthy Hearts - implement a systematic approach to primary prevention (based on Inverse Care Law) of CVD through identification & Management of individual risk factors to reduce premature mortality from CVD in the most deprived areas of BCU.
- Timely detection of heart disease - Provide a comprehensive community stable chest pain assessment service to reduce out of hour crises to unscheduled care as patients will be seen & stabilised earlier.
- Atrial Fibrillation -Improve optimisation of anticoagulation therapy in high risk patients to reduce risk of strokes from AF
- Arrhythmia & Device Service –develop business case to ensure services meet HRUK guidelines
- Fast and effective care:-
  - Fully Implement a 24/7 Primary PCI Service for North Wales
  - Implement integrated Heart Failure Services to deliver improved management of care for Heart failure patients across primary, community and secondary care
  - Improve access to diagnostics, CTCA, Echocardiograms, Stress Echo and Provision of a consistent CTCA service to support the chest pain pathway (including the review of Cardiac Physiology Workforce)
  - Increase the Provision of Cardiac MRI from target of 484 in 2016/17 to 682 in 2017/18 to ensure timely and equitable access across Wales to a Cardiac MR service that meets recognised quality and governance standards

## Stroke

### Summary of Key Actions/ Deliverables in 2017/18

- Increased prevention of stroke through AF awareness and treatment in primary and community care.
- Early Recognition and TIA
- Development of model for Fast Effective Care (taking into account RCP review and Peer Review report in respect of Stroke Thrombolysis performance)
- Improving rehabilitation and Therapeutic interventions and development of

#### ESD model across North Wales

- Develop the options for future models of hyper-acute, acute, Early Supported Discharge and rehabilitative stroke care in North Wales as part of the Staying Healthier-Living Well sustainability programme

### Diabetes

#### Summary of Key Actions/ Deliverables in 2017/18

- Childrens services; ensuring all children and young people with newly diagnosed diabetes are seen within 24 hours by a paediatric specialist; with their ongoing care delivered by a multidisciplinary team
- Detecting Diabetes Quickly at diagnosis, provide all individuals with evidence based education for their type of diabetes, and sign post them to a Structured Diabetes Education Programme.
- Delivering fast, effective care. Fully implement National Diabetes Inpatient Audit (NaDIA) guidelines , including improved management of medication, footcare, eye screening and improving patient experience
- Supporting Living with Diabetes Plan and deliver a recognised Structured Diabetes Education (SDE) service that meets the necessary recommendations for quality and audit, in line with NICE guidance , e.g. development of personal care plans and supporting self management.
- Improving information and working with the third sector to ensure effective signposting to sources of information and support
- Targeting Research.
- Development of Diabetes Care Closer to Home including Cluster funded diabetes developments.

### Neurological Conditions

#### Summary of Key Actions/ Deliverables in 2017/18

- Develop neurological service provision in North Wales, specifically, a business case for the provision of inpatient neuroscience rehabilitation in North Wales.
- By Q3 a business case will be ready for consideration, which focuses on reducing out of area placements and the delivery of rehabilitation closer to home.

## Oral Health

### Summary of Key Actions/ Deliverables in 2017/18

- Implement 2017/18 elements of the Oral Health Plan relevant to Community Services, with a focus on: increasing the number of Dental General Anaesthetic Services sessions available for vulnerable ASA3+ patients.
- Develop and implement care pathways improving access for patients.
- Review of Intermediate Tier Oral Surgery Service will be undertaken with a view to increasing the number of patients seen outside acute hospital settings
- Establish links with Bangor University to progress the formation of a training faculty strengthening partnership relations
- Implement the Care Home Initiative and Domiciliary Care with a domiciliary pathway by Q4. The measures will be the number of care home staff receiving training and the number of residents for whom a care plan has been formulated.

## Cancer

### Summary of Key Actions/ Deliverables in 2017/18

- Complete review of CNS workforce in response to Peer Review with regular monitoring through the Cancer Steering Group.
- Progress the proposed development of a shared dedicated rapid access diagnostic facility for Breast Cancer.

## Critically Ill

### Summary of Key Actions/ Deliverables in 2017/18

- Improve Delayed Discharges from Critical Care; improve whole hospital flow to facilitate timely discharge from Critical Care, Prioritise Critical Care discharges to achieve 95% patient to be discharged from Critical Care within 4 hours of readiness for discharge and reduce the number of hours lost to DToC until they reach no more than 5% bed occupancy.
- Critical Care capacity -analyse current staffing model and Level 2 and 3 capacity against service requirements, develop proposals for review and prioritisation to provide a safe service for L2 (HDU) and L3 (ICU) patients taking into account:-
  - Unmet Need Study, undertaken 2014 but take into account recent service changes e.g. PPCI, centralisation of vascular surgery,

#### SURNICC

- Medical staffing standards (as per Delivery Plan for the Critically Ill)
- Nursing and AHP standards (as per ICS standards)
- Level 1 Capacity e.g. PACU, NIV, Renal care- Review pilot of PACUs (agreed from WG slippage funding – Continue PACU if successful)
- Establish NIV/Renal care for ‘single organ failure patients’ outside of Critical Care.
- Ensure Level 1 capacity to provide a safe service for patients who need observation but not Critical Care.

### Liver

#### Summary of Key Actions/ Deliverables in 2017/18

- Develop plans for establishing Alcohol Care Teams within the Health Board - Undertake a review of the pathways from primary care to secondary care for abnormal liver function tests.
- Increase primary and secondary care education on liver disease
- Develop further schemes to identify those at risk of fatty liver disease LDCG to consider other strategies that would support early identification of NAFLD patients in high risk groups and resource implications
- Measure performance against key standards and performance locally as part of the national audit of the pathway
- Develop national management guidelines facilitating the assessment of individuals with abnormal LFTs including guidelines for the management of common complications of liver disease and indicators for referral.

### Rare Diseases

#### Summary of Key Actions/ Deliverables in 2017/18

We will continue to build on the work undertaken during 2015-17 and working with RDIG to achieve the vision for people with rare diseases. Our Priorities for action in 2017/18 diseases are as follows:

- Identifying the support pathway for patients with unknown diagnosis (The Diagnostic Odyssey)
- Ensuring better use of best practice and evidence in primary and secondary care and improve pathways for accessing specialist services

- Undertaking significant event analysis following delayed diagnosis of a rare disease and shared evidence learning
- Ensuring feedback from patients is utilised to enhance rare disease pathways within health boards

## End of Life

### Summary of Key Actions/ Deliverables in 2017/18

- Building on End of Life Care Delivery Plan and End of Life Annual Report findings. Scoping alternative viable options to hospital for end of life care
- Implementation of Advance Care Planning (ACP) Tool across BCUHB
- Support improved knowledge and skills of staff within Nursing Homes and Acute Hospital wards regarding palliative and EoLC
- Expansion of Hospice at Home Service across North Wales
- Improved medicines management and prescribing
- Agree and formalise strategic planning for palliative care, across North Wales, in partnership with third sector and area teams
- By Quarter 4 2017/18 we will see a reduction in the number of inappropriate admissions of terminally ill patients to hospital. An increase in the number of and their families able to make informed choices over a dignified death in a place of their choosing.
- More Nursing / Care Homes, and Hospices will have trained staff able to implement Advanced Care Plans. This is part of a longer term programme which will continue beyond 2017/18.

## 9. Resourcing and Enabling Plans

### 9.1. Improving Quality and Safety

Improving the quality of our services is at the heart of becoming a sustainable and successful integrated Health Board. Our aim is “getting it right first time, every time for all our service users”.

Our Quality Improvement Strategy 2014-2017 established a clear intention to drive improvements in the quality and safety of care, keeping the patient focus at the heart of all that we do. The appointment of new Clinical Executive Directors has formed an opportunity to review the strategy.

By May 2017, we will publish a refreshed Quality Improvement Strategy for 2017-2020. This will use a reduced number of Quality Improvement objectives and provide more focus upon a core set of priority areas for Improvement.

The revised Quality Improvement Strategy will support and strengthen our Clinical leadership teams both in skills and profile within Divisional/ Directorate level across primary, community and acute care settings to ensure that Clinical leaders are providing the assurance on the delivery of Quality and Safety improvements and the reduction of harm. In support of this we will:-

- Establish a clear Clinical accountability Framework to deliver the expected improvements required over 2017/18
- Introduce a new Quality Performance Dashboard which will be refined for roll out in May 2017. The dashboard will enable real time access at Board level as well as Site and ward/ team level and enable teams to form their own base lines for the contribution towards the 17/18 improvement targets

We will further develop organisational wide tools to support Quality & Safety, dignity and respect in care, specifically:-

- We will support staff at all levels to be skilled and confident/competent in their specialist area and recognises the need to support clinical staff to have the access to and be able to attend the required onsite or e-learning training provided
  - Training and support will be provided to all clinical leaders to increase their confidence in clinical risk management as well as introducing enhanced systems and processes to enable Clinical leaders to evidence organisational learning.
  - We will ensure that staffing is deployed effectively at all times and continue to make public ward staffing levels based on clear evidence. We will
-

demonstrate prudent use of staffing resources and provide one overall picture of the staffing and standard of care at team ward, department, and across the Health Board.

- We will focus on gaining patient/service user and Carer feedback in real time and take appropriate action where required.
- We will roll out values based recruitment to ensure all staff hold the right values and with compassion as required across the Health Board.
- We will deliver mandatory and statutory compliance in 17/18 to ensure we meet staff training requirements and validation requirements and to ensure that staff are competent and confident in their current clinical skills
- Develop a programme of awareness, training and support to establish Quality Impact Assessments as a core business tool across the organisation during 2017/18. Each of our service change programmes will be subject to a quality impact assessment and appraisal with senior clinician sign off.

### Key Actions/ Deliverables in 2017/18

#### “Putting Things Right”

We will make continual improvement in the management of concerns, specifically:-

- Achieve throughout the year 98% of all concerns acknowledged within 2 working days
- Increase the percentage of complaints closed within 30 working days from 50% to 60% by March 2018
- Achieve throughout the year 98% of complaints closed within 6 calendar months
- Increase the percentage of incidents closed within 30 working days from 65% to 75% by March 2018

#### Serious Incidents and Complaints

We will eradicate overdue complaints and concerns, creating confidence in investigation process and understanding trends and themes to support areas for action and improvement, specifically:-

- Reduce the number of catastrophic incidents from 15% to 3% by March 2018
- Increase percentage of WG reports concluded with 60 working days from 50% to 75% by March 2018

We will ensure an appropriately trained workforce to investigate, manage and learn from Concerns, specifically:

- We will deliver a programme of training appropriate to the levels of staff in relation concerns handling and fully implement the reviewed PTR process to include a '72 hour serious incident review guidance and template'.
- A register of trained investigators will be formulated and we will implement a revised redress process to be clear regarding the determination of breach of duty and qualifying liability. We will describe a BCUHB wide framework for learning from experience by end Q1.
- We will develop the provision of good information via the data warehouse to help review patient care - dashboard which will provide evidence of systematic learning from concerns and management of risks highlighted.

We will ensure continuous engagement of citizens and patients in the development of services and using patient experiences to improve services, specifically:

- Establish robust reporting mechanisms to enable effective learning from concerns
- We will Implement a Real time feedback system across Secondary Care (including Acute Mental Health Service) and across the 3 Areas (including Community Mental Health Service) and commence engagement with Primary Care regarding potential use of system
- We will introduce a Patient Advice and Support Service on a phased approach, commencing in Ysbyty Glan Clwyd

The health Board is adopting a zero tolerance to HCAI. In 2017/18 we will:-

- Fully implement the Infection Prevention and Control improvement plan, specifically:-
- Achieve month on month reduction C –Diff from 16 per month to 12 per month for by year end
- Achieve a combined target (MSSA/MRSA) reduction from 11 cases per month to 4- 6 cases per month by year end
- Executive scrutiny to RCA's established to ensure learning is applied and appropriate accountability.
- Strict compliance with core principles and identified "Always events".
- Prescribing practices to be monitored and challenged where appropriate.
- Compliance to be demonstrated through bundle audits.
- In line with detailed project plan, provide site specific trajectories for

improvement and achieve Quarter on Quarter improvement per site and specialty.

- Ensure that site by site plan on “Well organised ward” to ensure current ward environments enhanced to support cleanliness.
- Capital programme to include priority spend on environmental improvements to enhance and support best practice for Infection, prevention.

We will demonstrate an on-going reduction in Mortality rates (i.e RAMI & Crude Mortality). Our ambition is to out-perform the normal RAMI mortality trajectory and exceed that for England & Wales.

We will make significant gains in compliance with evidence based interventions in the theme areas identified below to have a positive impact on the overall mortality:

- (i). The Top 10 Diagnostic Codes associated with death (e.g. Stroke, Myocardial Infarction, and Fractured Neck of Femurs)
- (ii). 1000 Lives targets (RRAILS, Sepsis, AKI and VTE) and
- (iii). Developing our capability for quality improvement

- We will optimise the quality of our data collection and reporting and in support of this ensure all in-patient deaths are subject to mortality review
- Our systems will be developed to ensure these reviews are robust and provide best learning
- We will further extend review of deaths to incorporate fully those in Emergency Departments, Mental Health and Community Hospitals and ensure mortality reduction is held as a goal at all levels of the organisation from Board to Ward & Ward to Board.

We will eradicate Grade 3 & 4 Hospital acquired pressure ulcers and achieve a 20% reduction in grade 2 pressure ulcers in acute setting and within the Community (under the care of health care professional)

We will achieve a 25% reduction in falls resulting in Harm across secondary Care and Community hospitals and in Mental Health services

A formal action plan for improvement across all aspects of the pathway (secondary, primary and Community and partners) will be in place based on the Falls Strategy approved in December 2016.

We will Improve our recognition of, and response to the acutely deteriorating

patient

- We will review and take stock of our current position and agree and set out clear goals for each District General Site
- We will establish 100% expectation of all in patients to have a NHS Early Warning Score (NEWS) score calculated and timely, effective assessment and care delivered as guided by appropriate application of escalation algorithms.
- All patients will be assessed on admission for Sepsis and receive management as guided by Sepsis 6
- Consistent with prudent healthcare principles, doing only what's needed, NEWS scores will be used to trigger senior review and agree best next steps
- Outcomes of all RRAILS interventions will be monitored through triangulation of a range of data to include Acute Intervention Team continuous audit; Routine Retrospective Case Record Mortality Review, Cardiac Arrest Rates and Hospital level mortality metrics
- RRAILS, Sepsis, Acute Kidney Injury outcomes and associated compliance data will be monitored by Acute Site QSE Committees, and actions taken to ensure delivery on agreed strategic trajectories.

Our Mental Health Clinical Division will develop quality metrics and methodology across primary, community and secondary care to provide timely assurance of care provision, overseen by QSE, specifically:-

- Ensure 100% compliance of revised Quality assurance tools with all compliance recorded on the H&CMS.
- Outcomes and improvements for each ward/ Department will be formally reviewed and actions for improvement agreed by the senior team on each site and tracking processes agreed within Governance arrangements.
- Outcomes of monthly quality audits will be provided for leadership and Safety walkabouts and for Community Health Council (CHC) visits for transparency and tracking of improvement.
- Each and every clinical ward and Department to demonstrate improving compliance each Quarter for fundamental care and support provided to make those improvements from each site team.

We will demonstrate a 20% improvement in medicines management in prescription and administration of : Insulin, Heparin & Warfarin and Oxygen

In 2017/18 we will Implement detailed action plans for improvement, strategically overseen by the Safe Medication Steering Group for heparin and warfarin and the Medical Gases Group for oxygen, specifically:

- Medical Induction to include competency assessment and training to ensure full awareness of high risk medicines & include assessment of prescribing competency
- Rebranding and implementation of insulin standards to include critical medicines to cover prescribing, dispensing and administration.
- Competence based assessments to be completed by relevant registered nurses/midwives involved in the administration of insulin, oxygen and other critical medicines.
- Utilise all RCA investigation to assess against the 3 medicines management priorities within safety checklist.
- Target prescribing audits into unscheduled care.

## 9.2. Workforce and Organisational Development

The BCU Board approved a Staff Engagement Strategy in August 2016 and this provides the key direction for workforce engagement activities in BCU. The workforce engagement implementation plan is overseen by the Staff Engagement Working Group comprising Board Members, Trade Union partners and Senior Managers.

The Health Board's staff engagement strategy focuses on the following key building blocks:

- Development of a compelling and shared strategic direction
- Building collective and distributed leadership
- Adopting supportive and inclusive leadership styles
- Giving staff the tools to lead service transformation
- Establishing a culture based on integrity and Trust
- Placing staff engagement firmly on the Board agenda.

Each of the building blocks is supported by specific actions within the implementation plan. The involvement of Staff Engagement Ambassadors and Listening Leads is central to successful implementation of the strategy.

Key actions to be undertaken include the following:

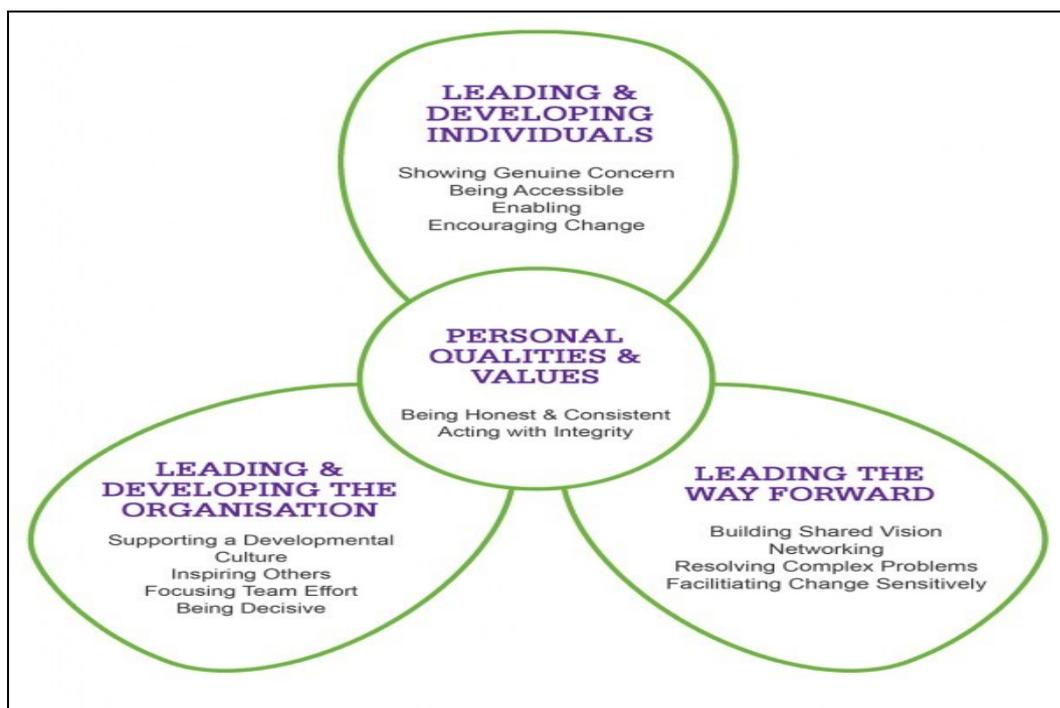
- Continued achievement of the Implementation Plan set out in the Staff Engagement Strategy
  - Developing and implementing planned actions to address the results of the 2016 Staff Survey
  - Promotion and communication of organisational values and the proud to Lead Behaviours Framework
  - Visible promotion of vision and values through the Balch o/Proud of campaign and the Gwobr Seren Betsi Star Award to recognise and celebrate staff achievements and dedication
  - Developing Values Based Recruitment methods and guidance to ensure new staff understand, promote and live to our values
  - Spread of the *Discover, Debate, Deliver* engagement process
  - Continued roll-out of Aston Team Based Working, supporting staff throughout the Health Board in order to develop high performing teams in all services and locations
  - Actions to further embed a culture that supports staff to raise concerns and to learn from errors, incidents and concerns
  - Ensuring that all employees are supported to engage in personal development processes which are designed to maximise individual
-

contributions and development. Improving PADR rates to over 85% during 2017/18

## Organisational and Leadership Development

We will continue to build on our engaging leadership model and Proud to Lead Behaviours Framework with a strong focus on building leadership capability. Core elements of our plans include:

- **Leadership Development** – an enhanced clinical leadership development programme (including medical leaders), coaching and ILM programmes.
- **Ward Manager Development** – We will accelerate the roll out of the Generation 2015 Ward Manager programme to ensure that all ward managers have the management and leadership skills and competencies to be effective in their roles as clinical leaders.
- **Cluster lead development programme** – supporting the Area Management teams to build effective multi-agency cluster teams
- **Step into Management Mandatory Training programme for Managers**-to ensure newly appointed managers deploy a full range of people management skills and competences.
- **Mandatory and Statutory training** – ensuring staff maintain safe and competent practice through compliance with the Skills for Health core skills training framework subjects.
- **Bilingual skills strategy** – We will implement and monitor compliance with our Bilingual Skills Strategy as an enabler to support the delivery of high quality care and compliance with the Welsh Language Standards.
- **Performance Appraisal and Development Review (PADR)** – We will work to ensure that all staff have a PADR to receive feedback on their work and to discuss how they can continuously develop their skills. .



## Workforce and Organisational Development

The success of the Board and its primary care contractors in recruiting, retaining and developing the workforce is fundamental to the delivery of our Plan. Our ambition to adopt new models of working, new roles and innovative approaches to service delivery will require changes within the workforce. This section sets out the key activities and interventions which will support this and how the workforce will need to change to align with new ways of delivering services in the future.

## Workforce Transformation

The organisation's workforce strategy will focus on developing our staff to deliver healthcare closer to patients' homes through integrated working across health, social care, the voluntary sector and other partners. A shift in workforce skills is therefore required to meet this demand and support the subsequent changes to the way services are to be provided. The organisation continues to seek to increase the number of advanced practitioners in a range of areas, which further increases the recruitment challenges in professional group. Supporting the development of sustainable workforce solutions for both fragile services and meeting deanery compliance will be a priority for 2017 – 18.

The organisation will require an engaged workforce that is adaptable, appropriate in terms of skill mix and competency levels, affordable within our budgetary constraints and most importantly, which meets the needs of patients and service users. This shift will be enhanced as a result of the requirements set out within the Social Services & Well-being Act for closer integrated working and new models of service delivery.

The organisation's shift in focus will require appropriate training and education to underpin new ways of working and reduce the barriers between health and social care workforce. Aligning the workforce to service need, developing teams with the right skill mix of staff, and more effective team working are fundamental workforce objectives as we move forward. Our employment practices service will respond to these requirements to support the changing focus of the organisation and the significant change management process required.

### **A Healthy Workforce**

Improving staff health and wellbeing is a key priority for the Health Board. A Health and Wellbeing group including managers, Trade Unions and representatives from across the organisation meets on a bi-monthly basis and has developed an action plan to enhance the way in which the Board encourages and supports staff to maintain their health and wellbeing. This is reflected in our commitment to the Corporate Health Standard. We achieved Gold level standard in 2016 and will now work towards Platinum level.

Whilst we are committed to supporting staff to stay healthy we know that staff sickness can be a problem. A Sickness Absence Task and Finish Group provides a strategic approach to improving staff health and wellbeing and managing sickness absence across BCU. We have worked in partnership to address this issue. The group is chaired by the Unison Branch Chair and involves a cross section of BCU staff. The remit of the group includes reviewing the nature and extent of sickness absence across BCU and the actions being taken to address this issue. The group will make recommendations where appropriate for any improvements. In addition in recognition of the age distribution of our workforce, a Working Longer Group has been formed, with an associated action plan.

Over the past 12 months, a focus has been on promoting the CARE early intervention process, training of managers and increasing a focus on health and wellbeing.

Absence levels for the period April to November 2016 was recorded at 4.73% which is above the Welsh Government target of 4.55% but is a slight improvement on the 4.75% recorded for the same period in 2015. The reduction has been brought about by a concerted effort across the health board to address the causes of sickness absence and to manage staff who are off work due to sickness.

A sickness absence management plan has been developed which is forwarded on a six monthly basis to the Welsh Government focussed on the ten fundamental standards that were developed in partnership by the NHS Wales Health and

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Wellbeing Group. We will have a strong focus on workplace mental health and wellbeing issues.

### Maximising Efficiencies

Maximising the contribution of the workforce, using the principles of prudent health care is a key component of the Workforce Plan. A key objective for 2016 – 19 is to embed team based working across the organisation using the Aston Team Working model. Effective use of workforce information systems will enable managers to manage staff fairly and effectively:

- **ESR 'Hire to Retire'** – We will aim to achieve world class workforce information systems processes and ensure full deployment of ESR Self Service.

Staff in Post as at 31st October 2016	FTE Contracted	Assignment Count	Headcount	Turnover	Turnover (excluding M&D Training)	Sickness
BCUHB Total	14481.75	17329	16828	9.45%	8.50%	5.01%
Medical & Dental Staff Group in Post as at 31st October 2016	FTE Contracted	Assignment Count	Headcount	Turnover	Turnover (excluding M&D Training)	Sickness
Total	1185.77	1291	1274	24.48%	14.80%	1.88%
Other Staff Groups in Post as at 31st October 2016	FTE Contracted	Assignment Count	Headcount	Turnover	Turnover (excluding M&D Training)	Sickness
Additional Professional Scientific & Technical	622.59	732	718	7.09%	7.09%	3.43%
Additional Clinical Services	2848.40	3427	3345	7.39%	7.39%	6.97%
Administration & Clerical	2596.84	3195	3068	7.98%	7.98%	4.16%
Allied Health Professions	831.78	1035	988	8.24%	8.24%	2.86%
Estates &	1213.88	1580	1532	7.96%	7.96%	7.63%

Ancillary						
Healthcare Scientists	277.29	301	299	6.56%	6.56%	3.33%
Nursing & Midwifery Registered	4875.62	5738	5576	8.83%	8.83%	5.08%
Students	29.59	30	28	4.45%	4.45%	3.38%

- **ESR Business Intelligence** – We will improve the use of BI analytics to support fair and effective management of staff.

Maximising the contribution of each member of staff is critical to our success. Demonstrating the values of the organisation through daily behaviours is essential to this, along with effective performance management.

## Workforce Profile and Challenges

### Workforce Profile

The current breakdown of the Health Board by staff is reflected in the table below:

Low turnover, an increased number of staff over the age of 50 and low numbers of staff under the age of 20, present workforce challenges for the Health Board. A local Working Longer Review Group has been set up to assess the implications of the age profile of our current workforce and identify strategies to support the workforce effectively.

### **Recruitment and Retention**

In April 2016 the board approved a Recruitment and Retention Strategy which outlined plans to attract and retain a workforce fit to deliver healthcare in the 21<sup>st</sup> century. In order to implement this strategy effectively recruitment processes and activities will be required. There are some major challenges in the short term to maintain services as they currently operate. The department will support a shift of focus from secondary care to primary and community care and prevention. There are substantial areas of shortage and risk within a number of staff groups which is a significant challenge for the Health Board and across NHS Wales. The department will work with NWSSP and with manager to improve and speed up processes.

The Health Board has commenced work on its Recruitment attraction strategy and outlined a range of initiatives that the Health Board is taking forward in achieving its aim of attracting, recruiting and retaining a workforce with the requisite skills. Development of a bespoke Recruitment website and supporting marketing materials

will provide the focus for this attraction strategy along with selling and marketing of our new brand [Train Work Live – North Wales](#). The Web site will be a key focus on the BCU internet as well as the 'Working for us' section on the internet.

The age profile across BCU similar to other NHS organisations is skewed towards staff over the age of 45 and therefore expecting to retire within the next 10 to 15 years. A working longer review group has been established within BCU to review the outputs from the 'UK Working Longer Group' and 'The Working Longer Steering Group Wales' to formulate and develop strategies across BCULHB to meet the needs of an ageing workforce and the challenges that this might pose for BCULHB.

### **Recruitment Challenges**

The Health Board has significant recruitment challenges in a number of specialties and staff groups. Areas with particular challenges are listed below:

- Medical and Dental, in particular consultants in mental health, diabetes, radiology, pathology specialties, orthogeriatrics, dermatology, and Specialty and associate specialist (SAS) doctors in Care of the Elderly (COTE), general medicine, emergency medicine, mental health specialties, obstetrics and gynaecology and anaesthetics.
- Trainee doctors in obstetrics and gynaecology, general medicine, general surgery, orthopaedics
- Band 5 adult, mental health, CAMHS nursing and Health Visitors
- General practitioners
- Pharmacists
- Psychologists
- Radiographers
- Some allied health professionals including specialist posts, physiotherapy, Welsh speaking speech and language therapists.

Recruitment difficulties are a key driver for skill mix changes, but there will also be significant focus on recruitment.

In relation to medical recruitment, the Health Board is working with MEDACS to recruit permanent staff instead of long term locums, and has also participated in the British Association of Physicians of Indian Origin (BAPIO) Medical Training Initiative. In addition, a foundation year FY3 rotation has been instigated in Ysbyty Gwynedd. This is not recognised for training, but retains trainees who may not have been able to secure a care training/speciality training post, or who wish to gain more experience before doing so. There has been significant success in psychiatry paediatrics, cardiology, Intensive care Unit (ITU) and Obstetrics and Gynaecology

Targeted efforts to attract and retain high quality staff will continue as follows:

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- Provision of local job fairs and attendance at national job fairs.
- Promoting excellence in practice and our Welsh health approach
- Early appointment of graduates from Bangor & Glyndwr
- Offering rotational posts
- Promoting and supporting return to practice in Bangor and Glyndwr
- Engaging and wider networking with Chester and Staffordshire University
- BCU wide recruitment strategy group
- Nursing specific recruitment and retention group
- Continued bank recruitment
- Divisional/directorate recruitment plans
- Overseas recruitment
- Creative External Advertising in conjunction with NHS jobs
- Development of a social media campaign for Nurses
- Additionally there is a focus on the divisions ensuring the efficient rostering of the current nursing workforce in line with E Rostering policy, scrutiny, challenge and strengthen of bank and agency authorisation.
- Further targeted recruitment campaigns for Nurses using social media tracking and bespoke campaigns

### **Medical and Dental Pay and Governance**

While much has been done in relation to filling permanent and locum positions, spend has increased. Work to approve the position will be an increased focus in 2017-18. Six work-streams have been identified to progress this work.

1. Establish if further hourly rate caps are possible: highlight areas where we are above cap.
  2. Review of all on call specialities and grades to establish a current baseline of all the out of hours posts we attempt to fill to see if any further efficiencies, cross working is possible.
  3. Review of current locum request sign off to see if this can be strengthened, particularly to ensure all “in house” resources being used before locum request.
  4. Review post shift sign off to establish if hour creep is happening on some shifts and improve governance around this.
  5. Collate and review all current vacancies, particularly to identify those that have been vacant for a long time where we may need to accept they cannot be filled and find an alternative solution e.g. ANP.
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6. Refresh recruitment efforts: establish how long since vacant posts were advertised and provide energy to reinvigorate this work.

### **Nursing and Midwifery pay and Governance**

Work will continue to be undertaken to reduce nursing costs, particularly for off contract nursing agencies, and to remove the use of agency health care support workers.

There will be increased focus on realising the benefits of e-rostering and ensuring that the nursing workforce is utilised productively. This will include the implementation of the Safe Care model to match nursing resources to patient acuity. Rotas are being reviewed and a suite of model rotas will be developed and rolled out across the organisation.

### **Partnership Working**

The Local Partnership Forum (LPF) and Local Negotiating Committee (LNC) provide the formal method for negotiation and consultation between staff and the organisation, although there are other local fora to engage with staff. Key themes from a workshop on the operational plan included development of a more sustainable workforce plan in rural areas, further improving engagement with staff, and using staff experience to inform development of future services.

### **Step into Work Programme incorporating, volunteer placements and apprenticeships in BCUHB.**

BCUHB (Betsi Cadwaladr University Health Board) is providing a mechanism for work placement, skills development and support for those often furthest from employment, improving the employability of the economically inactive and unemployed adults who often have complex barriers to employment. The programme will establish sustainable employment for young people through clear apprenticeship routes and opportunities for work post apprenticeship.

The Step into Work programme has been established within BCUHB and will provide a systematic programme of opportunities for a range of people, including those who are furthest from the job market, young people, NEETS (young people not in education, employment or training), Communities First, LIFT Workless Households, those with disabilities Scope, Agoriad, those in Black and Minority Ethnic Groups and those currently claiming job seekers allowance and income support all in line with Welsh Government Tackling Poverty agenda. The programme provides Ice Breaker, BCUHB orientation, full compliance in all 10 Core skills competencies, volunteer 6 week placements and guaranteed interviews if the essential criteria met. A joint

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project with BCUHB and Llandrillo College, students undertaking their level 3 health and social care qualifications, will complete their 100 hour volunteer work placement within BCUHB. We are working to develop a similar programme for students undertaking their level 4 studies.

Since commencement in August 2016, the Step into Work programme is proving to be successful candidates have secured apprenticeships in the organisation, and other roles are being secured within BCUHB teams. Facilities services are establishing a programme for young people to commence a 6 week volunteer placement within their teams in the coming months as a 'Traineeship' with recruitment for up to 15-20 apprenticeships in May/June 2017, once established BCUHB can use this model as 'best practice'. Work is underway with many areas across BCUHB to increase apprentice provision. New recruitment justification will ask Managers to consider any vacancies as being a possible apprenticeship before advertising. This programme is reliant on Service Managers within BCUHB supporting placements within their areas.

### **Bilingual Skills**

Refer also to Welsh Language section which aims to ensure that Bilingual Skills are embedded into workforce planning through the organisation's Bilingual Skills Strategy. All policies and the commissioning and contracting of services reflect Welsh language considerations, ensuring clarity in terms of the commitment and engagement required. Welsh language will be rooted in operational planning and service delivery providing reassurance that language needs and choices influence the planning, commissioning and contracting of services.

<b>Workforce and Organisational Development Summary of Key Deliverables for 2017/18</b>
<ul style="list-style-type: none"> <li>• Increase percentage of NHS employed staff who have completed safeguarding training to increase from 65% to 83% by March 2018</li> <li>• Develop a baseline for Percentage of NHS Staff who have been checked by the disclosure and barring service</li> <li>• Achieve month on month sickness absence rate of 4.55% throughout 2017/18</li> <li>• Increase percentage of staff undertaking performance appraisals from 85% to 90% by March 2018</li> <li>• Increase percentage of staff completing statutory and mandatory training from 85% to 90% by March 2018</li> </ul>

- Establish baseline percentage of those who are undertaking performance appraisal who agree it helps them feel valued and improves how they do the job
- Establish baseline percentage of staff who are engaged
- Establish baseline percentage of staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment.

## Equality and Human Rights

In Wales, public sector bodies listed in the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 are required to take certain steps in order to demonstrate that we have due regard to the public sector equality duty. The health board is required to set outcome-focused equality objectives and to engage widely on these, the Welsh specific equality duties also include assessing the impact of policies and procedures on equality, often called Equality Impact Assessment (EqIA) when deciding on proposed policies and practices. The key actions below are taken from the objectives set out in the health boards Strategic Equality Plan 2016-17.

### Key actions for 2017/18

#### **Strategic Equality Objective 1**

Better Health Outcomes: When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse

We will raise awareness of the rights of children, disabled people and older people in Wales in accordance with UN Conventions and the Welsh Government Declaration of Rights for Older People in Wales.

We will raise awareness to ensure staff recognize and act on incidence of hate crime

#### **Strategic Equality Objective 2**

Improved Patient Access and Experience: People's experience of health care at BCUHB is one where everyone is treated with dignity, respect, compassion and kindness and which recognizes and addresses individual physical, psychological, social, cultural, spiritual needs and language. Lesbian, Gay, Bisexual and Transgender (LGBT) people receiving care report that they are treated with dignity and respect.

We will raise awareness of barriers experienced by LGBT people when accessing and using services.

We will raise awareness of the model care pathway for trans people

We will raise awareness of the barriers to access and experience for protected characteristics groups during Equality Week in May 2017.

### **Strategic Equality Objective 3**

A Representative and Supported Workforce: Training and development opportunities are taken up and positively evaluated by staff

We will work to maximize opportunities to increase the uptake of mandatory equality training in Area Teams including primary care, Mental Health & Secondary Care Teams

We will implement the gender action plan, including findings from women's focus groups

### **Strategic Equality Objective 4**

Inclusive Leadership: Papers that come before the Board and other major Committees identify equality related impacts including risks, and say how these risks will be managed

We will drive forward application of Equality Impact Assessment (EqIA) to inform decision making in regard to protected characteristics, including sensory loss and Human Rights.

## **9.3. Research and Development**

Research and Development (R&D) is active throughout Betsi Cadwaladr University Health Board (BCUHB). Patients currently have the opportunity to be involved in almost 400 studies in a range of areas and specialities, in our hospitals, clinics and GP surgeries. Research shapes future care so it is really important that we continue to be active in all research areas offering as many of our patients the opportunity to take part in research as possible.

Patients welcome opportunities to take part in studies and in the coming year we plan to focus on increasing the opportunities available to take part in research as well as supporting our clinicians to lead research to improve care and treatment. We will continue to develop the collaborations we have with our academic and industry partners and other NHS organisations

Our recently reviewed R&D strategy sets the direction for clinical R&D in BCUHB for the next 3 years. The R&D strategy has four overarching aims:

- Aim 1 Increase the profile of research and development within BCUHB and NHS Wales.
- Aim 2 Develop a culture that places research at the core of clinical service delivery.
- Aim 3 Increase research capacity and capability and the quantity of high quality research in BCUHB.
- Aim 4 Maximise the impact of research results and ensure research feeds into the Health Board's mechanisms for uptake of best practice, innovation and service change and improvement.

These overarching aims will inform the key priorities for 2017/2018 and beyond.

### Key deliverables for 2017/2018

#### **Increase the profile of research and development within BCUHB and NHS Wales**

- NHS research data will be presented at Board meetings at least twice year.
- There will be regular R&D representation at Board level.
- An R&D annual report will be produced and disseminated across BCUHB.
- R&D will be included in the BCUHB annual report.
- A communication strategy will be launched, communication will be reviewed via social media and website. We will engage with, listen to and communicate with Health Board staff, stakeholders, patients and the wider community to inform future R&D activity
- R&D communication utilising social media, intranet and internet and regular newsletters x 4 annually. Measures will include social media followers, tweets and retweets, web page hits.
- Attendance by R&D team at Grand Rounds at least once a year, and visibility in public DGH areas twice a year on each site.
- Attendance at primary care led meetings at least twice a year

#### **Develop a culture that places research at the core of clinical service delivery.**

- Work strategically and operationally to increase research capacity by identifying and measuring research activity in Job Plans and Job Descriptions
- Support the further development of joint appointments/clinical academic appointments with academic partners
- Carry out a scoping and engagement exercise to develop a plan to provide state-of-the-art clinical research facilities and infrastructure, and present a business case to the Board.
- Develop three regional research and innovation groups, led by research active clinicians.

#### **Increase research capacity and capability and the quantity of high quality research in BCUHB**

- Number of Health and Care Research Wales Clinical Research Portfolio (CRP) studies and patients recruited into these studies to increase by 10%

from previous year.

- Number of commercially sponsored studies to increase by 5% from previous year.
- Increase commercial income from previous year.
- Increase number of research sessions in job plans by 10%.
- Provide protected time and pathway to portfolio funding for staff who are, or have the potential to be, research-active.
- Increase from previous year the number of Chief and Principal Investigators.
- Ensure career pathways are actively managed and established for all research staff.
- Ensure established research teams have clear succession plans in place.
- Reduce and streamline study set-up times, with at least 80% of studies receiving relevant research approvals within 40 days of submission.
- Ensure research teams recruit to time and target, within 30 days of study set up in 80% of studies.

**Maximise the impact of research results and ensure research feeds into the Health Board's mechanisms for uptake of best practice, innovation and service change and improvement**

- Develop a publications repository to highlight and share research publications.
- Work closely with colleagues in clinical effectiveness, quality and service development to ensure that research is rapidly translated through into measurable improvements in patient outcomes, experiences, safety and potentially cost-effectiveness.
- Promote and increase the understanding of all staff at BCUHB about the role of research and innovation in high quality clinical care.
- Link research and innovation to prudent healthcare by exerting more direction and control over the process, and the areas in which we want to research and innovate

## **Innovation**

There is a wide range of excellent innovation and innovative work happening across the Health Board however we need to develop a more formal support structure to recognise and ensure appropriate spread of our innovative practices and ideas, and to support people with good ideas. During events in 2016 the views of attendees were sought on how BCUHB should capture and support innovation. Outcomes from the events were used to propose a structure which will provide governance and leadership for innovation and innovative practice across BCUHB.

It is planned to establish an Innovation Faculty that has overall responsibility for providing leadership, strategic direction and coordinating support, communication and learning/sharing of good practice. This faculty will have responsibility for supporting and coordinating the development of partnership working with partners

external to the Health Board, and will align with the work of the proposed Bevan Hub in Bangor University. It will align closely with R&D and partnerships with industry will be developed and shared.

### **Key deliverables for 2017/2018**

#### **Establishment of Innovation Faculty**

- Establishment of an Innovation Faculty to provide leadership, strategic direction, coordinated support and learning/sharing of good practice. The Faculty will encourage closer integration between research, teaching and innovation activities and development of partnership working with stakeholders external to the Health Board. This will help us to realise the maximum value from new knowledge and skills through improved services and better outcomes for patients.

#### **Expected Impact from Bevan Exemplars**

- Educating and influencing health care professionals across sectors providing care to patients at the end of life, using a Six Step Model of support and education.
- Implementing the Choice and Partnership Approach in Childrens and Adolescent Mental Health Services.
- Tracking patients with medication related admissions so that those which are avoidable can be learned from and that issues around poly-pharmacy can be addressed to improve patient safety.
- Improving patient access to Musculoskeletal Services through the placement of Advanced Physiotherapy Practitioners in GP Practices.
- Development of Extended Scope Physiotherapists to provide Musculoskeletal Ultrasound providing single visit diagnosis and institution of a treatment programme, reducing patient visits from three to one.
- Using patient communications software to implement a system for requesting and recording patients' preferred language choice for hospital appointment reminders throughout North Wales.
- Retrieving laboratory test results in a timely and efficient manner.
- Physiological abnormalities used to predict cardiac arrests, intensive care admission or death using cutting edge technologies.
- Formation of Healthy Prestatyn/ Rhuddlan Iach Patient Council
- Using a community development approach to address health inequalities by supporting the building of resilient and health communities
- Developing Key Team Coordinator to help patients with complex needs navigate through the often challenging NHS pathways.
- Development of a multi-disciplinary care home team that provides support into Nursing homes, by developing a multidisciplinary care home team.

#### **Impact of Small Business Research Initiative (SBRI) Innovation Catalyst Programme projects**

- Enabling paediatric nurses to spend 10% more time with patients in direct value adding care.

- North Wales Brain Injury Service - Promoting independence in cooking tasks - benefits for service users and benefits for public services.
- Informatics - *Patient Data Revolution - Future Proofing Coding for a Digital Health System*. BCUHB wants to find innovative ways to code patient clinical episodes within a hospital setting whilst meeting Government targets and reducing the manual burden on staff.
- Dementia - *A cute solution to acute anxiety in dementia* – BCUHB is looking for creative thinkers and innovative solutions that could assist people, their families and carers living with dementia who experience high levels of anxiety when travelling to and attending for hospital care.

#### **Identify, signpost, support and disseminate innovative projects**

- Build on existing partnerships and seek out new external partnerships with stakeholders, including academia and industry to drive forward innovation in practice.
- Develop a systematic approach to the identification, sharing and adoption of innovative practice and products. Innovation will be shared with Health Innovation Cymru as a platform for learning and sharing with the rest of Wales.
- Hold three 'Dragons Den' events to support innovative ideas
- Publicise innovative work on internet and intranet
- The development of a clear 'roadmap' for individuals with innovative ideas to follow, providing a single point of contact for innovation ideas via website
- Develop a structured approach to managing partnership working internal and external to the organisation including industry and investors, holding an initial networking event with local industry in 2017

#### **9.4. Infrastructure Investment (Capital)**

Capital investment is a critical enabler to allow the Board to meet the health needs of the population we serve by providing assets to support the delivery of safe and sustainable services. The Board's capital programme and its associated investment proposals will be geared towards supporting the realisation of the health and well-being benefits set out in this plan.

During 2017/18 the Board will develop a long term investment programme to facilitate the development of our assets, estates, medical devices and informatics, to support our emerging whole systems strategy, Living Healthier ;Staying Well.

For the year ahead investment proposals have been prioritised to address the following key elements of future service delivery:

## Effective primary care

Traditional models of asset management, where GPs own and manage their accommodation, are increasingly being seen as a barrier to recruitment and to the Boards key objective to expand and enhance primary care. Our plan proposes a mixed economy for primary care with traditional General Practice and emerging models for primary care based around "clusters" of GPs providing a wider range of services.

The capital programme for 2017/18 has some significant major schemes ongoing, funded through the All Wales programme, which will enable the delivery of fit for purpose accommodation to support new models of delivery. These are –

- Blaenau Ffestiniog – development of a primary care resource centre to house all services within the town and offer a base in which to bring more care closer to peoples' homes. Co-location of the GP practice with other services within the same building will offer opportunities to extend further the model of multidisciplinary working which is already in place. This development will conclude in quarter 2.
- Flint – the construction of a primary care resource centre in Flint which brings together two GP practices and offers a base within which a broader range of clinical services can be brought together. The services currently provided within the Borough Grove Clinic will also transfer into the new Centre when this is available. The development will conclude in quarter 4.
- North Denbighshire – the Full Business Case for North Denbighshire Hospital will be progressed during 2017/18. This scheme will provide an inpatient facility, outpatient services, diagnostics, therapy services, community dental and other facilities to support integrated working with the Local Authority and 3<sup>rd</sup> sector partners. The Full Business case will be presented to the Board in quarter 4.
- Healthy Prestatyn – Ty Nant – we will conclude the work on the conversion of Ty Nant in Prestatyn to provide accommodation to support the new model of primary care – "Healthy Prestatyn". The model provides a multi-professional primary care team delivering a wider range of care options including a "Same Day Service", an Elective Centre, Domiciliary and Home Care support and a focus on learning and support for patients and professionals.

The Welsh Government have provided additional support for essential repairs and upgrades for Bala, Criccieth and Ruthin health centres all of which will be completed

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in 2017/18. In addition the Board's Discretionary capital programme contains a number of key primary care schemes which will enhance the facilities available to deliver effective local care, for example Corwen Health Centre. Work is ongoing to identify the next tranche of priority schemes for primary care and business cases will be developed during 2017/18 to progress these developments.

### **Modernising mental health facilities**

Our plan sets out a series of priorities for improvement in Mental Health services. These incorporate the lessons learnt and recommendations from a series of reviews. The capital programme will support the future service model which will be set out in our strategy and is designed to provide a safe and effective environment for care.

During 2017/18 we will implement year 2 of the programme of works to address the identified anti-ligature risks and improvements to clinical environments particularly in inpatient ward settings. This will enable the Board to respond to issues identified as part of the Special Measures requirements.

In parallel an investment programme to support strategic change to the inpatient estate will be developed. We will develop a strategic outline case and discussions will be progressed with Welsh Government to seek support for investment to facilitate enhanced quality of care across the Health Board.

### **Sustainable acute services**

Future acute hospitals services within North Wales will continue to be delivered through the three principal sites at Bangor, Bodelwyddan and Wrexham.

The capital programme going forward will support the future configuration of acute services. The programme will envisage a smaller "footprint" for acute and specialist care, reflecting the shifting focus of care to primary and community services. It will seek to ensure that assets enhance the care provided and that the infrastructure is resilient and robust.

During 2017/18 work will commence in developing robust development plans for Wrexham Maelor Hospital, Ysbyty Gwynedd and Llandudno hospital to ensure that the accommodation and supporting infrastructure are "fit for purpose" sustainable and support our long term strategy.

Specific major schemes which will progress during 2016/17 are set out below –

Glan Clwyd – we will continue the redevelopment of Ysbyty Glan Clwyd. This programme, driven by the need to remove asbestos from the hospital site will continue through into 2018 with key milestones over the next two years. Critical

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milestones during 2017/18 will include the opening of new wards in tower 3, the Cardiac Care Unit, Inpatient therapies, a new kitchen and support accommodation.

Ysbyty Gwynedd Emergency Department - work will commence in quarter 1 and is expected to take approximately two years to complete.

SuRNICC – the scheme will progress during 2017/18. Alterations to the paediatric and maternity wards will be completed during the year and the new extension to the neo-natal unit will be completed in quarter 3. The full SuRNICC development will be completed in March 2018.

In the short term investment will be prioritised to address issues of patient safety and support the development of Orthopaedics, Vascular and Urology services. We will develop plans to secure additional capital resources from Welsh Government in the following areas –

Vascular Surgery – will we seek resource to install a hybrid theatre at YGC to provide our tertiary vascular surgery service.

Robotic surgery – we will develop a business case to introduce robotic surgery in North Wales, reducing the need to travel outside of the area for such care.

Unscheduled care – we will develop a business case to deliver facilities to support improvements in unscheduled care at the Wrexham Maelor Hospital

Day surgery and endoscopy - we will submit a business case to secure funding for urgent remedial works to the day surgery and endoscopy facilities at Wrexham Maelor Hospital. This will enhance safety and quality of care whilst also releasing theatre capacity to increase orthopaedic surgery and thereby reduce waiting times.

Orthopaedics – we will develop a plan to increase short term capacity across North Wales and seek capital support from Welsh Government to progress this improvement. Alongside this we will develop a long term model for musculoskeletal care, including orthopaedic surgery, which will ensure sustainable services and reduced waiting times for the people of North Wales.

### **Medical Equipment and Devices**

In support of the development of clinical services outlined above, the capital programme provides for the replacement and development of medical equipment and devices. The programme is developed annually reflecting clinical priorities identified, balancing innovation, risk and statutory compliance. Much of the equipment in the Health Board is beyond its recommended life span and in year

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emergency repairs, rental and replacements are becoming more common to ensure service continuity.

The programme highlights investment in significant assets that will require support from the All Wales Capital programme including major diagnostic equipment. We will set out our priorities for investment in major diagnostic equipment in order to secure funding from Welsh Government's National Programme.

### **Informatics and Information**

Investments to maintain and develop our information infrastructure are identified throughout this Plan and summarised in the section which follows.

### **Estate Maintenance and Performance**

A significant element of our investment in estates is directed towards achieving key estate performance indicators and managing the risks associated with backlog maintenance.

Welsh Government has established six national performance indicators for the condition and performance of the NHS Estate in Wales. The latest national performance information (2015/16) indicated the Board's performance was as follows:

<b>Indicator</b>	<b>Target</b>	<b>Performance</b>
Physical condition	90%	75%
Statutory compliance	90%	78%
Fire safety compliance	90%	80%
Functional suitability	90%	84%
Space utilisation	90%	88%
Energy performance	<410 kWh/m <sup>2</sup>	398 kWh/m <sup>2</sup>

Based upon the indicated condition and performance of our Estate we assessed the cost of backlog maintenance to be as follows:

High Risk	Significant Risk	Moderate Risk	Low Risk	Risk Adjusted
£ 20.750m	£ 16.145m	£33.416m	£62.106m	£41.556m

The principal properties indicating a material level of high or significant risk are as follows:

- Abergele hospital
- Bryn y Neuadd hospital
- Dolgellau hospital
- Eryri hospital
- Llandudno hospital
- Royal Alexandra Hospital, Rhyl
- Ruthin Community hospital
- Ysbyty Glan Clwyd
- Ysbyty Gwynedd
- Ysbyty Maelor

Addressing the issues of estate performance and backlog maintenance risk will be key to the Board's estates strategy moving forward. The Board will develop an investment and rationalisation programme moving forward which will be designed to deliver the following benefits:-

- modern, fit for purpose accommodation for all services
- reduction in property portfolio holdings
- reduction in total revenue cost associated with property
- delivery of national performance targets
- reduction in risk adjusted backlog maintenance (RAB)

All of the above programmes seek to ensure that facilities and systems are "fit for purpose" and comply with statutory and mandatory standards. They will ensure a safe, clean and effective environment that will enhance care. In particular they will facilitate the prevention, control and management of infection and address backlog maintenance.

The effectiveness of the investment programmes will be evidenced in improved clinical outcomes, patient and staff satisfaction and the delivery of the key Estates performance indicators. All capital investments will have clear benefits identified at business case stage and benefits realisation studies will be undertaken to demonstrate benefit delivered and lessons learnt. The programmes will also support the Board in creating a sustainable environment through reducing our carbon footprint and optimising our use of natural resources.

### **Discretionary Capital Programme**

The Board has a discretionary capital Programme of £14.4m allocated by Welsh Government. This programme is principally designed to enable maintenance of essential infrastructure and replacement of equipment. The Board faces significant challenges in terms of backlog maintenance as set out above, urgent repairs and equipment replacement, both medical and Information technology.

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In order to prioritise investment from the discretionary allocation the Board has assessed potential investments against the following criteria –

- ensure statutory compliance
- reduce risk
- support service continuity
- support service transformation
- deliver financial benefits.

The Board has sought to ensure a balanced programme which primarily focuses on management of risk whilst addressing key developmental areas as follows. Taking these factors into account, alongside the contractual commitments already made and the schemes approved previously the following draft programme has been identified for the year ahead:

<b>Discretionary Capital Programme</b>	<b>£(m)</b>
Area and Hospital Estates Schemes	4.8
Estates and Facilities Equipment and Maintenance	2.5
Patient Environment Risk Reduction	1.5
Medical Devices Replacement	2.3
Informatics	4.5
<b>Totals</b>	<b>15.6</b>

[Note – the above programme allows for slippage in year.]

The detail of this programme will be confirmed following detailed review of the proposals by the Board's Finance and Performance Committee.

### **Estates and Facilities Operational Plan 2017-18**

The environment in which patients are treated is of crucial importance, it sets the tone for how we feel about services we receive and underpins the morale of our staff who provide them. Modern well designed, affectively maintained and clean facilities can support the delivery of high quality care. The Estates and Facilities Division for 2017-18 will strive to deliver simultaneously on three key agendas of:-

- Compliance
- Transformation
- Efficiency

The Division provides services which include Operational Estates and Property, Facilities Management and Corporate Health and Safety through a variety of service models and locations to support clinical needs. Our purpose is to improve the healthcare environment to support excellent care.

In order to focus our planning towards the achievements of our purpose, the Division has identified a number of key strategic objectives which will be supported by measureable outcomes to demonstrate improvement. These include:-

- Ensuring that the physical condition of healthcare premises is fit for purpose
- Ensuring statutory and mandatory compliance
- Ensuring fire safety management and compliance
- Maximising space utilisation within the estate
- Monitoring and improving energy performance and consumption
- Carbon profiling and reduction
- Environmental management
- Security and managed parking
- Assessment of the Estates against Welsh Governments National Key Performance Indicators
- Ensuring cleanliness standards and reductions in hospital acquired infections
- Improving Catering and food safety standards
- Effective Portering Services, Stores and Distribution
- Reviewing Laundry and Linen Services and compliance to National Standards
- Reviewing Clinical Residential Accommodation
- Ensuring delivery of a Corporate Health and Safety Improvement Plan
- Implementation of Corporate Health and Safety Management Arrangements
- Compliance to National and Internal Audit programmes
- Asset management – Estates Rationalisation

### **9.5. Digital Health (Informatics and Information)**

Over the next three years, BCUHB aim to implement a range of technology solutions to maintain our existing infrastructure and systems, to grow our capacity and capability and to embrace innovative technologies.

Investment in Informatics will maximise opportunities, create efficiencies, improve communications and enable real transformational change. Informatics is therefore seen as a key enabler by the Health Board to deliver our plan and a critical 'change agent' programme, providing the technological insight, infrastructure and solutions needed to achieve transformational change.

The enhanced use of technology to support the delivery of care and the operational management of the Health Board is crucial to the success of this Plan. The

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Informatics Department will lead Technology or Information driven transformational programmes and will ensure staff and patients have access to timely and accurate information to make informed decisions about their care.

The NHS Informatics Service (NWIS) is committed to providing solutions which will reduce the transactional overheads of the clinical and administrative processes, brought about by re-modelling and re-design, through reduction in the variation within pathways. This is supplemented by working in partnership with NWIS and other Health Boards in the co-production of both national ICT products and targeted local interim technical solutions for areas which are not yet covered by the national informatics plans and developments.

This approach provides a baseline from which major digital transformation in the organisation can be activated through targeted investment which will produce significant cash releasing and excellent qualitative benefits over the longer term.

### **Planned Themes**

The transformation of Informatics over the years ahead will be delivered through a Strategic Outline Programme (SOP), as recommended in the NHS Wales Planning Framework. This sets out in more detail a potential programme of strategic investment in information and ICT to enable the provision of high quality care and support to service change and modernization across the Health Board. The key themes in our strategic approach are summarised below:

#### **Creation of Digital Record First approach**

The introduction of innovative technologies to facilitate the move to electronic patient records; support greater integrated working across BCUHB with social care, provide greater access to systems and information improving and streamline working practices and removing 'paper' from the system. Where paper records still exist for some time, and during its retirement period, access and management will be made more efficient through improved logistics. The introduction of digital records will be incremental and focused on specific specialties initially will, with appropriate governance, increasingly facilitate access to patients own records thus improving quality of care and supporting a future vision of co-production of records and care plans for patients and their carers. Taking the new digital data items and the development of existing technology such as portals will increase automation of routine tasks with wireless and communication systems to improve access at the point of care improving care outcomes, productivity and use of resources.

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## **Care Closer to Home (Community, Telehealth and Mobile Working)**

We will be working to ensure that telehealth and mobile working opportunities inform the Care Closer to Home element of the Living Healthier Staying Well strategy as this is developed and formalised.

A key responsibility for Informatics in this strategic context is to set out a discrete and clear programme where the identification of the new technologies or managed services and national solution suppliers (NWIS) are researched, sourced, and communicated to the wider organisation to improve Multi-Disciplinary Team working and care co-ordination. This work will support early adopter services in the areas of telehealth, community services, patient co-production in their home environment.

This will lead to the adoption of a range of different devices and service models such as those epitomised by telehealth. This change to greater electronic remote working will enable patients to be more involved in their health care and improve communication with their health care professionals; it will also engage clinicians in developing new and more efficient ways of working supported by technology; and underpin the extended co-ordination of care brought about by multi-disciplinary team working.

### **Information**

To enhance our warehousing and information services to take on data from existing and emerging operational systems ,both corporate and clinical systems, thus providing and placing information into the hands of those that do the work, to facilitate more real time information and analytics to aid the clinical quality improvement strategy , planning, forecasting, performance and research & development.

To improve the quality of our data by enabling access (previously highlighted); supporting new methods of real time data capture; and we will work with the private sector and NWIS to develop two way communication with our patients via patient portals and applications (app's). The Investigation and introduction (in early 2018) of new technology will also lead to reducing labour intensive tasks e.g. clinical coding.

### **ICT**

To ensure the essential integrated technical infrastructure is robust, in place, supported and sufficiently flexible to facilitate innovation emanating from the process changes required by the transforming service. Ensuring the essential technical infrastructure is in place to fully utilise national ICT products (Lync Conferencing, Public Sector Broadband, Integrated Telephony). Ensure every user access to appropriate computing devices to carry out their work effectively. This means that

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computers (including PCs, Laptops, Tablets, Phones) are secure, up to date and that access to these devices does not disrupt or slow down their work. Where appropriate we will enable use of personal devices to access key systems. The delivery of this element depends on increased and sustainable investment – both capital and revenue.

### **Digital Record Core Functionality**

The SOP also recognises and augments the current development and delivery of national ICT products and services provided by the NHS Wales Informatics Service (NWIS) by: Providing clinical staff with electronic systems that support their operational work in real-time and enables efficient patient flow through the journey of care (Welsh Clinical Portal, Welsh Admin Portal); Introducing specialist / department focussed workflow systems, in line with the National Programme ( Emergency Department, Welsh Community Care Information System, Electronic Workflow Programme); Supporting the change from paper to more electronic working with greater use of technology by clinical staff (GP Test Request and Results Reporting, Welsh Clinical Communications Gateway, Medicines Transcribing & Discharges, Digital Dictation and Speech Recognition); Integrating existing systems and information with national products, in a way that appears seamless to the end user, to develop a more comprehensive patient-centred record of care (PAS Consolidation, Welsh Care Record Service, Welsh Results Service). This will require national suppliers to be agile in understanding evolving requirements and timely delivery of solutions. The gaps in national functionality and the tactical or interim solutions to bridge the gap and enable the transition to the digital record will be detailed in a strategic outline case which will ensure organisational readiness, governance and appetite is appropriate for this transformational technology.

### **Specific Priorities for Action in 2016/17**

Our enabling plan for 2017/18 reflects the principles and direction set out above and reflect an approach which seeks to draw together resource opportunities from various national and local funding streams as set out below.

<b>Community Clinical Information System</b>
We will develop electronic records within our mental health services which will support our aim of delivering more care closer to home by enabling appropriate mobile devices and information availability in the community.
The Health Board has endorsed the adoption of the Welsh Community Clinical Information System (WCCIS) as an enabler for integrated records and working between health and social care.

In 2017/18 will see the introduction of the Welsh Community Care Information WCCIS to support community and mental health working.

Community and therapy services will be planned with implementation staffing and mobile equipment resourced in later phases.

We will upon work undertaken in 2016 2017 to integrating existing systems and information (WPAS consolidation, Welsh GP record, Welsh Emergency Department System).

We will pilot the use of technology and working with suppliers to develop innovative solutions to a range of problems including releasing nursing time from administrative duties to care, finding a new way of clinical coding which supports growing demand and both current and future process

**Consolidation of all BCUHB Patient Administration Systems** (and the implementation of one Emergency Department Clinical Information Management System).

The Welsh Government is currently supporting two major national projects being implemented in conjunction with NHS Wales Informatics Service namely consolidation of all BCUHB Patient Administration Systems and the implementation of one Emergency Department Clinical Information Management System to support unscheduled care.

The first PAS migration in the central area has completed and these projects will progress during 2017/18.

**Improve the efficiency and sustainability of healthcare services.**

We will review impact and benefits of time limited initiatives to inform future configuration.

Through previous Efficiency through Technology Fund (ETTF) fund and Welsh Government Innovation funds, we have been able to take quick practical actions to improve the efficiency and sustainability of healthcare services. In particular:

- we have been able to modernize the tracking of medical records using RFID technology
- We have developed a mobile app which could release 24% of nursing time to focus on direct patient care as opposed to collecting data or paperwork.
- We have been able to give direct support to clinical staff utilizing electronic processes and information by the establishment of clinical support facilitators who are easily accessible at ward and department level
- We are making available technology to clinicians on a phased basis a solution to allow single sign on to a myriad of systems that would ordinarily require discrete password and usernames to be input before use

In addition we were unsuccessful with ETTF funding for 2017 but by default we are part of a wider joint ETTF bids to develop electronic documentation for the Welsh Clinical Portal – this will also help mainstream the design and usability benefits of nursing app to ensure it augments national systems and provide benefit across North Wales and the rest of Wales.

### **Replacement of existing technology**

Our focus in 2017/18 is on the delivery of agreed improvement plans for areas of limited assurance e.g. service desk and asset management.

The use of the Board's discretionary capital is prioritised towards the replacement of existing technology. There is a growing backlog of replacement equipment which becomes more significant as increasing numbers of clinical teams become reliant upon technology for core clinical practice. Key items to be addressed in the coming year include:

- Replacement of telephony infrastructure and equipment
- Replacement of personal computers
- Replacement of network and data centre infrastructure
- Enhancement of existing legacy protection to reduce cyber threats

We will ensure that the ICT infrastructure is robust, secure, functional and future proofed, this will be achieved through investment in a number of areas including data centre development, and network upgrades and the replacement of all Windows XP devices which are no longer supported by manufactures.

Significant streams of work which began in 2016 2017 will also continue to progress to support business continuity and new ways of working e.g. replacing the telecoms infrastructure, expanding the use of single sign on.

### **Information Resources**

We will Increase the percentage of episodes clinically coded within one month post episode end date from 45% to 80% by March 2018

We will Increase percentage of staff who have undergone information governance training as outlined in C-PIP Guidance from 75% to 85% by March 2018

A set of initiatives are in place to further develop information architecture and warehouse to process data from existing operational and corporate systems in order to link up the whole information cycle and provide enhanced provision of live

information from existing operational systems via websites and mobile apps.

In 2017/18 we will focus on areas of limited assurance e.g. implementing plans to work towards compliance of National Coding Targets.

We will continue to work to improve our Information reporting infrastructure, this will be achieved by consolidating data into one data warehouse (i.e. dis-investment in legacy systems), increasing access to information and timely provision of data via bespoke dashboards.

We will develop an Information /Business Intelligence strategy to gain commitment to data driven decision making within the Health board. Improving Clinical Engagement in coding through newly established networks and building upon work started in 2016 2017 to focus on data quality, training and apprenticeship opportunities.

### **Managing the Legacy paper and Digital records in Our Acute Hospitals**

We will be addressing the 4 key drivers that are steadily increasing the risk that a patient's record will not be available in the right place at the right time, with the right information in a case for change:

- current physical environment is not fit for purpose, nor sustainable – record management space, working conditions, primary racking suitability all leading to Health & Safety risks (added to risk register)
- transport constraints – date critical case note availability around the LHB is left to a best endeavour third party delivery service
- generation of paper information requiring filing accurately into the patient casenotes – with content increasing exponentially in line with greater governance layers
- responding to booking of patients onto clinics at short notice – agile service changes are largely incompatible with legacy facilities, processes and logistics

The availability of the patient record is critical in supporting clinical decision making and better outcomes for patients.

Continual improvement events are to continue to enhance operational service deliveries across all areas of the Acute Health Records. This includes the final area of deployment of RFID tracking technology alongside improved physical storage and working areas. Pilot specialty areas will be selected as forerunners to the creation of Digital Record Only environments.

However the existing planned estate improvements will not resolve the physical

environments which will be required until a fully digital record is established and fully embedded as the way of working throughout the clinical environment. Urgent work will be co-ordinated to address this significant and growing risk. In 2017/18 we will;

- work towards the Electronic Patient Record (EPR). This will be achieved through securing agreement and support for the approach outlined within the Strategic Outline Case for the EPR.
- build upon the introduction of technologies such Location Based Filling and Tracking and work with stakeholders to reduce the number of investigation results printed (improved assurance and better use of resources).
- focus efforts on areas of “limited assurance” i.e. progress work to ensure that staff work within a safe environment which is fit for purpose e.g. continuing to explore (with Estates and Planning), suitable options for the relocation of the Central Library, the West Clinic Preparation area and securing capital to replace unsafe and deteriorating mobile racking in the East.

### **Informatics Performance and Improvement**

We will support the focus of services on areas of limited assurance with a programme of audit to highlight any others.

We will review funding processes and investigating options for funding models where sustainability is a known issue e.g. ICT hardware.

We will lead work with the Staff Group to co-produce values and behaviours that are developed and embedded within Informatics. Priorities also include building on work completed within 2016 2017 to develop the skills and capacity of the workforce (e.g. HWB), and the establishment of frameworks to support succession planning (e.g. apprenticeships, promotion of careers).

We will identify cost savings ensuring that we deliver all services within the cost envelope provided.

## **9.6. Finance and Commissioning: Financial Plan for 2016/17**

### **Historic Context**

The Health Board’s financial position is set within the context of its historic resource overconsumption, which is broadly assessed as £30m. This service inefficiency has meant that the Health Board has been unable to balance its expenditure within available resources over the first three-year breakeven period which will end on 31 March 2017.

The Health Board's cumulative deficit to date is £76.1m, which will increase to £102.1m by 31 March 2018 through the approval of this plan. Likewise the Health Board's position against the 3 year cumulative breakeven duty is expected to be £76.1m at 31 March 2017, and £75.5m at 31 March 2018.

While the cumulative position is unacceptable, it is important to note that the position against the three-year duty will improve marginally from 2016/17 through recognising a deficit of £26.0m in 2017/18.

	2014/15	2015/16	2016/17	2017/18
	£'m	£'m	£'m	£'m
Planned Annual deficit	0.0	14.2	30.0	26.0
Forecast/Actual Annual deficit	26.6	19.5	30.0	
<b>Annual variance</b>	<b>26.6</b>	<b>5.3</b>	<b>0.0</b>	
<b>Total cumulative deficit</b>	<b>26.6</b>	<b>46.1</b>	<b>76.1</b>	<b>102.1</b>
<b>3 year rolling deficit</b>			<b>76.1</b>	<b>75.5</b>

### Summary budget

The Health Board's summarised and recommended interim budget is stated below. This includes a requirement to deliver £35.4m savings. This savings target has not been fully identified at this stage and represents a significant risk.

	£'m	£'m	% total allocation	Section reference
<b>Discretionary income uplift</b>		<b>(19.3)</b>	(2.0)	9.6.3
<b>Opening financial challenge</b>				
Health board inefficiency brought forward	30.0			9.6.4
Financial risk brought forward	5.0			
<b>Total Health Board inefficiency</b>		<b>35.0</b>	3.4	
Unavoidable cost pressures		<b>19.7</b>		9.6.5
<b>Discretionary savings requirement</b>				
Cash releasing	(30.4)		(3.0)	9.6.9
Cost avoidance	(5.0)		(0.5)	9.6.9
<b>Total discretionary savings</b>		<b>(35.4)</b>		
<b>Net position before Health Board funding decisions</b>		<b>0.0</b>		

Expected cost pressures		17.5		9.6.6
Board pre-commitments and corporate compliance		6.5		9.6.7
Operational commitments from 2016/17		2.0		9.6.8
<b>Net budget deficit before new development proposals</b>		<b>26.0</b>		

While new developments, particularly in relation to planned care have been identified as part of the Operational Planning process, the Health Board is unable fund these at this stage as this would require either:

1. Additional funding to be provided by Welsh Government;
2. An increase in the Health Board's savings target; or
3. Require an increase in the Health Board's financial deficit for the year.

Discussions with Welsh Government continue on these matters and the outcome will be reflected in the final budget and Operational Plan

### Welsh Government funding

Welsh Government have explicitly required that Health Boards to not assume funding resource within their budgets which have not been approved in advance by the Government.

To date, Welsh Government have approved a £19.3m (2%) increase in funding to recognise the effect of inflationary pressures affecting all organisations. In addition to this, a further increase has been approved of £4.2m to recognise additional investments in Mental Health Services across Wales.

The Health Board is in a unique position, having addressed many issues within Mental Health Services as a result of the Special Measures improvement framework. Many of these were funded non-recurrently by Welsh Government in 2016/17. Consequently, this funding will be utilised to recurrently fund those investments.

The Health Board's deficit budget was funded by Welsh Government<sup>1</sup> for 2016/17, and this funding was provided from the Welsh Government's central reserves. While this cannot specifically be anticipated for 2017/18, the scale of the challenge to address the Health Board's relative inefficiency is too great to achieve in one financial year.

### Health Board inefficiency

The Health Board's inefficiency has been assessed, based on service issues which are known.

These relate to longstanding issues which are recognised in many areas across the Health Board, and the challenge in addressing some of these was a key driver to the Special Measures Improvement Framework. It has also been widely recognised that there are other potential inefficiencies and gains around infrastructure costs and use of technology.

	£'m	Source
Mental Health and Learning Disabilities	9.1	Performance against average benchmark of the Welsh costing returns, 2015/16
Obstetric services	5.8	Albatross benchmarking club,

<sup>1</sup> Finance Minister announcement, Welsh Government, 2 November 2016

General surgery	2.7	performance against average benchmark of the Welsh Peer group, 2015/16
Trauma and Orthopaedics	2.0	
Urology	1.9	
Gastroenterology	1.6	
Cardiology	1.5	
Endocrinology	1.4	
Ophthalmology	1.4	
ENT	1.3	
Cancer	1.3	
	<b>30.0</b>	

It is expected that the Health Board develop plans to address these areas over the coming financial year and as part of the development of the Integrated Medium Term Plan.

### Unavoidable cost pressures

The Health Board has assessed the unavoidable cost pressures, through a 'top down' exercise based on modelling high level assumptions; and assessed this against a 'bottom up' exercise based on pressures assessed at divisional level.

This modelling work has demonstrated that there are unavoidable cost pressures arising from pay, non-pay, drugs, continuing healthcare and commissioning contracts. Largely, these arise from UK agreements (such as the Apprenticeship Levy, Pension scheme auto-enrolment and HMRC's IR35 regulations); Welsh agreements (such as pay awards, or the full year effect of NICE approved drugs from 2016/17).

	£'m	£'m	Explanation
<b>Pay related</b>			
Pay inflation	5.8		0.6% increase in total cost base, related to anticipated cost of living pay rise.
Pay increments and other awards	3.6		0.4% increase in total cost base, related to anticipated increments, clinical awards and other pay pressures.
Apprenticeship levy	2.5		UK Government Apprenticeship Levy, calculated based on 0.5% of pay costs.
Potential HMRC implications of 'off payroll' IR35 regulations	1.5		Anticipated impact UK Government regulations to tax self-employed individuals working through personal service companies, mainly medical agency staff.
Pensions administration charges from NHS Pensions Agency and implications of auto-enrolment	0.5		New costs charged to the Health Board by the England and Wales NHS Pensions Agency.

<b>Total pay related</b>		<b>13.9</b>	
<b>Primary care</b>			
Recurrent funding for 2016/17 GMS uplift	2.1		Cost pressure in 2016/17 was funded from the non-recurrent rates rebate, and will require recurrent funding from 2017/18 onward.
Recurrent funding for 2016/17 GDS uplift	0.4		
<b>Total primary care</b>		<b>2.5</b>	
<b>Drugs growth (not new treatments)</b>		<b>3.3</b>	Ongoing impact of previously approved NICE drugs.
<b>Total unavoidable cost pressures</b>		<b>19.7</b>	

### Expected cost pressures

The Health Board is also required to recognise local operational pressures. These are costs which are expected to materialise over 2017/18, although the Health Board may wish to consider its risk appetite in funding these expected pressures.

	£'m	£'m	Benefit and deliverables
<b>Non-pay</b>			
Microsoft licences	0.6		Requirement to purchase Microsoft Licences as a result of the termination of the legacy enterprise agreement.
Rates and utilities	0.4		Anticipated increase in rates, partly relating to the increased value of the Ysbyty Glan Clwyd site.
Other	0.2		Anticipated costs of rates rebate revaluation, compliance checks, inflationary pressures in carbon credit costs, and system maintenance costs.
		<b>1.2</b>	
<b>Commissioning</b>			
BCU contracts	2.4		This relates to known inflationary pressures and referrals to English providers.
WHSSC-related contracts	5.7		This relates to a combination of WG mandated services, and inequality of service across Wales if the HB chose to not fund.
		<b>8.1</b>	
<b>Continuing healthcare and funded nursing care</b>			
Mental Health growth	2.8		Relates to likely increase in inflation and growth in CHC
Mental Health inflation	0.6		

	£'m	£'m	Benefit and deliverables
General non Mental Health growth	1.4		and FNC usage. CHC has been a particular pressure in MHLD in 2016/17, contributing £2m to the deficit position.
General non Mental Health inflation	2.4		
		<b>7.2</b>	
Re-provision of funding slippage in Area Teams		<b>1.0</b>	Recognise slippage in funding for primary care cluster-related expenditure in 2016/17.
<b>Expected cost pressures</b>		<b>17.5</b>	

### Board pre-commitments and corporate compliance

These are costs which have arisen because of pre-commitments made by the Board in previous years, where the full-year effect is expected to arise in 2017/18; changes in funding assumptions; or statutory compliance issues.

	£'m	£'m	
<b>Sub-regional Neonatal Intensive Care Centre</b>		<b>1.4</b>	Board agreement to fund the SuRNICC development, capital work underway. The full-year impact of this into 2018/19 will be a further £0.2m.
<b>MHLD</b>			
Quality governance and clinical leadership (previously funded under Special Measures)	2.2		Governance, Leadership and Service development commitments agreed with WG in 2016/17.
Ongoing investigation costs (previously funded under Special Measures)	0.8		Ongoing Tawelfan investigation costs.
2016/17 CRES shortfall	2.2		Support existing service provision by funding the decision not to apply the 3% savings target in 2016/17.
OOA beds	0.5		A small number of Out of Area placements will always occur. Current cost of placements is £2m per year, which will need to be reduced.
Quality and safety posts (previously funded under Special Measures)	1.0		New quality and safety structure, predominantly in nursing.
Less: Additional Welsh Government funding	(4.2)		Funding as announced by WG for Mental Health Services.
<b>Total MHLD</b>		<b>2.5</b>	
<b>Secondary Care</b>			
Funding obstetric structure		<b>1.0</b>	Appointment of consultants to

	£'m	£'m	
(previously funded under Special Measures)			mid-grade posts, as agreed by the Board and WG. The full-year impact of this into 2018/19 will be a further £0.3m.
<b>Corporate</b>			
Net revenue implications of WCCIS	0.2		As noted within the WCCIS business case.
Statutory compliance	0.2		Statutory compliance works within Estates and Facilities.
Welsh Language Measures	0.2		Additional costs in order to ensure compliance with the Welsh Language Measure.
Communications and engagement (previously funded under Special Measures)	0.4		New corporate services management structure, developed in conjunction with WG.
Patient experience (previously funded under Special Measures)	0.2		
Risk, assurance and governance (previously funded under Special Measures)	0.2		
Management support (including concerns) (previously funded under Special Measures)	0.2		
<b>Total corporate</b>		<b>1.6</b>	
<b>Total pre-commitments and compliance</b>		<b>6.5</b>	

### Operational commitments from 2016/17

Local investments and commitments are recognised below where these have been made either as part of the 2016/17 Operational Plan. These are commitments which have commenced and where there are contractual commitments to continue. The level of investment has been revised down to an assessment of the core level of contractual commitment required. Any future expansion of these will require a clear assessment of the benefits realised to date.

	£'m	Benefit and deliverables
Real time patient experience feedback (full year effect)	0.2	Roll out a real-time patient experience system, originally piloted in Wrexham Maelor with WG funding.
Well North Wales	0.1	To cover support to develop the Well North Wales programme.
Endoscopy weekend working	0.3	To support sustainable 6-day services and eliminate reliance on external providers. Supports RTT delivery.
Maternal smoking cessation	0.2	6 midwifery support workers across North Wales, with 276 mothers supported each quarter.

	£'m	Benefit and deliverables
Obesity pathway	0.2	Specialist service involving clinical lead (to be identified); nurse specialist and dietician, supporting 650 patients per annum.
Paediatric diabetes pathway	0.8	National strategy to provide nurses, dieticians and psychologists, supported by NICE and WG.
Healthy children	0.2	Policy to increase support from Health Visitors. This covers 10 additional whole-time equivalent posts.
<b>Total commitments from 2016/17</b>	<b>2.0</b>	

### Delivering savings

Despite the challenges facing the Health Board, there are significant opportunities. The recent OECD report<sup>2</sup> outlines significant opportunities to address wasteful spending on healthcare across OECD countries: and those opportunities will apply to a greater or lesser extent to the Health Board.

Wasteful spending on health relates to services and processes which are either harmful or which do not deliver benefits; and excess costs which could be avoided by replacing with cheaper alternatives for similar or better outcomes.

The policy framework for delivering those opportunities are already available through the Prudent Healthcare principles, and the Wellbeing of Future Generations Act.

In addition to these, the need to drive value is an increasingly powerful message, focusing as it does on delivering outcomes through better allocation and utilisation of resources.

During 2017/18, the Health Board will implement a framework for delivering value as part of its planning work. This will have three key elements: the allocation of health care resources; service productivity and patient outcomes.

It is anticipated that service productivity data (especially within Secondary Care and areas of MHLD) will guide the development of in-year savings. However, implementing the framework on allocation of health care resources and patient outcomes will be a part of the Health Board's longer term strategy.

As these cases are being developed, the key areas of focus over the coming year will be a continuation of themes developed during 2016/17, and include:

- Clinical variation and productivity;
- Support services and logistics; and
- Resource allocation and usage.

<sup>2</sup> Tackling wasteful spending on health, OECD, January 2017

The target for the Health Board is split below. Following agreement with the Chief Operating Officer, 2% savings will be required from Area Teams and Hospital Teams with a further 1% as a shared target. Other areas will be set a 3% target. In addition to this, a cost avoidance target of 0.5% is being applied across all divisions. The impact of this is as follows:

	Areas	Hospitals	Shared Local Target	Other	Total Cash releasing	Cost avoidance	Total
Target (%)	2%	2%	1%	3%		0.5%	
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Area West	2.0		1.0			0.5	
Ysbyty Gwynedd		1.8	0.9			0.4	
			<b>1.9</b>			<b>0.9</b>	
Area Centre	2.6		1.3			0.7	
Ysbyty Glan Clwyd		2.1	1.1			0.5	
			<b>2.4</b>			<b>1.2</b>	
Area East	2.9		1.5			0.8	
Ysbyty Maelor Wrecsam		1.8	0.9			0.4	
			<b>2.4</b>			<b>1.2</b>	
Area Other				0.7		0.1	
Women's				1.0		0.2	
North Wales Wide Hospital Services				2.6		0.4	
MHLD				2.9		0.5	
Corporate				3.3		0.5	
<b>Total</b>	<b>7.5</b>	<b>5.7</b>	<b>6.7</b>	<b>10.5</b>	<b>30.4</b>	<b>5.0</b>	<b>35.4</b>

The savings delivery will be managed through the Programme Management Office, and each programme theme is led by a Director, as outlined below:

Theme	Programme	Element	Lead Director
Clinical variation and productivity	Average Length of Stay and Occupied Bed Days	Acute	Chief Operating Officer
		Community	Chief Operating Officer
	Outpatient Services	Acute	Chief Operating Officer
		Community	Chief Operating Officer
	Theatre Productivity		Executive Director of Finance
	Healthcare contracting	Secondary and tertiary referral management	Director of Corporate Services
Funded Nursing Care and Continuing Healthcare		Director of Corporate Services	
Support services and logistics	Procurement	Standardisation	Executive Director of Finance
		Supply chain management, including stock and usage	Executive Director of Finance
	Medicines Management and prudent prescribing	Acute	Executive Medical Director
		Primary Care prescribing	Executive Medical Director
		Inventory management	Executive Medical Director

	Environmental sustainability	Carbon reduction	Executive Director of Strategy
		Waste management	Executive Director of Strategy
	Logistics	Patient transport	Executive Director of Strategy
		Corporate transport	Executive Director of Strategy
		Laundry services	Executive Director of Strategy
		Postal services	Executive Director of Strategy
	Estates	Residential accommodation	Executive Director of Strategy
		Estate risk assessments and de-risking	Executive Director of Strategy
	Information Technology	Benefits realisation	Executive Director of Strategy
	Resource allocation and usage	Sickness absence	
Ward establishment and skill mixes		Establishment assurance	Executive Director of Nursing
		Effective rostering and deployment	Executive Director of Nursing
Theatre resourcing and skill mixes			Executive Medical Director
Consultant management		Job planning	Executive Medical Director
Junior Doctor management		Effective rostering and deployment	Executive Medical Director

## Future outlook

The future outlook for NHS Wales has been well documented through the Health Foundation's recent report<sup>3</sup>. The report projects that the long term sustainability of the NHS in Wales may be achievable, if funding rises in line with economic growth to 2030/31, and the NHS maintains a trend rate for efficiency growth of 1% per year.

However, the report warns that after accounting for an increase in efficiency growth, NHS spending would need to rise by an average of 2.2% per year in real terms to keep pace with demographic and cost pressures, and the rising prevalence of chronic conditions.

These assumptions are challenging for the NHS, and clearly, cost containment is a critical message in addition to a requirement to deliver real efficiency savings in the services we provide.

<sup>3</sup> The path to sustainability, The Health Foundation, October 2016

## Commissioning (External & Specialist Services)

There are a range of services that the Health Board either does not or cannot deliver directly and as such must commission from external providers. Where the Health Board is reliant upon external providers to treat or care for patients on its behalf, there is a requirement to ensure that robust contractual arrangements are in place to ensure quality and safety, protecting patients and delivering positive outcomes.

The Health Board commissions and contracts with a range of providers and currently has in the region of 480 external contracts for the provision of care across a range of healthcare services:

Type of care provided	Number of contracts
Ambulance / Transport	1
CHC, Learning Disability and Domiciliary Care	216
Community Care	37
Diagnostic / Testing	6
General Health Care	55
General Support/ Signposting	22
Mental Health	58
Product with Nursing Care	2
Secondary Care / Acute	15
Tertiary Care	68
<b>Total number of contracts</b>	<b>480</b>

The Health Board contracts with a variety of providers including English NHS Trusts, Welsh Health Boards, Private, Local Authority and Voluntary Sector providers.

### Specialist Services

Specialist services (the majority of tertiary level care) in Wales are commissioned through Welsh Health Specialist Services Committee (WHSSC) and contracted to appropriate providers. For North Wales, these are provided in North West England as our local providers of very specialist services. Working closely with WHSSC, we monitor and review these arrangements in 2017/18, ensuring that, where it is clinically safe and appropriate to do so, services are developed in North Wales.

We also provide in-reach services where Consultants from tertiary centres provide outpatient clinics within North Wales (e.g. visiting neurologists from The Walton Centre in Liverpool). This will ensure that we have a joined up pathway from primary, secondary through to specialist tertiary services for areas which are key priorities in 2017/18, including, Cardiac, Cardio-thoracic, Cancer, Children's, Mental Health, Neurosciences, Welsh Blood Service and Therapy Services.

WHSSC is also required to develop an Integrated Plan for Commissioning Specialised Services for Wales.

A key feature of the WHSSC plan is the integration of: 7 Health Board plans for commissioning local services (collaboratively along the patient pathway); and Provider plans (Health Boards, NHS Trusts in Wales and England). As well as:

- Quality (including patient experience and outcome)
- Activity volume (to meet agreed targets)
- Finance (including cost and affordability)

The Integrated Commissioning Plan for Specialised Services for Wales 2017/18 highlights the key priorities for specialised services for Welsh patients. Specific priorities for BCU Health Board in 2018/19 are:-

- Cardiac- delivery of 5-year plan for cardiac MR, cardiac devices and link to WHSST tertiary cardiac services strategy
- Cancer – PET-CT, genetic testing, thoracic surgery resection rates, Bone Marrow Transplants and haemophilia Joint Accreditation Committee (JACIE) accreditation
- Mental Health - Implement All Wales Secure Services Framework for Mental Health and Learning Disability Independent Sector Placements.
- Neurosciences -Implement Neurological Conditions Delivery Plan /service model for a North Wales Neurology service and neuro-rehabilitation service
- Posture and mobility --reducing inequity of access to services, sustainable service model for complex wheelchairs and ALAS services to veterans
- Review options to develop a local paediatric cochlear implant programme / clinical pathways, 26 weeks adults
- Review resource allocation across Surgery (ENT) and Audiology to ensure delivery of adult cochlear implant service to meet contractual requirements of specialist services commissioners (WHSSC and England).
- Respiratory and development of MDT for ILD

## 9.7. Corporate Governance

Good governance is essential in addressing the significant financial and operational challenges faced by the Health Board. The members of the Health Board have a unique role in overseeing all aspects of the Board's business, setting the tone for the organisation through their own conduct and behaviour, giving clear direction, and assuring themselves of the quality and safety of services through systems of assurance and clear lines of accountability. Special Measures have highlighted areas where the performance of the Board must improve.

Board Members are committed to strengthening and improving all aspects of the Health Board's governance arrangements. In 2017/18 we will build on the actions already underway and will target our actions to meet the requirements of the Special Measures improvement framework, the Wales Audit Office structured assessment and the follow up joint governance reviews being undertaken by Health Inspectorate Wales / Wales Audit Office.

The Board will draw upon these findings and work to address the recommendations over the year with specific areas of focus as set out below -

### **Building the capacity and effectiveness of the Board**

A Board development programme will be on-going throughout the year, informed by the work undertaken in 2016/17. An external provider has been appointed to design and deliver a bespoke Board Development programme which will be used to improve the balance and quality of support and challenge provided by Board members to drive improvement. It will also include opportunities to reflect on the performance and effectiveness of the Board, taking into account information from self-assessments, internal and external feedback.

As new Board members are appointed, an induction process will be rolled out to ensure that all new members have the appropriate skills and knowledge to exercise good governance. This will include familiarisation visits, statutory and mandatory training as well as governance training and development tailored to the needs of the individual. Development opportunities will also be provided for prospective Board members in year.

### **Governance framework**

The Board is responsible for all aspects of performance and governance of the organisation and will endeavour to conduct their affairs effectively in doing so they will build patient, public, staff and stakeholder confidence. The Board must assure itself that the organisation is operating effectively and meeting its strategic goals. To support this requirement the following will be progressed –

- We will build upon the existing arrangements for assurance mapping within the corporate risk and assurance framework. Work will continue on developing a more comprehensive assurance map to complement the corporate risk register and the evolving Integrated Medium Term Plan.
  - We will adopt an approach to governance which places the requirements of the Well-being of Future Generations Act at the heart of all decision it makes. Further work will be undertaken to identify how this commitment can be translated into defined actions to ensure the sustainable development principle is woven into decision making by the Board and its Committees.
  - The Audit Committee on behalf of the Board will to continue seek assurance that the governance systems and processes throughout the organisation remain fit for purpose. This will include scrutiny to ensure that the organisation understands the risks to which it is exposed and deals with them in an informed and proactive manner.
-

## Board and Committee meetings

The Health Board will retain oversight of the effectiveness of the committee structure. All committees will meet in public to ensure transparency of Board business. The Committee Business Management Group (CBMG) established in 2016 will continue to operate to support coordination of agenda setting across committees and ensure that all business is effectively covered by the appropriate committees.

The pattern of Board and Committee meetings will be reviewed to ascertain if there is an optimal schedule which delivers improvement in the timeline for financial and performance reporting.

In 2017 the Board will embed the approved business standards for board and committee meetings. The office of the board secretary will continue to utilise the agreed electronic/ paperless system to manage Board and committee meetings thereby reducing costs, bureaucracy and contributing to the Board's commitment to sustainability as part of the Well-being of Future Generations Act.

## Engagement

Over the last year we have made significant progress against the Special Measures Improvement Framework to reconnect with the public and completed early phases of work in 2016/17. Feedback from the public, staff and stakeholders continues to evidence improved relationships with the Health Board.

We will build upon this in 2017/18 through our annual engagement plan. Our key priorities for action in 2017-2018 include:

- Commence delivery of Phase 3 of the Living Healthier Staying Well engagement plans, including targeted engagement to support the strategy development, e.g. "care closer to home", older people etc
  - Undertake formal consultation on Living Healthier Staying Well options/proposals as required
  - Further enhance ongoing local engagement across the 3 Area Teams
  - Undertake a Summer engagement programme at high profile, high footfall events (County Shows, Eisteddfod etc)
  - Further develop the Involvement Scheme and Involve Website and increase the sign up by 10% each quarter
-

- Further develop the public members scheme, increasing the number of people joining the programme by 40%
- Deliver partnership engagement activities to support the priorities and plans emerging from the Social Services and Wellbeing and the Future Generations Acts
- Undertake a North Wales wide survey to establish baseline perceptions of engagement and levels of influence and involvement with the public and stakeholders
- Develop a continuous engagement pilot programme with the Consultation Institute
- Deliver a range of internal communications to support our engagement activities aiming to produce a minimum of 25 press releases per quarter

The following are new All Wales indicators for which baselines will be established in 2017/18

- The average rating given by the public (aged 16+) for the overall satisfaction with health services in Wales
  - Percentage of adults (aged 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP/family doctor
  - Percentage of adults (aged 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital
-

## 9.8. Other key Corporate Priorities

### Working with the Third Sector

The Health Board recognises the essential role of the third sector in supporting communities and delivering services in North Wales. Indeed, third sector organisations provide services which underpin many elements of this Plan.

We expect our strategy development work, particularly in Improving Health and Reducing Inequalities and Care Closer to Home to emphasise this role further and set an ambition to be more innovative in our approach for the future. To facilitate this, during 2017/18 we will re-assess our working relationships with the sector and draw this together into a single strategy to guide future development.

In addition, we will refresh our planning and commissioning arrangements, ensuring that critical links are maintained and developed further to enhance our relationship with individual organisations and the sector generally.

### Welsh language

The Health Board has established three overarching dimensions, setting the required level of language planning and delivery:

- **Strategic Intervention** ensures that our aims are embedded into workforce planning through the organisation's Bilingual Skills Strategy. All policies and the commissioning and contracting of services reflect Welsh language considerations, ensuring clarity in terms of the commitment and engagement required. Welsh language will be rooted in operational planning and service delivery providing reassurance that language needs and choices influence the planning, commissioning and contracting of services.
  - **Behavioural Change** ensures that the Health Board creates an environment that supports and encourages staff to develop and use their language skills. This dimension will also ensure corporate identity compliance and is paramount in actively promoting its Welsh language service and engaging with staff at all levels.
  - **Performance and Monitoring** ensures a continuous cycle of governance with workstreams and actions measured against a set scoring matrix allowing for clear reporting and evidence of compliance. It also provides a platform for identifying good practice across the organisation as well as ensuring lessons learned in the face of any concerns.
-

This clear level of commitment to delivering the Welsh Language Standards ensures that dedicated aims have been embedded on an organisation wide level to deliver a seamless bilingual service to our patients and our staff.

#### **Our actions going forward:**

- Prepare the organisation for the new Welsh Language standards
- Workforce planning through the implementation of the Bilingual Skills Strategy
- Ensure organisation wide ownership and engagements of the “Active Offer” principle established within ‘More than just words’
- Develop and strengthen bilingual primary care services
- Provide a comprehensive translation service for the whole of the organisation

#### **Carers:-**

During 2016 there has been a focus on the transition from the Carers Strategies (Wales) Measure 2010 which was repealed in 2016 and subsumed within the Social Services and Well-being Act (2014) which came in to force on 6<sup>th</sup> April 2016.

#### **Key priorities 2017/18**

- Continue transition from Carers Strategies (Wales) Measure 2010 to the Social Services and Well-being Act 2014
- In association with Local Authority and Third Sector Partners map service provision for carers across North Wales and identify gaps
- Develop action plan in response to carers section of Population Needs Assessment
- Work with partners to address gaps identified in service mapping
- Review available funding for carers structures at BCUHB, with a view to mainstreaming relevant posts within the Health Board

#### **Accessible Healthcare**

All Wales Standards for Accessible Communication and Information for People with Sensory Loss were introduced in May 2013 and became operational by Autumn 2013. There is a steering group within BCUHB that monitors implementation of the standards and a reference group consisting of third sector providers, BCUHB staff and service users.

#### **Priorities for 2017/18**

- Develop sensory loss toolkit for staff who work in community and primary care
  - Continue with awareness raising sessions and promotion of e-learning package
-

- Undertake audit of compliance with standards in East and Central areas, Glan Clwyd and Wrexham Maelor Hospital
- Continue engagement with people with sensory loss; utilising feedback to inform service development
- Work with All Wales Sensory loss group to advise and support development of national approach to identification and recording of communication needs

### **Emergency Planning, Resilience Assurance and Governance**

In 2017/18 our actions to ensure Civil Contingencies preparedness will include:

- Further review supporting major incident plans and where gaps in capability are identified develop specific responses to address these.
- Maintain a focus on delivering command and major incident training and exercising
- Develop our business continuity system further , particularly with regard to writing specific Business Continuity plans for critical departments
- Implement our Emergency Planning and Resilience assurance process.

### **Mid Wales Health Collaborative**

The Mid Wales Healthcare Collaborative (MWHC) which comprises the four healthcare organisations that cover Mid Wales – Betsi Cadwaladr University Health Board (BCUHB), Hywel Dda University Health Board (HDUHB), Powys Teaching Health Board (PTHB) and the Welsh Ambulance Services NHS Trust (WAST).

The MWHC works collaboratively to make recommendations on areas of service provision where there is likely to be a greater impact on sustainability, accessibility, efficiency and safety through working together for the Mid Wales population. The MWHC Board has agreed the continuation of the collaborative with revised supporting arrangements for a further 12 months.

We are working with partners to redevelop services to reflect the region's aspiration to deliver integrated care for the Mid Wales population across Health Board boundaries, and with social care and third sector partners. The key priority areas of work for the Collaborative in 2017/18 have been identified as follows:

<b>Mid Wales Collaborative Summary of Key Deliverables for 2017/18</b>
<p><b>PLANNING</b></p> <ul style="list-style-type: none"> <li>• Development of a Joint workforce model across Mid Wales for Unscheduled Care</li> <li>• Supporting the development and implementation of a clinical strategy for Bronglais General Hospital</li> <li>• Telehealth Strategy and development of technology enabled care and support Develop a co-ordinated approach to the co-design of services across Mid Wales.</li> </ul>

- Re-development of Bro Dyfi Community Hospital in Machynlleth to reflect the region's aspiration to deliver integrated care for the Mid Wales population across Health Board boundaries, and with social care and third sector partners.

**DELIVERY**

- Telehealth schemes including for example home monitoring and follow up for patients with pacemakers and implantable cardiac monitors
  - Improvements in access to Palliative and End of Life Care
  - Community focused dental service e.g. development of maxillofacial services
  - Access and transport to ensure better alignment between clinic times/ day surgery and patient transport
  - Virtual wards within the community with joint community health and social care teams supporting primary care.
  - Mental Health crisis and recovery within Aberystwyth
  - Promoting carer resilience to help maintain their wellbeing.
  - Development of a rural campus at Aberystwyth to serve Mid Wales by Cardiff Medical School.
  - Development of relevant research provision from the Centre for Excellence in Rural Health and Social Care.
-

## 10. Monitoring Performance and Delivery

Performance against this Plan will be monitored through the Board's accountability arrangements as set out in the Board's Performance and Accountability Framework.

Monthly accountability meetings will be held between Executive Directors and the Board's Operational Divisions, i.e. Area Teams, Secondary Care Division, Mental Health and Learning Disability Division, Estates and Facilities. In these meetings monthly performance and delivery metrics will be reviewed to ensure achievement of the priorities set out in the Plan, with remedial action plans implemented in areas where performance is not in line with profile.

Formal quarterly Performance Review meetings will be held with each of the Operational Divisions above and also with each Corporate Function. These reviews will examine delivery against the broad range of priorities in the Plan in addition to the detailed performance metrics considered on a monthly basis.

Reporting of Performance will take place monthly through the Integrated Quality and Performance Report which is considered by the full Board on a monthly basis. Detailed scrutiny of performance will take place on a monthly basis through the Finance and Performance Committee and the Quality, Safety and Experience Committee.

Quarterly reporting of progress against the overall plan will be scrutinised through the Board's Strategy, Partnership and Public Health Committee and subsequently reported to the Board.

Through these arrangements there will be regular, detailed reporting of performance and delivery which is transparent and conducted through the Board and Committee meetings which are held in public.

STAYING HEALTHY - I am well informed & supported to manage my own physical & mental health									
Measure	Target	Profile					Reference to Operational Plan section	Executive Lead	
		Projected end of March 2017 position	Q1	Q2	Q3	Q4			
<p>Quarterly milestones, based on performance at the end of each quarter. Noting that many of the indicators are monthly and therefore the figure quoted relates to the last month in the quarter rather than the overall quarters performance. Monthly profiles will be used to manage performance. Seasonality is applied to the profile and therefore for some indicators Q3 performance is worse than Q2 based on expected Dec 2017 position</p>	The percentage of adult smokers make a quit attempt via smoking cessation services	5% annual target	5.0%	3.5%	4.0%	4.5%	4.7%	Improving Health and reducing Health Inequalities	Teresa Owen
	The percentage of those smokers who are co-validated as quit at 4 weeks	40% annual target	34%	30.0%	33.0%	36.0%	40.0%		
	The rate of emergency hospital admissions for basket 8 chronic conditions per 100,000 population	Reduction (12 month trend)	1019	990	970	990	970	Primary and Community Care linked to Urgent and Emergency Care	Morag Olsen
	The rate of emergency hospital multiple admissions (within a year) for basket 8 chronic conditions per 100,000 population		225	223	220	223	220		
	Of the practices capable of offering My Health on Line, the percentage who are offering appointment bookings	Improvement (12 month trend)	35.0%	45.0%	46.0%	47.0%	48.0%	Primary and Community Care	Morag Olsen
	Of the practices capable of offering My Health on Line, the percentage who are offering repeat prescriptions		85.0%	86.0%	87.0%	88.0%	90.0%		
	% uptake of the influenza vaccine in the following groups:	65 year olds and Under 65's in at risk groups	75%	70%	70.0%			Improving Health and reducing Health Inequalities	Teresa Owen
		Pregnant women		50%	55.0%				
		Healthcare workers		75%	75.0%				
				50%	50.0%				
	Percentage of pregnancies where the initial assessment was carried out by 10 completed weeks of pregnancy	Annual improvement	78%	83.0%			Maternity Services	Morag Olsen	
	Percentage of eligible children being provided with access to universal service component of Healthy Child Wales Programme assessed by socio-economic quintiles	Annual improvement	new indicators	to be set			Children Services	Morag Olsen	
<i>The percentage of people (aged 16+) who found it difficult to make a convenient appointment with a GP</i>	<i>Annual improvement</i>	new indicators	to be set			Primary and Community Care	Morag Olsen		
The percentage of children who received the following scheduled vaccinations at age 4: 4 in 1 pre school booster HibMenC Booster Second MMR dose	95%	90%	90.0%	90.0%	90.0%	90.0%	Improving Health and reducing Health Inequalities	Teresa Owen	

SAFE CARE - I am protected from harm & protect myself from known harm									
Measure	Target	Profile					Reference to Operational Plan section	Executive Lead	
		Projected end of March 2017 position	Q1	Q2	Q3	Q4			
<p>Quarterly milestones, based on performance at the end of each quarter. Noting that many of the indicators are monthly and therefore the figure quoted relates to the last month in the quarter rather than the overall quarters performance. Monthly profiles will be used to manage performance. Seasonality is applied to the profile and therefore for some indicators Q3 performance is worse than Q2 based on expected Dec 2017 position</p>	The rate of laboratory confirmed c.difficile cases per 100,000 population	28 per 100,000 population	28	27.0	26.5	27.0	25.0	Quality and Safety	Gill Harris
	The rate of laboratory confirmed S.aureus bacteraemias (MRSA and MSSA) cases per 100,000 population	20 per 100,000 population	20	19.5	19.0	19.0	18.0		
	Number of Patient Safety Solutions Wales Alerts that were not issued within the agreed timescales	0	0	0	0	0	0	Quality and Safety	Evan Moore
	Number of Patient Safety Solutions Notices that were not assured within the agreed timescales		0	0	0	0	0	Quality and Safety	Evan Moore
	The number of preventable hospital acquired thrombosis	Reduction (4 quarter trend)	5	5	4	4	3	Quality and Safety	Evan Moore
	Fluoroquinolone items as a percentage of total antibacterial items prescribed	Lower quartile or reduction towards quartile below	2.10%	2.0%	1.9%	1.8%	1.7%	Primary Care linked to quality and safety	Evan Moore
	Cephalosporin items as a percentage of total antibacterial items prescribed		4.40%	4.3%	4.2%	4.1%	4.0%	Primary Care linked to quality and safety	Evan Moore
	Co-amoxiclav items as a percentage of total antibacterial items prescribed		2.60%	2.5%	2.4%	2.3%	2.2%	Primary Care linked to quality and safety	Evan Moore
	Non steroid anti-inflammatory drug (NSAID) average daily quantity per 1,000 STAR-PUs (specific therapeutic group age related prescribing unit)		1% reduction per quarter					Primary Care linked to quality and safety	Evan Moore
	Percentage of serious incidents assured		90%	50.00%	60.0%	65.0%	75.0%	90.0%	Quality and Safety
	Number of new Never Events	0	0	0	0	0	0	Quality and Safety	Chris Wright
	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	Improvement (12 month trend)	50.00%	55.0%	60.0%	65.0%	75.0%	Quality and Safety	Evan Moore
	Percentage of patients admitted 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	Improvement (12 month trend)		to be set				Quality and Safety	Evan Moore

Annual assessment	Percentage of GP practices that submit one (or more) yellow card per 2,000 practice population	Lower quartile or reduction towards quartile below		to be set				Primary Care linked to quality and safety	Evan Moore
	<i>Continuous periods of hospital care with any mention of self harm for children and young people (aged 10-24 years), rate per 100,000 population</i>	<i>Annual improvement</i>	<i>new indicator baseline needed</i>	to be set				Childrens services	Morag Olsen
Bi-annual assessment	<i>Percentage of NHS employed staff who have completed safeguarding training</i>	<i>Bi annual improvement</i>	65.00%	70.0%	75.0%	78.0%	83.0%	Quality and Safety	Gill Harris
	<i>Percentage of NHS staff who have been checked by the Disclosure and Barring Service</i>	<i>Bi annual improvement</i>	definition awaited	to be set				Quality and Safety	Gill Harris/ Martin Jones

EFFECTIVE CARE - I receive the right care & support as locally as possible & I contribute to making that care successful									
Measure	Target	Profile				Reference to Operational Plan section	Executive Lead		
		Projected end of March 2017 position	Q1	Q2	Q3			Q4	
Quarterly milestones, based on performance at the end of each quarter. Noting that many of the indicators are monthly and therefore the figure quoted relates to the last month in the quarter rather than the overall quarters performance. Monthly profiles will be used to manage performance. Seasonality is applied to the profile and therefore for some indicators Q3 performance is worse than Q2 based on expected Dec 2017 position	Delayed transfer of care delivery per 10,000 LHB population – mental health (all ages)	Reduction (rolling 12 months)	25	25	24	24	24	Urgent and Emergency Care	Andy Roach
	Delayed transfer of care delivery per 10,000 LHB population – non mental health (aged 75+)		180.0	180.0	178.0	178.0	176.0	Urgent and Emergency Care	Morag Olsen
	Percentage of episodes clinically coded within one month post episode end date	Improvement (12 month trend)	45.0%	47.0%	50.0%	65.0%	80.0%	Quality and Safety	Evan Moore
	Crude hospital mortality rate (less than 75 years of age)	Reduction (12 month trend)	1.6%	1.6%	1.5%	1.8%	1.6%	Quality and Safety	Evan Moore
	Percentage of deaths which had a universal case note review (stage 1) undertaken within 1 month of the death	Improvement (12 month trend)	new indicator				to be set	Quality and Safety	Evan Moore

Annual assessment	Indication of progress against the 21 criteria for the operational use of the NHS number	Annual improvement	new indicator				to be set	Quality and Safety	Evan Moore
	Percentage of clinical coding accuracy attained in the NMS national clinical coding accuracy audit programme		new indicator				to be set	Quality and Safety	Evan Moore
	Percentage of staff who have undergone information governance training as outlined in C-PIP Guidance		75%	76%	79%	82%	85%	Corporate Governance	Chris Wright

INDIVIDUAL CARE - I am treated as an individual, with my own needs & responsibilities									
Measure	Target	Profile					Reference to Operational Plan section	Executive Lead	
		Projected end of March 2017 position	Q1	Q2	Q3	Q4			
<p>Quarterly milestones, based on performance at the end of each quarter. Noting that many of the indicators are monthly and therefore the figure quoted relates to the last month in the quarter rather than the overall quarters performance. Monthly profiles will be used to manage performance. Seasonality is applied to the profile and therefore for some indicators Q3 performance is worse than Q2 based on expected Dec 2017 position</p>	Rate of calls to the mental health line CALL (Community Advice and Listening Line) by Welsh residents per 100,000 of the population	Improvement (4 quarter trend)	1,828	1,850	1,870	1,890	1,910	Mental Health	Andy Roach
	Rate of calls to the Welsh dementia helpline by Welsh residents per 100,000 of the population (aged 40+)		40	42	44	46	48	Mental Health	Andy Roach
	Rate of calls to the DAN 24/7 helpline by Welsh residents per 100,000 of the population		310	315	320	330	340	Mental Health	Andy Roach
	The percentage of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)	90%	90%	90%	90%	90%	90%	Mental Health and Childrens services	Andy Roach and Morag Olsen
	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	100%	100%	100%	100%	100%	100%	Mental Health	Andy Roach
6 monthly assessment	The percentage of hospitals within a health board which have arrangements in place to ensure advocacy is available for all qualifying patients	100%	100%	100%	100%	100%	100%	Mental Health	Andy Roach

DIGNIFIED CARE - I am treated with dignity & respect & treat others the same									
Measure		Target	Profile					Reference to Operational Plan section	Executive Lead
			Projected end of March 2017 position	Q1	Q2	Q3	Q4		
Quarterly milestones shown for monthly indicators	The percentage of patients who had their procedures postponed on more than one occasion for non clinical reasons with less than 8 days notice and are subsequently carries out within 14 calendar days or at the patient's earliest convenience	Improvement (12 month trend)	0.5%	0.4%	0.3%	0.4%	0.2%	Planned Care	Morag Olsen
Annual assessment	Percentage of people with dementia in Wales aged 65 years or over who are diagnosed (registered on a GP QOF register)	Annual improvement	70%	80.0%				Primary and Community Care	Morag Olsen
	<i>Percentage of GP practice teams that have completed mental health Direct Enhanced Services (DES) in dementia care or other directed training</i>	<i>Annual improvement</i>		to be set				Primary and Community Care	Morag Olsen
	<i>The average rating given by the public (aged 16+) for the overall satisfaction with health services in Wales</i>	<i>Annual improvement</i>		to be set				Corporate Governance	Chris Wright
	<i>Percentage of adults (aged 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP/family doctor</i>	<i>Annual improvement</i>		to be set				Corporate Governance	Chris Wright
	<i>Percentage of adults (aged 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital</i>	<i>Annual improvement</i>		to be set				Corporate Governance	Chris Wright
Bi-annual assessment	Percentage of NHS employed staff who come into contact with the public who are trained in an appropriate level of dementia care	75%	75%	85.0%				Quality and Safety	Gill Harris



TIMELY CARE - I have timely access to services based on clinical need & am actively involved in decisions about my care										
Measure	Target	Profile						Reference to Operational Plan section	Executive Lead	
		Projected end of March 2017 position	Q1	Q2	Q3	Q4				
<p>Quarterly milestones, based on performance at the end of each quarter. Noting that many of the indicators are monthly and therefore the figure quoted relates to the last month in the quarter rather than the overall quarters performance. Monthly profiles will be used to manage performance. Seasonality is applied to the profile and therefore for some indicators Q3 performance is worse than Q2 based on expected Dec 2017 position</p>	The percentage of patients waiting less than 26 weeks for treatment	95%	83%	Discussions ongoing with Welsh Government to determine the final performance profile				Planned Care	Morag Olsen	
	The number of patients waiting more than 36 weeks for treatment	0	4600					Planned Care	Morag Olsen	
	The number of patients waiting more than 8 weeks for a specified diagnostic test	0	0%	0.0%	0.0%	0.0%	0.0%	Planned Care	Morag Olsen	
	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	95%	>80%	83.0%	86.0%	85.0%	86.0%	Urgent and Emergency Care	Morag Olsen	
	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	0	<1254	500	350	400	350	Urgent and Emergency Care	Morag Olsen	
	The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	65%	65.0%	65.0%	65.0%	65.0%	Urgent and Emergency Care	Morag Olsen	
	Number of ambulance handovers over one hour	0	<1413	500	350	300	250	Urgent and Emergency Care	Morag Olsen	
	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)	98%	98%	98.0%	98.0%	98.0%	98.0%	Planned Care	Morag Olsen	
	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	95%	91%	92.0%	93.0%	94.0%	95.0%	Planned Care	Morag Olsen	
	% compliance with stroke QIMs:	<4 hours = direct admission to Acute Stroke ward	The most recent SSNAP UK National quarterly mean	45%	55.0%	60.0%	65.0%	60.0%	Urgent and Emergency Care	Morag Olsen
		<12hrs = CT scan		98%	100.0%	100.0%	100.0%	100.0%		
		<1hour=CT scan		30%	30.0%	35.0%	40.0%	50.0%		
		<24hrs = assessed by a Stroke Nurse		95%	95.0%	95.0%	95.0%	95.0%		
		<72hrs = formal swallow assessment		100%	100.0%	100.0%	100.0%	100.0%		
	The percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80%	70%	70%	80%	80%	80%	Mental Health and Childrens	Andy Roach and Morag Olsen	
The percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	80%	80%	80%	80%	80%	80%	80%			
The number of patients waiting for an outpatient follow-up who are delayed past their agreed target date	Reduction (12 month trend)	55000	55,000	55,000	55,000	55,000	Planned Care	Morag Olsen		
Percentage of survival within 30 days of emergency admission for a hip fracture	Improvement (12 month trend)		to be set				Urgent and Emergency Care	Morag Olsen		
Percentage of GP practice offering daily appointments between 17:00 and 18:30 hours	Annual improvement	71%	72.0%				Primary and Community Care	Morag Olsen		
Percentage of GP practices open during daily core hours or within 1 hour of daily core hours		89.5%	91.0%							
Percentage of the health board population regularly accessing NHS		Improvement (4 quarter trend)	50.0%	50.0%	51.0%	51.0%			52.0%	

OUR STAFF & RESOURCES - I can find information about how the NHS is open & transparent on its use of resources & I can make careful use of them									
Measure	Target	Profile					Reference to Operational Plan section	Executive Lead	
		Projected end of March 2017 position	Q1	Q2	Q3	Q4			
Quarterly milestones, based on performance at the end of each quarter. Noting that many of the indicators are monthly and therefore the figure quoted relates to the last month in the quarter rather than the overall quarters performance. Monthly profiles will be used to manage performance. Seasonality is applied to the profile and therefore for some indicators Q3 performance is worse than Q2 based on expected Dec 2017 position	Percentage of sickness absence rate of staff	Reduction (12 month trend)	4.55%	4.55%	4.55%	4.55%	4.55%	Workforce and OD	Martin Jones
	The percentage of patients who did not attend a new outpatient appointment	Reduction (12 month trend)	5.0%	5.0%	4.9%	4.8%	4.7%	Planned Care	Morag Olsen
	The percentage of patients who did not attend a follow-up outpatient appointment		7.0%	6.9%	6.8%	6.7%	6.6%	Planned Care	Morag Olsen
	Percentage of staff undertaking performance appraisal	Improvement (12 month trend)	85.0%	85.0%	85.0%	90.0%	90.0%	Workforce and OD	Martin Jones
	Rate of patients who did not attend a GP appointment	Reduction (12 month trend)	new indicator baseline needed	to be set				Primary Care	Morag Olsen
	Number of ENT procedures that do not comply with NICE "Do Not Do" guidance for procedure of limited effectiveness (as agreed by the Planned Care Board)	0	reduction to 0 of patients who do not meet exceptionality criteria for treatments				0	Planned Care	Morag Olsen
	Number of ophthalmology procedures that do not comply with NICE "Do Not Do" guidance for procedure of limited effectiveness (as agreed by the Planned Care Board)	0					0	Planned Care	Morag Olsen
	Number of orthopaedics procedures that do not comply with NICE "Do Not Do" guidance for procedure of limited effectiveness (as agreed by the Planned Care Board)	0					0	Planned Care	Morag Olsen
	Number of urology procedures that do not comply with NICE "Do Not Do" guidance for procedure of limited effectiveness (as agreed by the Planned Care Board)	0					0	Planned Care	Morag Olsen
	Percentage of inhaled corticosteroids prescribed in primary care that are low strength inhaled corticosteroids	Improvement	33.00%	33.0%	34.0%	34.0%	35.0%	Primary Care	Evan Moore
Percentage of staff completing statutory and mandatory training	Improvement (4 quarter trend)	85.00%	85.0%	85.0%	87.0%	90.0%	Workforce and OD	Martin Jones	
Bi-annual assessment	Percentage of those who are undertaking performance appraisal who agree it helps them feel valued and improves how they do the job	Bi annual improvement	baseline to be confirmed	to be set				Workforce and OD	Martin Jones
	Percentage of staff who are engaged	Bi annual improvement	baseline to be confirmed	to be set				Workforce and OD	Martin Jones
	Percentage of staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	Bi annual improvement	baseline to be confirmed	to be set				Quality and Safety	Gill Harris