

Bundle Health Board - public 7 June 2018

10.30am, Catrin Finch Centre, Glyndwr University, Wrexham LL11 2HS

- 1 OPENING BUSINESS AND EFFECTIVE GOVERNANCE
 - 1.1 10:30 - 18.140 Chairman's Introductory Remarks - Dr Peter Higson
 - 1.2 10:35 - 18.141 Apologies for Absence
 - 1.3 10:36 - 18.142 Declarations of Interest
 - 1.4 10:37 - 18.143 Draft Minutes of the Health Board Meeting held in public on 2.5.18 for accuracy and review of Summary Action Log
 - 18.143a Minutes Health Board Public 2.5.18 v0.03.doc
 - 18.143b Summary Action Log Public_v132 30.5.18.doc
 - 1.5 10:42 - 18.144 Special Measures - Mr Gary Doherty

Recommendation:
The Board is asked to consider the assurance provided and note the progress made.

 - 18.144a Special Measures_coversheet.docx
 - 18.144b Special Measures_paper as at 25.5.18 1330.docx
 - 18.144c Special Measures_Appendix 1.pdf
 - 18.144d Special Measures_Appendix 2 MHLDS_as at 31.5.18 reformatted KD.docx
 - 18.144e Special Measures_Appendix 3 Dementia.docx
- 2 ITEMS FOR CONSENT
 - 2.1 11:32 - 18.145 Committee and Advisory Group Chair's Assurance Reports

Quality, Safety & Experience Committee 24.4.18 and 22.5.18 (Mrs G Harris)
Finance & Performance Committee 26.4.18 (Mrs M W Jones)
Remuneration & Terms of Service Committee 30.4.18 (Dr P Higson)
Strategy, Partnerships & Population Health Committee 12.4.18 (Mrs S Baxter)
Stakeholder Reference Group 14.5.18 (Mr Ff Williams)
Healthcare Professionals Forum 4.5.18 (Prof M Rees)

 - 18.145a Chair's Assurance Report QSE 24.4.18 V1.0.doc
 - 18.145b Chair's Assurance Report QSE 22.5.18 V1.0.doc
 - 18.145c Chair's Assurance Report FPC 26.4.18 v1.0.doc
 - 18.145d Chair's Assurance Report R&TS 30.4.18 V1.0.doc
 - 18.145e Chair's assurance report SPPH 12.4.18 v1.0.doc
 - 18.145f Chair's Report SRG 14.5.18 Final V2.0.doc
 - 18.145g Chair's Report HPF 4.5.18 v1.0.doc
- 3 FOR DISCUSSION
 - 3.1 11:52 - 18.146 Integrated Quality & Performance Report - Mr Gary Doherty

Recommendation:
The Board is asked to note the report.

 - 18.146a IQPR Coversheet Board - April 2018 FINAL amended 24.5.18.docx
 - 18.146b IQPR Board Version - April 2018FINAL Amended 24.5.18.pdf
 - 3.2 12:12 - 18.147 Finance Report - Mr Russ Favager

Recommendation:
The Board is asked that the report is noted, including the forecast out-turn of £35.0m and recognising the risks to the financial position.

 - 18.147 Finance Report - Month 1 Board Report Final.docx
- 4 12:32 - FOR INFORMATION
 - 4.1 18.148 Welsh Language Services Annual Monitoring Report 2017-2018 - Mr Gary Doherty

Recommendation:
The Board is asked to note the report ahead of submission to the Welsh Language Commissioner.

 - 18.148a Welsh Language Services coversheet.doc
 - 18.148b Welsh Language Services Annual Monitoring Report 2017-2018 FINAL English.pdf
 - 4.2 18.149 Information circulated since the last Board meeting

24.4.18 Briefing Note on harms dashboard
10.5.18 Community Health Council report "Our Lives on Hold"
10.5.18 Special Measures Improvement Framework Phase 3

- 4.3 18.150 Summary of In Committee Board business to be reported in public

Recommendation:

The Board is asked to note this paper.

18.150 In committee items reported in public.docx

- 4.4 18.151 Joint Committees

Recommendation:

The Board is asked to note the minutes.

- 4.4.1 18.151.1 Welsh Health Specialised Services Joint Committee Approved Minutes 27.3.18

18.151b WHSSC Joint Committee Minutes 27.3.18 APPROVED.pdf

- 4.4.2 18.151.2 Emergency Ambulance Services Committee Confirmed Minutes 29.1.18

18.151c EASC Confirmed Minutes 29 January 2018.pdf

- 4.4.3 18.151.3 Emergency Ambulance Services Committee Confirmed Minutes 27.3.18

18.151d EASC Confirmed Minutes 27 March 2018.pdf

- 5 CLOSING BUSINESS

- 5.1 18.152 Date of Next Meeting

12.7.18 AGM and Health Board - Venue Cymru, Llandudno

- 5.2 18.153 Committee Meetings to be held in public before the next Board Meeting

Charitable Funds Committee 11.6.18; Quality, Safety & Experience Committee 26.6.18; Finance & Performance Committee 28.6.18; Strategy, Partnerships & Population Health Committee 5.7.18.



Betsi Cadwaladr University Health Board (BCUHB)

Minutes of the Health Board Meeting held in public on 2.5.18
in Preswylfa, Mold

Present:

Dr P Higson	Chairman
Mr J Cunliffe	Independent Member
Mr G Doherty	Chief Executive
Mr R Favager	Executive Director of Finance
Mrs S Green	Executive Director of Workforce & Organisational Development
Mrs M Hanson	Vice Chair
Mrs G Harris	Independent Member
Cllr M Hughes	Independent Member
Mrs M W Jones	Independent Member
Mr G Lang	Executive Director of Strategy / Director of Turnaround Designate
Mrs G Lewis-Parry	Board Secretary
Mrs L Meadows	Independent Member
Dr E Moore	Executive Medical Director
Ms M Olsen	Chief Operating Officer
Miss T Owen	Executive Director of Public Health
Mr A Roach	Associate Board Member (Director of Mental Health & Learning Disabilities)
Mrs B Russell-Williams	Independent Member
Mr A Thomas	Executive Director of Therapies & Health Sciences
Mr Ff Williams	Associate Board Member, Chair of Stakeholder Reference Group

In Attendance:

Mr A Doughton	Wales Audit Office
Mrs K Dunn	Head of Corporate Affairs
Mr D Jenkins	Independent Adviser
Mrs J Kember	Vice Chair, Healthcare Professionals Forum

Agenda Item	Action
<p>18.125 Chairman's Introductory Remarks</p> <p>18.125.1 The Chairman welcomed everyone to the meeting and introduced Mr Stuart Harmes (Assistant Area Director Therapy Services), Ms Catherine Chin (Physiotherapist) and Ms Fiona Reid (Chief Executive, Disability Sport Wales). The team members had been invited to attend the Board meeting in recognition of winning the Welsh Government Advancing Healthcare Award for Prudent Healthcare for a project operated between the Health Board and Disability Sports Wales which aimed to transform young people's lives through physical activity and the provision of support. The Board were pleased to hear about such a positive project and congratulated the team members on the award.</p> <p>18.125.2 The Chairman then indicated that he and the Chief Executive would need to step out of the meeting for a video conference with the Cabinet Secretary at midday.</p>	

<p>18.126 Special Measures</p> <p>18.126.1 The Chief Executive reported that work continued across a range of areas under special measures which was now mainstreamed into the Board's general approach and governance structures. He indicated that the Escalation Framework for the next phase was anticipated over the next week and would be shared at the next available Board meeting.</p> <p>18.126.2 The Vice Chair reported that the Special Measures Task & Finish Group had adopted new methodology in terms of embedding actions into the Board's ongoing business as part of the turnaround approach.</p>	
<p>18.127 Apologies for Absence</p> <p>18.127.1 Apologies had been received for Cllr C Carlisle, Prof M Rees, Prof J Rycroft-Malone and Mr C Stradling.</p>	
<p>18.128 Declarations of Interest</p> <p>18.128.1 Cllr M Hughes, Mrs B Russell-Williams and Mr Ff Williams declared an interest in item 18.132 due to their involvement with Public Sector Boards. Mrs B Russell-Williams also declared an interest in item 18.134 in terms of her third sector role.</p>	
<p>18.129 Draft Minutes of Health Board Meetings Held in public on 28.3.18 and 5.4.18</p> <p>18.129.1 The minutes of the meeting held on 28.3.18 were approved pending correction of the spelling of Price Waterhouse Cooper (PWC) on page 6. The minutes of the meeting held on 5.4.18 were approved as an accurate record.</p> <p>18.129.2 The summary action log was reviewed and it was noted all items were either closed or not yet due.</p> <p>18.129.3 A matter arising was raised in that it had not been possible to finalise the Annual Operational Plan (AOP) for the May meeting. The Executive Director of Strategy provided an update on progress including that detailed discussions were ongoing with Welsh Government particularly around unscheduled care and the focused work with PWC, and the planned care programme to ensure a sustained improvement on waiting times. It was noted that the draft AOP would be presented to Welsh Government ahead of submission to the Health Board in June.</p>	GL
<p>18.130 Committee and Advisory Group Chairs Reports</p> <p>18.130.1 Quality, Safety & Experience (QSE) Committee 20.3.18</p> <p>The Committee Chair presented the report, highlighting key areas of discussion together with any identified risks and concerns. No questions or queries were raised and the report was noted.</p> <p>18.130.2 Finance & Performance (F&P) Committee 22.3.18</p> <p>The Committee Chair presented the report, highlighting key areas of discussion together with any identified risks and concerns. A point was raised regarding informatics and the</p>	

<p>ability of the organisation to hold NHS Wales Informatics Service (NWIS) to account as their role was critical to ongoing performance and the transformation / turnaround agenda within the Health Board. It was confirmed that there was an appropriate infrastructure in place but there were challenges between local and national priorities and the lack of a direct contractual relationship did not help strengthen the lines of accountability. The Chief Executive offered to discuss further with the relevant board member outside of the meeting. The Board Secretary added that in terms of progress with compliance with the General Data Protection Regulation (GDPR), although significant work had been undertaken there was still much to be done. The Board was working towards an early independent readiness / compliance assessment with the Information Commissioner's Office.</p>	GD/JC
<p>18.130.3 Financial Recovery Group (FRG) 29.3.18</p> <p>The Executive Director of Finance presented the report, highlighting key areas of discussion together with any identified risks and concerns. No questions or queries were raised and the report was noted.</p> <p>18.130.4 Mental Health Act Committee (MHAC) 23.2.18</p> <p>The Committee Chair presented the report, highlighting key areas of discussion together with any identified risks and concerns. A point was raised regarding the timeframe for developing an action plan against the Child Adolescent Mental Health Services (CAMHS) and the Mental Health Measure, and the Committee Chair indicated that a solution was anticipated by mid-summer but she would also wish to see a broader conversation around the model which she felt was currently too reactive. The Chairman requested that key milestones be circulated outside of the meeting. A point was also raised regarding the application of Deprivation of Liberty Safeguards (DoLS) assessments in line with the Cheshire West judgement and it was confirmed there was improved compliance through additional training although activity continued to increase.</p> <p>18.130.5 Healthcare Professionals Forum (HPF) 2.3.18</p> <p>The Advisory Group Vice Chair presented the report, highlighting key areas of discussion together with any identified advice or feedback for the Board. In relation to the HPF's request for the development of a Primary Care Strategy, members were reminded that the national strategy drove the development of the Care Closer to Home principles. The Chief Executive suggested that this aspect be described in more detail at a future HPF meeting.</p>	AR
<p>18.131 Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2008. Update of Register of Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales)</p> <p>18.131.1 It was resolved that the Board ratify the attached list of additions and removals to the All Wales Register of Section 12(2) Approved Doctors for Wales and the All Wales Register of Approved Clinicians.</p>	
<p>18.132 Flintshire, Wrexham and Gwynedd & Anglesey Public Service Boards Well Being Plans</p>	

18.132.1 The Executive Director of Strategy reminded the Board that earlier drafts of the individual Well-Being Plans had been considered through the Strategy, Partnerships & Population Health (SPPH) Committee and the Committee's input and feedback had been welcomed by the respective Public Service Boards (PSBs). He confirmed that the Health Board was one of four statutory bodies that were required to approve the plans – all of the bodies being represented on the PSBs.

18.132.2 The Executive Director of Strategy indicated that he believed the principles and strategic themes of the Well-Being Plans were broadly aligned to and consistent with the Health Board's strategic direction, and the other members represented on PSBs confirmed they were of the same view. The Executive Director of Public Health indicated she was confident that the Health Board had had appropriate input into the development of the plans and felt that whilst the local themes differed the broad direction of travel was consistent and based on the needs of the communities. In terms of sharing good practice, the Board was assured that there was a strong network between the PSBs themselves, together with a range of cross-sector meetings. A board member noted that the real opportunities for transformation would lie in the supporting action plans. In terms of accountability it was confirmed that the PSBs were accountable for the delivery of the plans and the governance mechanism within BCU would be through the SPPH Committee where a much higher level of detail would be received.

18.132.3 In terms of the individual plans, members made some specific comments. It was felt that the requirement of the Future Generations Act to fulfil the seven well-being goals was made clear within the Flintshire plan, and that it reflected the feedback from the SPPH Committee. The Executive Director of Public Health was pleased to see that the work on resilient communities remained in the Flintshire plan. The Vice Chair felt that the Wrexham plan could have set out a higher focus, and also she was concerned that older people and vulnerable groups were not within the scope of the plan.

18.132.4 It was resolved that the Board approve the Well-Being Plans.

18.133 Finance Report

18.133.1 The Executive Director of Finance presented the final finance report for 2017-2018 which reported a draft unaudited position of a £38.7m deficit which was £2.7m over the forecast outturn of £36m and £12.8m over the original financial plan set of £26m. This brought the cumulative deficit for the Health Board over a 3 year period to £88m having had deficits of £19m in 2015/2016 and £30m in 2016/2017. He reminded the Board that the report had been through the F&P Committee on the 26.4.18 where it was discussed in some detail, and that it had been updated as the original position for year end reported into Welsh Government was a deficit of £35.6m which was £400k below the forecast of £36m but as set out on the cover sheet the Health Board had £3.1m funding recovered in April due to the failure to achieve the required waiting time reductions in Refer to Treatment Times (RTT). The Executive Director of Finance stressed that BCU were not alone in this regard with £13m having been recovered across Wales.

18.133.2 The Board's attention was drawn to the monthly run rate which had been on the trajectory set as part of the financial recovery plan to deliver against the £36m deficit control total with Welsh Government and that the Board did achieve a balanced position for month 12 which was a major achievement but the challenge going forward would be to maintain this. The Executive Director of Finance confirmed that the 2017/2018 financial accounts had been submitted to Welsh Government and the auditors on the

27.4.18 as required.

18.133.3 The Executive Director of Finance reported that the final capital position was an underspend of £2,000 on a Capital Resource Limit of £74.86m spend. He provided further context in that whilst operating in challenging financial times the Health Board had spent £74.8m on Capital projects including:-

- £26m on Glan Clwyd redevelopment
- £11m on the Sub Regional Neonatal Intensive Care Centre (SuRNICC)
- £4m on Bangor Emergency Department
- £4m on Anti Ligature & environmental works
- £8m on general estates schemes
- £4m on IM&T

18.133.4 The closing cash balance for the year was reported as £2.1m against an internal target of just over £7m. Members' attention was drawn to para 4.1 which stated that the Health Board had received £32m cash support and it was clarified that following the Referral to Treatment (RTT) recovery of resource in April 2018 an additional £3.13m of strategic cash support was provided by Welsh Government, therefore the total strategic cash support given during the year was £35.1m. It was also noted that the Health Board had marginally missed the Public Sector Payment Policy target of 95% of non NHS invoices being paid within 30 days with a performance of 94% and in respect of NHS payments was the second highest performing organisation with 91.3%

18.133.5 The Executive Director of Finance confirmed that the figures contained within the report remained draft pending the completion of the audit review by the Wales Audit Office, and that the final position would be reported to the Audit Committee on the 31.5.18. He reminded members that as the Health Board had a rolling 3 year deficit of £88m and had therefore exceeded the authority to spend, this was deemed as irregular and the auditor would thus qualify his regularity opinion on the accounts.

18.133.6 The Chair of the F&P Committee wished to record her thanks to members of the finance department for their work and the efforts across the organisation to reduce the level of expenditure in 2017-18. She set out a concern of the Committee that there was a risk of a slip in financial performance in the first few months of 2018-19 as the Board moved to a programme of investment in transformation of its services, and that the same level of financial discipline needed to be sustained.

18.133.7 A discussion ensued. The Chair of the Stakeholder Reference Group referred to the significant increase in Welsh Government allocation in March as set out in Table 2.2, and it was clarified that this was an expected technical balance that occurred each year and did not affect the bottom line revenue position. A question was raised regarding lessons learnt with regards to the under-achievement of savings plans and the Chief Executive confirmed that an assessment had been undertaken of areas where the full amount wasn't delivered, the potential reasons for this and what further action was needed to make it happen in 2018-19 as part of the turnaround approach. In response to a request from the Chairman he confirmed that he would circulate the plan for RTT targets for the first quarter of the year which included milestones.

18.133.8 It was resolved that the Board:

- Note the report, including the risks being taken forward into 2018/19;
- Delegate authority to the Audit Committee to approve the audited statutory accounts and associated reports;

GD

<ul style="list-style-type: none"> Confirm that the Charitable Funds Committee can approve the audited annual Charitable Funds Accounts. 	
<p>18.134 Primary Care Update</p> <p>18.134.1 The Chief Operating Officer presented the paper which provided an update on the current and proposed use of primary care cluster funds. She indicated that the paper did not go into the impact that the various projects had had, but she also added that there would be a period of disinvestment and investment in 2018-19 based on outcomes and effectiveness.</p> <p>18.134.2 A discussion ensued. The paper was welcomed by members and the point was made that the work needed to be more widely known and celebrated. The Chief Operating Officer indicated that some aspects would be incorporated into the Board's Annual Report but accepted that there could be better communication and sharing of the good news stories. Members felt that the paper reflected the transformation journey and that care was successfully being provided differently. In terms of social prescribing it was suggested that the value and impact of this needed to be measured to allow mainstreaming into wider health services once the pilot concluded. The Executive Director of Public Health indicated there were good opportunities to link the work in primary care to that of the Future Generations and Well-Being Act in terms of the preventative and public health agendas. The ambition described in the paper was welcomed and the point was made that full and equal partnership working would be key to delivery.</p> <p><i>[The Chair and Chief Executive left the meeting. The remainder of the meeting was chaired by Mrs M Hanson as Vice-Chair with Dr E Moore as Deputy Chief Executive]</i></p> <p>18.134.3 The Executive Director of Therapies referred to the recognition earlier in the meeting of the physiotherapy project with Disability Sports Wales, and highlighted that the paper set out a range of initiatives to improve access to physiotherapy which formed part of a national improvement programme. Reference was made to the internship year for Physicians' Associates and it was confirmed the individuals were just finishing their training. The Executive Director of Workforce & Organisational Development indicated that careful consideration would need to be given to their role and how to best utilise their skills in line with advanced practice models. The Chief Operating Officer indicated that an additional layer of learning would need to be applied to as the training programme was based on secondary care. The Vice Chair of the Healthcare Professionals Forum suggested that when any pilot schemes were rolled out there needed to be appropriate communication, as this lesson had been learnt following research into awareness of the Choose Well Pharmacy campaign. She also raised the important role of the multi disciplinary team in referring into and signposting to services. The Chief Operating Officer was happy to build in this feedback from the HPF. In response to a question regarding the variation in cluster funded developments the Chief Operating Officer accepted that there were differences in how the clusters chose to use the money and the evaluation would be key to inform potential disinvestment and reinvestment.</p> <p>18.134.4 The Vice Chair encouraged Board members to attend any of the projects to talk to the staff and see the schemes in operation. It was resolved that the Board:</p> <ul style="list-style-type: none"> Note the current and proposed use of Welsh Government primary care funding. Note the role of the primary care investment group in overseeing the allocation and utilisation of Welsh Government Primary Care Funds 	

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

Lead Executive / Member	Minute Reference and Action Agreed	Original Timescale Set	Update	Action to be closed
5.4.18				
Ff Johnstone	18/109.3 Request the Chief Operating Officer to provide a briefing note for members on the exception report on out-patient cancellations.	May	Clarity in respect of the constraints of the improvement work is being sought from the outpatient transformation lead with a view resolving. 30.5.18 Further clarification will be provided as part of the presentation of the IQPR to the June Board meeting.	Closed
A Thomas	18/110.2 Circulate a briefing note for members on the delivery of theatre capacity (relative and absolute)	July	29.5.18 Action will be followed up on Executive Director of Therapies & Health Science's return from annual leave.	
G Lang S Baxter	18/112.2 Explore potential option of a single site solution for eye care services	June/July	2.5.18 Interim Executive Director of Strategy to explore options to improve productivity and efficiency for eye care services. 29.5.18 Opportunities continue to be explored with operational leads. Ongoing work on eye care services is continuing to develop and strengthen the areas highlighted in previous Board meeting. A full update will be provided to the Board in July	Closed
Ff Johnstone S Baxter	18/112.2 Strengthen elements of benefits realisation within further iteration of eyecare services paper			
Ff Johnstone S Baxter	18/112.2 Provide detail of current workforce position against full establishment for ophthalmic surgeons, to the HPF CHair	June/July	29.5.18 Details of current workforce position have been requested and will be forwarded to HPF once confirmed.	Closed
2.5.18				
G Lang	18/129.3 Ensure AOP is submitted to Board in	June	Item confirmed on agenda.	Closed

	June			
G Doherty	18/130.2 Discuss accountability and contractual issues re NWIS with J Cunliffe	June	30.5.18 Meeting arranged with Independent Member and Executive Medical Director.	Closed
A Roach	18/130.4 Circulate key milestones for timeframe to develop action plan against CAMHS and Mental Health Measure.	June	30.5.18 Briefing prepared for circulation prior to June Board meeting.	Closed
G Doherty	18/133.7 Circulate RTT plan with clear milestones	June	30.5.18 Chief Executive to provide update to Board Members.	Closed

V132 30.5.18

Health Board 7.6.18	 <div data-bbox="965 212 1204 302"> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div> <p data-bbox="630 313 1316 347"><i>To improve health and provide excellent care</i></p>
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Title:	Special Measures														
Authors:	Mrs Grace Lewis-Parry, Board Secretary Ms Jen French, Nurse Director Mental Health Mrs Reena Cartmell, Deputy Director of Nursing														
Responsible Director:	Mr Gary Doherty, Chief Executive														
Public or In Committee	Public														
Strategic Goals	<table border="1"> <tr> <td>1. Improve health and wellbeing for all and reduce health inequalities</td><td>√</td></tr> <tr> <td>2. Work in partnership to design and deliver more care closer to home</td><td>√</td></tr> <tr> <td>3. Improve the safety and outcomes of care to match the NHS' best</td><td>√</td></tr> <tr> <td>4. Respect individuals and maintain dignity in care</td><td>√</td></tr> <tr> <td>5. Listen to and learn from the experiences of individuals</td><td>√</td></tr> <tr> <td>6. Use resources wisely, transforming services through innovation and research</td><td>√</td></tr> <tr> <td>7. Support, train and develop our staff to excel.</td><td>√</td></tr> </table>	1. Improve health and wellbeing for all and reduce health inequalities	√	2. Work in partnership to design and deliver more care closer to home	√	3. Improve the safety and outcomes of care to match the NHS' best	√	4. Respect individuals and maintain dignity in care	√	5. Listen to and learn from the experiences of individuals	√	6. Use resources wisely, transforming services through innovation and research	√	7. Support, train and develop our staff to excel.	√
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Approval / Scrutiny Route	Prior review through Executive Directors.														
Purpose:	<p>In February 2018, the Cabinet Secretary for Health and Social Services set out in a Written Statement actions he expected to be taken in relation to Special Measures up to April 2018. On the 9th May 2018, the Cabinet Secretary then published the next phase of special measures improvement framework which sets out the expectations and milestones for the Health Board to September 2019 (see Appendix 1). The attached paper provides a short synopsis of the actions taken to date to progress the specific expectations of the Cabinet Secretary in the current phase of special measures. A comprehensive report is also provided in relation to mental health services providing an account of the progress made since the inception of special measures (Appendix 2). An assurance report on the provision of care for older people with Dementia across Betsi Cadwaladr University Health Board is also provided (Appendix 3).</p>														
Significant issues and risks	Whilst progress has been made with regard to some aspects of special measures, the Health Board remains in special measures as a consequence of the ongoing risks and challenges														

Special Measures Improvement Framework Theme/ Expectation addressed by this paper	All
Equality Impact Assessment	Not applicable
Recommendation/ Action required by the Board	The Board is asked to consider the assurance provided and note the progress made.

Disclosure:

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

Special Measures

Following review of the End of Phase Three Special Measures Report and associated evidence, the Cabinet Secretary for Health and Social Services recognised that the Health Board had made some improvements across each of the special measures areas and in the case of Maternity Services, de-escalated as an area of concern under special measures. However, the Cabinet Secretary also identified several areas for improvement and he set the Health Board a number of milestones to be progressed rapidly, covering areas such as mental health, waiting times, unscheduled care, planning and leadership.

On 1st February 2018 the Cabinet Secretary set out in a Written Statement actions he expected to be taken on the following milestones between January 2018 and April 2018 and whilst some have been completed, others have been progressed but are yet to be concluded. Where actions have not been fully completed they have been included within the special measures governance arrangements for ongoing review to ensure the expectations are met in due course.

Set out below is a short synopsis of the actions taken to date to progress the specific expectations of the Cabinet Secretary made in his statement of 1st February.

A reduction of Referral to Treatment (RTT) waiting times by around 50% in the numbers waiting over 36 weeks and progress to continue into 2018/19.

At the end of December 2017, Betsi Cadwaladr University Health Board had in excess of 24,400 patients who would be over 36 weeks if not treated by the end of March. With focused action and resource this was reduced to 5417 patients who were waiting over 36 weeks on 31st March 2018. While our volume of long waiters is too high, the work we have been doing demonstrates improvement and this has continued into the first quarter of 2018/19. We acknowledge the volume of patients waiting over 36 weeks increased in April 2018 compared to March 2017. This was expected due to the reduced number of working days in the month (Easter) and the volume of patients with long chronological waits but short reported waits being treated. However, activity in April 2018 is significantly higher than in April 2017. The deterioration in April is significantly less than in April 2017 and despite the fewer working days the Health Board has a clear plan in place to improve waiting times.

Sustainable improvement in unscheduled care performance.

Unscheduled care improvement has been a key focus of the Health Board, supported by the work of Price Waterhouse Cooper initially at Ysbyty Glan Clwyd. Betsi Cadwaladr University Health Board have continued to deliver the 8 minute Category A ambulance response time month on month.

The four hour Emergency Department and Minor Injury Unit performance has been slow to respond to interventions, although lower level of site escalation and improvement in loss of ambulance hours due to delayed handover are demonstrable at Ysbyty Glan Clwyd.

From April, all three Emergency Departments and Minor Injury Units are showing improvement with the special measure profile being delivered in April and likely to be exceeded in May.

Since the beginning of April, four hour performance has improved by around 6% across the Health Board.

Twelve hour performance improved significantly in April and this improvement is sustaining in May and is likely to exceed the special measure improvement profile set.

Ambulance one hour handover and out of hours response times are also showing improvement.

Financial recovery actions to result in the Health Board meeting the £36 million revised forecast at year end and improving into 2018-19

The initial year end position was a £35.7m deficit against the forecast of £36m as reported to Welsh Government on 9th April 2018. However, on 20 April 2018 we were notified that £3.13m performance monies relating to non-delivery of RTT waiting times would be recovered and the 2017/18 resource allocation was adjusted accordingly which resulted in an increase to the end of year deficit position to £38.8m deficit.

The Health Board acknowledged an interim deficit budget of £35m for 2018/19 (subject to Welsh Government approval) which is predicated on delivering a challenging £45m savings target. The savings will be made up of a mixture of cash releasing savings and cost containment focused on improving operational efficiency, the programme also includes a deficit reduction programme which starts to address the £49m underlying deficit from a service and cost driver perspective. Supporting the delivery of the savings and deficit reduction programme, a Turnaround Director has been appointed with the supporting team being in process.

Reduction in patient out of area placements

The negative impact on families and carers and the risk of patients being admitted out of area during an acute phase of their condition is fully recognised by the Mental Health and Learning Disability Division and admission out of area is always a last resort. Since the peak in May 2017, the number of patients being treated out of area was 27, this has reduced to zero as of April 2018. This has been achieved through actions to improve the patient flow, including the introduction of daily Acute Care Meetings on each site involving all the multi-disciplinary team.

To reach our ambition of eradicating out of area bed use, as described in the Together for Mental Health Strategy, further work is required to ensure recent improvements are sustained. Ultimately, alternatives to admission and an enhanced crisis response are needed. This work has been prioritised by the Together for Mental Health Partnership Board and is currently being undertaken with partners via the Local Implementation Teams.

Development of a thematic quality improvement and governance plan for mental health services

A first draft has been shared with Welsh Government and has also been presented to the Special Measures Improvement Group. Further work is being undertaken to ensure that the plan is comprehensive and sets out measurable improvements aligned with the Health Board's overarching quality improvement strategy. The sequence and timing of the plan is also reflective of the new Special Measures Improvement Framework recently published by the Cabinet Secretary. The final plan will be presented for approval to the public Board meeting in August 2018.

A Turnaround Director and team in place and demonstration of increased pace on actions

A Turnaround Director has been appointed and has taken up post. Focus on rapid improvement in savings delivery has increased with targeted action in critical areas and enhanced accountability for delivery. Actions to ensure delivery of savings opportunities are being pursued to firstly ensure in year delivery of an improved financial position in 2018/19 and also a three year turnaround plan.

Director of Primary Care and Community Care in place reporting to the Chief Executive and Board

In developing the separate role of Director of Primary Care and Community Services, the Health Board took the decision to use this as an opportunity to review the portfolios of the Executive Team. This review takes into account the need to ensure that capacity is aligned to the delivery of the Staying Healthy Living Well Strategy as well as being cognisant of feedback received by Welsh Government, Wales Audit Office, Health Inspectorate Wales and Deloitte in terms of the governance review. The review will be completed and the recruitment process for the role of Director of Primary Care and Community Services will be underway by the end of June. Senior leadership from within the Executive Team has been identified for the intervening period.

Additional planning support and team in place and evidence on the work to develop a holistic plan and Integrated Medium Term Plan (IMTP) in partnership

The longer term strategy Living Healthier, Staying Well developed during 2018/19, built on extensive engagement with staff, stakeholders, partners and community groups and was approved by the Board on 1 March 2018. This sets out a clear vision for the future direction of health, well-being and healthcare in North Wales and the priorities are now being taken forward under the three year plan which was endorsed in April. There remains further work to do to deliver an approvable IMTP and sustainable financial balance. Additional capacity has been commissioned from Price Waterhouse Cooper (PWC) to develop further the medium term unscheduled care plan to support this.

An interim Executive Director of Strategy has been appointed from May 2018 and an annual operational plan will be finalised to ensure the short term improvement actions for 2018/19 are clearly set out and are delivered. Further review of the capacity and

skills within strategic and operational planning is being undertaken to strengthen these and reflect the changing Executive Team portfolios.

Evidence that clinical leadership is working alongside planning and professional directors on clinical service proposals

A lot of work has been done on progressing our clinical leadership plans with Cluster Leads now appointed in Primary Care and Clinical Directors appointed in Mental Health and Secondary Care. Work to support these doctors is ongoing with plans to appoint additional managerial support. These new leaders have key roles in progressing our clinical strategy and this can be seen through the community resource teams in the clusters and secondary care, through the Mental Health Strategy in Mental Health and through the Acute Hospital Stream in secondary care where there is much work on the vascular, urology, ophthalmology, stroke and orthopaedics reconfigurations.

Action plan agreed and work progressed to meet the recommendations set out in the Deloitte Review

Welsh Government commissioned Deloitte to conduct a financial governance review in December 2017. The findings of this review had wide-ranging implications for the Health Board, with recommendations focused on the establishment of new Director roles, the development of Board members, revised committee arrangements, a review of the approach to financial management and planning and also organisational development. Progress against the resulting action plan is being overseen as part of the Health Board's special measures monitoring arrangements.

Team based development programme implemented for the Executive Team

Whilst team development has been undertaken with and by the Executive Team over the last 12 months, the decision was taken in April 2018 to review the specification for this programme. The purpose of this review was to ensure that the specification was properly aligned to the outcomes required both in terms of content but also in terms of style of delivery e.g. rigor and challenge. This review is complete and the specification agreed. Procurement commenced on 16th May with a closing date of 1st June. The tender evaluation and contract award timetables is set to conclude week commencing 25th June with the programme commencing 1st August 2018. This timescale should helpfully align to the completion of the review of Executive portfolios and appointment to the vacant roles.

Appointment process for the Chair, Vice Chair and 5 independent members initiated and nearing completion

The public appointment process for the Chair and Vice Chair were concluded in this period. Mr Mark Polin was appointed as Chair Designate with effect from 1st September 2018 and Mrs Margaret Hanson was reappointed as Vice Chair.

Cllr Medwyn Hughes was appointed as Independent Board Member (Local Authority) in March 2018 and Mrs Morwena Edwards, Corporate Director and Statutory Director

of Social Services at Gwynedd Council has been nominated as Associate Board Member from 1st June 2018.

However, the Vice Chair subsequently resigned from post with effect from 31st May 2018 and a further recruitment process is now underway. Mrs Marian Wyn Jones, an existing Independent Board Member has been invited to act as Vice Chair on an interim basis until the new appointment process has concluded. The recruitment process for the other Independent Board Members is underway and is now expected to be concluded by August 2018.

On 9th May 2018 the Cabinet Secretary for Health and Social Services published a new Special Measures Improvement Framework which sets out the expectations and milestones for the next phase of Special Measures through to September 2019 (see Appendix 1).

The framework looks to drive measurable improvement in:

- Leadership and governance
- Strategic and service planning
- Mental health
- Primary care including out of hours services

The Health Board has approved governance arrangements for the oversight of special measures milestones led by the Special Measures Improvement Task Group to track progress and advise and assure the Board on the effectiveness of the arrangements in place to respond to special measures.

The Board is asked to consider the assurance provided and note the progress made.

**BETSI CADWALADR UNIVERSITY HEALTH BOARD
SPECIAL MEASURES IMPROVEMENT FRAMEWORK**

May 2018 – September 2019

This framework sets out clearly the milestones and expectations the Welsh Government has set Betsi Cadwaladr University Health Board under the special measures arrangements under four themes – leadership and governance, strategic and service planning, mental health and primary care including out of hours services from May 2018 – September 2019.

Actions being taken and the following milestones for the period January 2018 – April, 2018 was set out in the written statement published on the 1 February, 2018:

- A reduction of RTT waiting times by around 50% in the numbers waiting over 36 weeks and progress to continue into 2018/19;
- Sustainable improvement in unscheduled care performance;
- Financial recovery actions to result in the Health Board meeting the £36 million revised forecast at year end and improving into 2018-19;
- Reduction in patient out of area placements;
- Development of a thematic quality improvement and governance plan for mental health services;
- A Turnaround Director and team in place and demonstration of increased pace on actions;
- Director of Primary Care and Community Care in place reporting to the Chief Executive and Board;
- Additional planning support and team in place and evidence on the work to develop a holistic plan and IMTP in partnership;
- Evidence that clinical leadership is working alongside planning and professional directors on clinical service proposals;
- Action plan agreed and work progressed to meet the recommendations set out in the Deloitte Review;
- Team based development programme implemented for the Executive Team; and,
- Appointment process for the Chair, Vice Chair and 5 independent members initiated and nearing completion.

This framework builds on the milestones previously set and focuses on the areas additional progress is needed in order for the Health Board to be considered for de-escalation from special measures.

May 2018 to September 2018

Theme	Expectation
Leadership and Governance	<ul style="list-style-type: none"> • Sufficient steps will have been taken in building a capable and competent board of executives and non-executives with the skills to deliver the strategic priorities of the health board;* • Team based development programme continuing to be implemented for the Executive Team; • Recruitment of new Chair, Vice-chair and 5 independent members completed and appropriate induction delivered; • Work progressed to meet the recommendations set out in the Deloitte Review as set out in the agreed action plan; * • Finance plan at end of the first six months delivered as outlined to achieve the agreed finance control total; • Visible Board leadership and commitment to the effective process, preparation and response to the HASCAS investigation and Ockenden review recommendations demonstrating pace, candour and effective communication with families, staff, partners, the wider public and the media that ensures the wider issues identified are addressed;* • Evidence of improved integrated clinical, service, workforce and financial planning to deliver turnaround and transformational change;*

	<ul style="list-style-type: none"> • A Turnaround team in place to support the Turnaround Director deliver and is demonstrating increased pace on actions against the agreed plan and methodology;* • Local Well-being Plans agreed for the four Public Services Boards and Health Board actively involved in delivering on the joint priorities;* • A workforce and OD strategy developed and agreed by the Board with leadership developments as a key priority;* • Evidence of continued improved staff engagement demonstrated from surveys and feedback from Trade Unions; * • Demonstration of improved public engagement and perception demonstrated in feedback from surveys and partners including the Community Health Council;*
Strategic and service planning	<ul style="list-style-type: none"> • Further development of a Board endorsed long-term integrated clinical services strategy;* • An operational plan for 2018/19 will have been agreed by the Board and Welsh Government and delivery against the first six months is on schedule. This to include improvements in areas of quality, unscheduled care and planned care, noting that final targets for year are currently subject of continuing discussion:* - Improvement in the numbers of patients waiting over 36 weeks; - Improvements in the % of patients to receive ambulance handover in less than an hour, patients spending less than 4 hours in all major and minor emergency units, and a reduction in the number of patients spending more than 12 hours; - Demonstration of timely and organisation-wide learning from the concerns, complaints, incident and claims processes to further improve and meet quality standards and full

	<p>engagement in the all-Wales arrangements in place to enable and ensure consistent shared/system learning.</p> <ul style="list-style-type: none"> • Report on how the Welsh Government investment in the unscheduled care programme is transforming delivery, quality and performance;* • Patient safety huddles consistently implemented across the Health Board with clear executive support; • Progress on developing the integrated clinical hub with WAST to support the development of alternative pathways that help to reduce conveyance of patients by emergency ambulance to Emergency Departments;* • Leadership and additional capacity and capability in place within the planning team to lead and develop strategic plans in partnership; * • Development of a winter resilience plan aligned to the Welsh Government guidance and developed in partnership with Local Authorities and clinical leaders across the unscheduled care pathway that includes measurable / quantifiable action;* • Progress on delivery of the principles of the SAFER patient flow bundle to reduce delayed transfers of care; • Development of a three-year integrated medium-term plan (to be submitted in January 2019) will be on schedule against the agreed timetable;* • Evidence of increasing consistency in clinical practice and that clinicians are engaged and working alongside planning and professional directors on clinical services proposals; *
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	<ul style="list-style-type: none"> • Progress on developing sustainable orthopaedic services demonstrated, including completion of an option appraisal that has been tested and discussed with Welsh Government; • North Wales ophthalmology plan approved by the Board and an implementation plan developed and agreed with Welsh Government.
Mental Health	<ul style="list-style-type: none"> • Continued improvements in compliance with relevant targets including those set out under the Mental Health Act and Mental Health (Wales) Measure, for example, assessment within 28 days;* • A Thematic Quality Improvement and Governance Plan (TQ &G Plan) for mental health services and process to be in place to monitor delivery and impact, which is line with the overall corporate quality improvement and governance requirements and sets out a clear response to recommendations from reports including HASCAS and Ockenden;* • Implementation of strategy progressing including Local Partnership Board actions plans agreed and being delivered by the local implementation teams with full engagement of service users and partners; * • Continued sustainable reduction in patient out of area placements, including CAMHS;* • New management structure fully operational.
Primary care including out of hours services	<ul style="list-style-type: none"> • Director of Primary Care and Community Care reporting to the Chief Executive and Board working effectively with clusters and partners to develop a future plan: <ul style="list-style-type: none"> - to establish approaches to ensure resilience in primary care services is in place, making best use of available resources;*

	<ul style="list-style-type: none"> - with specific actions, timelines and outcomes, to adopt and adapt the transformational model for local health services, which has emerged from the national pacesetter programme;* - setting specific actions on how cluster level working will develop, underpinned by the recurrent cluster level funding;* • Review the purpose and membership of the Primary Care Transformation Group so that it provides advice and challenge to the health board on its plan and delivery • Continued improvements in out-of-hours services including better shift coverage and access that is based on an agreed strategic plan;* • Evidence that the health board has implemented and continues to make progress in meeting the revised national out of hours standards;*
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October 2018 to March 2019

Theme	Expectation
Leadership and Governance	<ul style="list-style-type: none"> • Board development activities delivered to ensure members of the Board are fully engaged on the challenges and delivering on the strategic objectives;* • Action to sustain senior leadership and capacity including the structure below the executive team; • Financial plan on schedule to deliver to the finance control total agreed for 2018/19;

	<ul style="list-style-type: none"> • Continued improvement and engagement to enable shared learning from concerns, complaints, incidents and claims;* • Demonstrate active leadership and commitment working with partners in the Public Services Boards and Regional Partnerships to deliver on the plans and actions agreed to benefit the well-being and health of the people of North Wales including tackling inequalities;* • All follow-up reviews recommendations progressed and plans in place for completion of actions to include the Deloitte, HASCAS and Ockenden Reviews;*
Strategic and service planning	<ul style="list-style-type: none"> • Demonstrable progress on the implementation on the agreed clinical services strategy including the emergence of supporting plans in specific clinical areas, and an estates strategy to underpin future models of care; • A Board approved three-year integrated medium-term plan submitted by March 2019, for the 2019-2022 planning cycle; • Delivery against agreed milestones set out in the 2018/19 operational plan on schedule, including: <ul style="list-style-type: none"> - Sustained progress to reduce RTT and diagnostic waiting times as planned and agreed by the end of March, 2019; and - Continued sustainable improvement in unscheduled care performance with a further decrease in patients waiting over 1 hour for patient handover, less than 4 and more than 12 hours in emergency care facilities that maintains progress made in the first six months of the year and which achieves targets agreed in the annual plan;

	<ul style="list-style-type: none"> • Delivery of the sustainable orthopaedic services plan progressing on the agreed timeline;* • North Wales ophthalmology plan being implemented to agreed timescales;*
Mental Health	<ul style="list-style-type: none"> • LHB continuing to deliver on the plan to progress the work on the recommendations and embedding the lessons learnt/findings of HIW inspections, the HASCAS investigation and Ockenden Review as part of the delivery of the TQ&G Plan;* • Continued progress demonstrated in delivering on the Mental Health Strategy; * • Key posts in management structure filled and resilient to any unforeseen staff absences.*
Primary care including out of hours services	<ul style="list-style-type: none"> • Progress being maintained over the winter period in implementing the national out of hours standards; * • Evidence of strengthened resilience and sustainability in primary care services; * • Vision, direction and implementation plan for primary care clusters agreed and being delivered;* • Programme established in partnership to develop and implement agreed proposals for the configuration of health and well-being centres in North Wales.

April 2019 to September 2019

Theme	Expectation
Leadership and Governance	<ul style="list-style-type: none"> • Evidence that WAO structured assessment recommendations have been implemented as part of the actions to secure sustainable and robust governance arrangements;* • Financial plan for 2018/19 delivered against the control total agreed and plans for 2019/20 delivering against an improved position as set out in the approved three-year plan;* • Demonstrable system of effective organisational learning from concerns etc in place.*
Strategic and service planning	<ul style="list-style-type: none"> • The approved three-year integrated medium-term plan agreed with Welsh Government for the 2019-2022 planning cycle being implemented;* • Evidence of continual sustainable improvement on RTT with no patient waiting longer than 36 weeks for treatment with the exception of orthopaedics;* • Unscheduled care performance continuing to improve, including the percentage of patients spending less than 4 hours in major and minor emergency care facilities in excess of 90%.*
Mental Health	<ul style="list-style-type: none"> • Delivery of key actions and milestones set out in the TQ & G plan and demonstration on achieving outcomes; * • Evidence of progress on delivering the Mental Health Strategy*

*note expectations that require on-going monitoring/ reporting on progress

Special Measures Improvement Framework MHLD Assurance Report

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Mental Health & Learning Disability Special Measures - Assurance Report

“When I went into mental health services I was ‘done to’ – I was told what was going to happen, where I was going to go and what medication to take. I had absolutely no choice in anything and everything was prescribed to me. When Caniad came along they showed me that I had a voice. I had a way to say to the top management of the Health Board that services aren’t working and suggest ways to improve them. For the first time I’ve found them to be listening” – Richard Birch, a current mental health service user who is involved with Caniad

1. Purpose of report

In June 2015, BCUHB was placed in Special Measures and in October 2015 it was confirmed by the Deputy Minister that Special Measures would continue for a further two years enabling the Health Board to address outstanding issues and to develop longer term plans. Welsh Government set out its expectations for a number of areas, including Mental Health, with improvements set in 3 phases over two years.

This paper sets out to demonstrate the progress that has been made within the five themes identified by the Welsh Government to strengthen mental health services leadership and management in BCUHB under the Special Measures framework:

- Strategy and Service Review
- Leadership, Governance & Accountability
- Quality and Patient Experience
- Governance Reviews
- Estate and Environmental Improvements

The paper is deliberately brief in order to clearly draw out the key matters for consideration. Throughout the paper, evidence is provided with hyperlinks to documents.

The MHLD Division are committed to making the changes we believe need to happen to improve quality experience and the overall culture of care. Our changes aim to address the requirements under Special Measures but also embody the ethos of a reformed mental health service in north Wales.

We recognise the scale of the change required but are confident that the foundations are now in place to build the sustainable change and provide assurance on shifting culture to expedite further the changes that needs to happen.

Numerous inspections and reviews have taken place since 2013 and this report builds on progress previously reported. Throughout this report, service user experience is critical as we demonstrate through our actions how people have experienced a new culture of mental health service in north Wales.

2. Introduction / Context

A number of reports and papers have been received by the Betsi Cadwaladr University Health Board (BCUHB) which documented serious failings in the provision of Mental Health services as listed in Appendix 2(i).

In January 2014 Donna Ockenden was commissioned by the Health Board to conduct an external investigation into the concerns raised regarding the failings of care and treatment on Tawel Fan Ward. In the autumn of 2014 North Wales Police (NWP) commenced an investigation and was completed in the spring of 2015, the findings included in the recently published Health and Social Care Advisory Service (HASCAS) report.

Donna Ockenden published her first report in May 2015. Fourteen themes were acknowledged from the 30 recommendations in the Report and an overarching action plan was developed by the Mental Health & Learning Disabilities (MHLD) Division. Progress against the themes has been reported on and monitored via the Quality, Safety & Experience (QSE) Committee, Board Reports and the Mental Health Improvement Group.

In June 2015, the Health Board was placed in Special Measures by the then Minister for Health and Social Services as a result of concerns in a number of areas including mental health services.

The Health Board commissioned HASCAS in September 2015 to provide the lead independent investigator role in relation to the complaints, concerns and professional regulation and employment issues arising from the significant failings in care on Tawel Fan Ward.

In November 2015, the Health Board commissioned Donna Ockenden to undertake a review of the governance arrangements relating to the care of patients on Tawel Fan Ward prior to its closure on the 19th December 2013 and current governance arrangements in older people's mental health (OPMH) at BCUHB.

In 2014 Flynn and Eley Associates Ltd were commissioned by the Betsi Cadwaladr University Health Board (BCUHB) to undertake a strategic review of OPMH services for which BCUHB is responsible across North Wales.

Flynn and Eley reported their findings to the Health Board in December 2014 and seven overall priorities were set out.

1. Credibly involving older people with mental health needs and family carers in service planning, development and design
2. Developing a strategic vision for OPMH services in North Wales
3. Post-diagnostic support for people with dementia and their family carers
4. Clinical networks to support people with dementia and their carers
5. In-patient services
6. Stronger partnerships with primary care
7. Information technology – internal and external communications

Our progress in North Wales has been guided by the values of co-production and prudent health care. This has meant that the changes taken place become meaningful for the people we serve. The practice of involving people with lived experience has radically changed across north Wales.

People with lived experience have been key partners in developing the Mental Health Strategy, Priorities for Crisis 360 event to support identifying year 1 priorities, and values based interviewing for new appointments. In essence these examples show how our approach recalibrates the position of service users and the relationship they have with us as experts through their experience.

“I’ve been a mental health service user since the age of 17 but I’ve never really engaged in services because it always felt like they just wanted to tick a box.

Being part of the interview panels has been a real eye opener and I feel like I’m being really listened to. Before I couldn’t be in a room with more than five people and I still suffer from anxiety, but I feel like I’ve come a long way”. Hilary Vaughan, Caniad

This culture shift does take time to mature but we are confident our efforts have been threaded through the organisational ‘board to ward’ governance arrangements. We recognise the work that we have had to do to make the cultural shift that fully embraces experts by experience and this approach has galvanised our change strategy to achieve the best outcomes for individuals. This approach has supported service users to shape the way mental health services should be provided as we rebuild a new approach in North Wales. The following document provides more information on our partnership with Caniad - [http://www.wales.nhs.uk/sitesplus/documents/861/Caniad%20booklet%20email16b%20\(002\).pdf](http://www.wales.nhs.uk/sitesplus/documents/861/Caniad%20booklet%20email16b%20(002).pdf)

3. Strategy and Service Review

3.1 Service requirement

The MHLDD Division has urgently focused on strategy and service review. This has included significantly improving operational planning including partnership working, and on a transformational review of the service model.

The MHLDD Division has focused on strategy and service change for people who require support for their mental health and wellbeing. Our direction of travel has been supported by Special Measures and it has led to a fundamental shift in the way services are being provided.

The priority in developing the Mental Health Strategy has been to ensure ownership and commitment from all stakeholders. Our aim is to develop age inclusive services which are not age blind. Our older person’s quality and workforce group is maturing and will be further enhanced by the implementation plan for the thematic review.

3.2 What we have done

2014 / 15	Strategic review of OPMH services by Flynn and Eley	http://www.wales.nhs.uk/sitesplus/documents/861/Item%2014_26
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		7.1%20OPMH%20Strategic%20Review.pdf
2015 / 16	BCUHB commenced the development of the Mental Health Strategy with engagement of users and carers of Mental Health Services, Third Sector and system- wide partners to ensure that the strategy reflected the needs of the whole population. There was also a series of engagement events with staff across the division	http://www.wales.nhs.uk/sitesplus/861/open doc/306495
2017	The Mental Health Strategy was presented and approved by the Board on 20 April 2017 and newly established Partnership Board took place June 2017	Mental Health Strategy 20.4.17
2016/17 /18	Progress on Ockenden and Special Measures Improvement Plan (2015)	http://www.wales.nhs.uk/sitesplus/861/open doc/307337
2017	Mental Health Summit leading to creation of structure, governance and Local Implementation Team [LIT]	http://www.wales.nhs.uk/sitesplus/documents/861/Mental%20Health%20Summit%202017- %20Agenda%20final. pdf
2017	Perspective of crisis - 360 event to inform the priorities for year 1	http://www.wales.nhs.uk/sitesplus/documents/861/North%20Wales %20mental%20health %20summit%20- %2013th%20January %202017%20- %20notes%20arising %20(003).pdf
		http://www.wales.nhs.uk/sitesplus/documents/861/360_Event_Report_(Final).PDF
2018	BCU Dementia Strategic Action plan launched and will be implemented throughout the Division Update on Mental Health to the Health Board	http://www.wales.nhs.uk/sitesplus/861/open doc/319518 http://www.wales.nhs.uk/sitesplus/861/open doc/322914

3.3 North Wales Mental Health Strategy

The new strategy for mental health services, Together for Mental Health in North Wales, was developed with extensive input from service users and other stakeholders. It was approved by the Health Board in April 2017 and has continued to be informed by engagement with partners (Together for Mental Health in North Wales

<http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20Health%20Board%20Public%2020.4.17%20V1.0.pdf>

The strategy has been developed with the view that it is all-age and whole-system and it includes Child and Adolescent Mental Health Services, Substance Misuse Services, Adults of Working Age, Forensic Services, Learning Disabilities and OPMH. The focus has now moved forward from the initial strategy and engagement onto implementation plans shaped by the LITs.

In undertaking the development of the mental health strategy for North Wales we have ensured joint ownership across all partners and in particular people with lived experience that will support the implementation of the strategy.

3.4 Substance Misuse Contract Reviews

During 2017/18 an independent review was completed on the inpatient service provision at Hafan Wen provided by CA/S. The review also took into consideration the effectiveness of pathways into and out of the service. The final report included a number of recommendations which will be progressed in 2018/19. In addition the strategy for substance misuse will be developed throughout 2018/19 coproduced with partner agencies and those with lived experience.

3.5 Additional Service Reviews

There have been a number of service reviews including the Delivery Unit review of community mental health services, specific Healthcare Inspectorate Wales (HIW) regulatory reviews, plus improvement plans for Conwy Community Mental Health Team (CMHT) and Bryn Hesketh ward. As can be seen with the range of service reviews undertaken, learning from the themes has led to significant improvements that point to culture change and more visible leadership. Specific reports are included in the following hyperlinks:

<http://www.wales.nhs.uk/sitesplus/documents/861/Aston%202017.pdf>

<http://www.wales.nhs.uk/sitesplus/documents/861/Ablett%20November%202017.pdf>

<http://www.wales.nhs.uk/sitesplus/documents/861/Bryn%20Hesketh%202017.pdf>

http://www.wales.nhs.uk/sitesplus/documents/861/T2C_final_report%2018.07.16.pdf

[http://www.wales.nhs.uk/sitesplus/documents/861/Scarlton_CT18031308540%20\(3\).pdf](http://www.wales.nhs.uk/sitesplus/documents/861/Scarlton_CT18031308540%20(3).pdf)

3.6 Next steps

A detailed implementation programme and supporting governance structure has been developed and is now working towards the Division year 1 priorities. The Health Board has received updates on the various groups that govern, direct and support the implementation

of the Mental Health Strategy. This work will continue as the strategy becomes embedded in our work with partners:

<http://www.wales.nhs.uk/sitesplus/documents/861/SPPH%20Report%202017-10-30%20MH%20Strategy%20Update.pdf>;

<http://www.wales.nhs.uk/sitesplus/documents/861/SPPH%20Report%202018-02-08%20MH%20Strategy%20Update.pdf>.

4. Leadership, Governance and Accountability

4.1 Service Requirement

An effective leadership, governance and accountability framework has been put in place which has now progressed to a substantive structure.

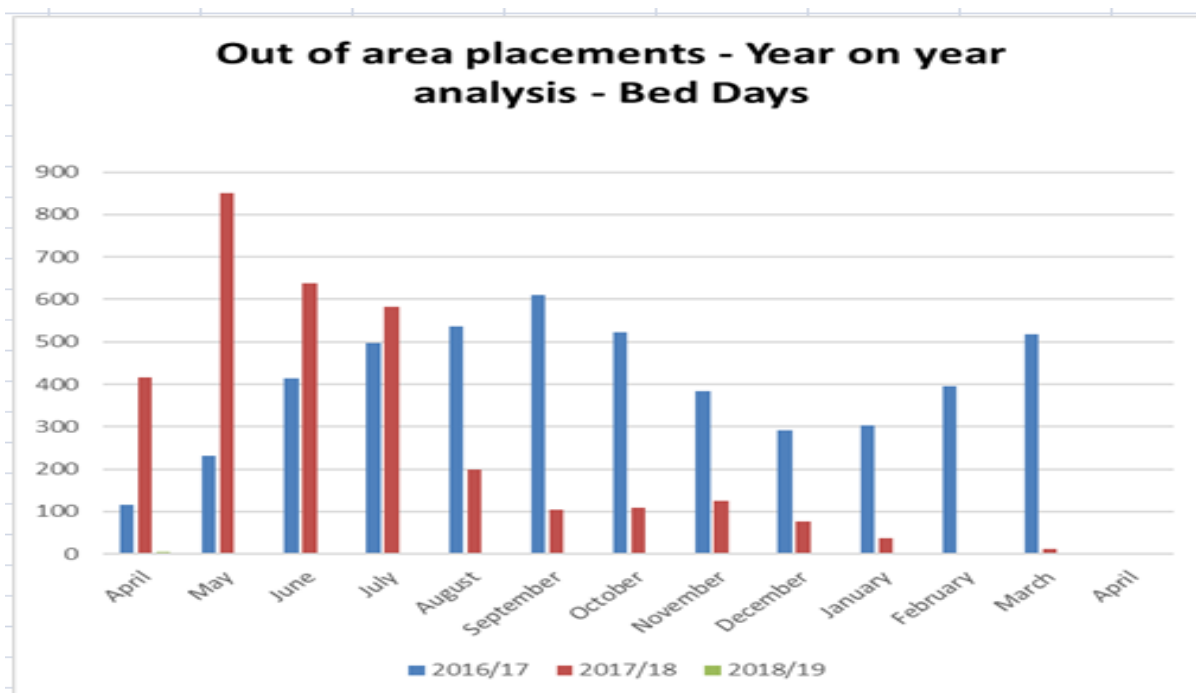
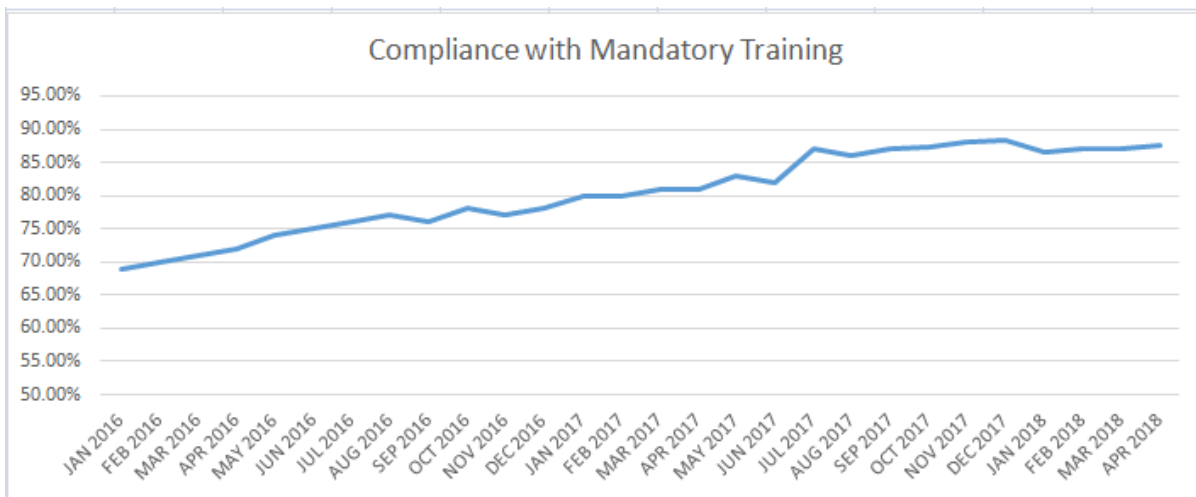
‘There has been a concerted effort by the Health Board over the past 12 months to strengthen quality assurance arrangements in regards to mental health services. It is clear that some of the key appointments within the Division have had a positive impact. As with other divisions, there is a QSG and associated subgroups within mental health. Whilst this represents an improvement it will take time for these arrangements to become established and effective’ (Wales Audit Office / HIW governance 2017).

4.2 What we have done

2014	Clinical Programme Groups (CPGs) stood down	
2014/15	Interim senior management structure to oversee 100 day plan	
2015/16	Substantive appointments made to Director of Nursing, Medical Director and Divisional Directors	
2016/17	– Interim Holding Structure for senior appointments for area triumvirates	
2017/18	Formal consultation and engagement on the new permanent senior management structure	
2018	The Division’s new permanent senior management structure was approved and implemented in early 2018	http://www.wales.nhs.uk/sitesplus/documents/861/MHLD_Substantive_Structure_v1.2_January_2018.PDF

4.3 MHLD Division Performance

There has been increased focus on performance across a number of domains and examples include reduced numbers of restrictive practice incidents, increased numbers of completed substance misuse treatments, increased compliance with mandatory training and reduced use of out of area placements.



4.4 MHLD Division Workforce

The Mental Health & Learning Disability Division has a budgeted WTE of 1,907.44. There are currently 1,774.71 contracted WTE, indicating there are 132.73 WTE vacancies across the Division. FTE has increased over the last 12 months by 6%, which equates to 100.3 FTE.



MENTAL HEALTH & LEARNING DISABILITY DIVISION - VACANCY DATA			
DATA SOURCE: QLIKVIEW			
DATA EXTRACT DATE: 11/05/2018			
	Data		
Staff Group	Sum of WTE Budget	Sum of WTE Contracted	Sum of Variance (WTE Contracted - WTE Budget)
RP400: ADMINISTRATIVE & CLERICAL	250.27	233.71	-16.56
RP405: MEDICAL AND DENTAL	116.67	75.33	-41.35
RP410: NURSING AND MIDWIFERY REGISTERED	843.60	760.37	-83.23
RP415: ADD PROF SCIENTIFIC AND TECHNICAL	108.07	113.94	5.87
RP420: ADDITIONAL CLINICAL SERVICES	560.94	566.77	5.83
RP425: ALLIED HEALTH PROFESSIONALS	12.52	13.81	1.29
RP435: ESTATES AND ANCILLIARY	15.37	10.78	-4.59
Grand Total	1907.44	1774.71	-132.73

For nursing vacancy, if all new nursing graduates who have been made conditional offers are appointed the 77.30 WTE vacancy figure reported for Bands 5 and 6 Registered Nurses will reduce by 23, leaving 54.30 WTE vacancies at these pay bands.

4.5 New ways of working

The MHLDD Division has progressed new ways of working with the recent appointment of a Consultant Nurse working as an approved clinician. Plans are in place to recruit additional Consultant Nurses for learning disability and acute care and a range of Advanced Nurse Practitioners.

4.6 Next Steps

The leadership, governance and management structure builds on the stability already in place. We are confident our thematic quality and assurance improvement plan will further underpin and strengthen the transformation agenda for service user experience. Important themes have been identified for this work, which will be supported by improved capacity and capability guided by a robust programme management methodology. [http://www.wales.nhs.uk/sitesplus/documents/861/QI%20Diagram%20\(003\)%20\(1\).pdf](http://www.wales.nhs.uk/sitesplus/documents/861/QI%20Diagram%20(003)%20(1).pdf).

Through this approach we will develop improved capacity and capability across the MH&LD Division focused on the delivery of north Wales Mental Health Strategy ensuring it is community owned and led.

The long term strategic planning for the MH&LD Division will be inextricably linked to the Health Board's corporate policies, strategy and planning.

5. Quality and Patient Experience

5.1 Service Requirement

An increased focus has been put in place to improve quality and patient experience across a wide range of areas:

'There is generally more confidence amongst managers that issues relating to quality and safety are now identified and reacted to more quickly than might have been the case previously. A good example of this is the steps that the Health Board took to address the concerns identified in the Bryn Hesketh Mental Health Unit in 2016' (HIW / WAO 2017).

5.2 What we have done

2016/17	Established quality and safety audits across all inpatient services, reported through QSE BCU falls pathway reviewed Patient Experience Group established with representation from all areas and patient / carers and advocacy involvement	http://www.wales.nhs.uk/sitesplus/documents/861/Corporate_QSE_Report_s.PDF
2017	All 3 memory assessment services received accreditation through Royal College of Psychiatrists. These were the first services to be accredited in Wales and we remain the only Health Board in Wales with fully accredited memory services. The process of seeking Accreditation of In-patient Mental Health Services (AIMS) began in 2015 and all three successfully re-accredited during 2017. Accreditation has also been achieved for Hafod CMHT	http://www.wales.nhs.uk/sitesplus/861/news/46840 http://www.wales.nhs.uk/sitesplus/861/news/44275/

5.3 Timely Care

There has been inconsistent achievement of the target for the Mental Health Measure across some areas for timely care and through 2017 / 2018 increased the availability of reports to frontline teams and undertook a validation exercise across the region. To ensure the population of North Wales get the right care in the right setting we will review the availability of interventions provided at tier zero during 2018/19 to improve the outcomes for people who require tier 1 services.

We recognise that fulfilling the requirements of the Mental Health Measure is about person centred care and Care & Treatment Plans [CTP] being meaningful. We are moving our culture towards recognising that behind every failed target is a patient. During 2017/18 the Mental Health Measure team conducted its annual cycle of CTP audits across all community teams. The findings indicated that there was improvement in most of the areas covered by the All Wales CTP audit Tool and these were evident in most of the teams audited.

One of our programmes 'moving on in my recovery' for people in recovery from drug and alcohol addiction have hailed the life changing impact of a therapy programme which is being delivered across north Wales.

5.4 Effective Care

5.4.1 Patient Flow

Improving and maintaining bed flow has been and continues to be a key priority for the division and significant work has been undertaken this year in relation to our reduction and reliance on out of area beds. This has been achieved by effective multi-disciplinary team working at daily Acute Care Meetings (ACM) on each site ensuring all ward staff, home treatment team, liaison teams and community teams have a better understanding of each other's roles and responsibilities supporting more effective discharge planning.

5.5 Delayed Transfers of Care (DTC)

Weekly DTC meetings are in place on each site with much closer involvement of Continuing Health Care [CHC] and site colleagues. Our OPMH services have worked closely with families to assist them with the Choice Policy and conversations about the Choice Policy occur much earlier in the treatment episode to help families adjust to the decision making process which has helped to make identifying suitable placements easier. We have also worked to assist with transfer into independent settings by undertaking a transitional approach supporting patients and care homes during the transfer process and for some time after in order to create more sustainable placements. In the West the team are currently working in partnership with Anglesey Local Authority to provide Community Psychiatric Care (CPN) input into Garreglwyd, an intermediate residential setting for people with dementia, in order to provide extra capacity for Anglesey residents and reducing the need for hospital admissions. The East area is currently trialling a discharge facilitator role, focusing initially on OPMH due to the complexities and difficulties in identifying appropriate placements for this group of patients. This process has been running for approximately 9 weeks and the teams have seen some excellent results and our longest DTC of over 400 days was successfully transferred recently.

5.6 Dignified Care

Putting Things Right (PTR) concerns – complaints, incidents and claims

All concerns received are reviewed weekly by the Putting Things Right Group and allocated to appropriate officers for investigation and response, thus ensuring Divisional awareness and timely responses to all areas of concerns raised.

During November, December and January 2018, 23 formal complaints were opened by the division; this is a considerable reduction on 48 in the preceding three month period. 45 were closed during this time, as we brought a series of long-term outstanding concerns to a close. The average response time for formal concerns during this time was 38 days, and as low as 22 days for those received from November 2017 onwards; this marks a considerable improvement on the part of the division, and achievement of the PTR timescale of a response in 30 working days. This achievement is currently being maintained for all new concerns to the Division.

5.7 Reducing Assaults on Staff

The MHL Division has seen a 12% reduction in the number of mental health staff who have been subjected to violence in the last three years through the work of a dedicated team of Violence and Aggression Prevention Specialist Nurses. The team are now leading national work to address the problem with Health Boards across Wales <http://www.wales.nhs.uk/sitesplus/861/news/46525>

5.8 Other significant areas of development include

- Integrating Safe Clean Care initiative to assist in the prevention of hospital acquired infections <http://www.wales.nhs.uk/sitesplus/861/news/47434>
- Use of the Wales Applied Risk Research Network approach for risk assessment
- Enhanced safeguarding support to frontline staff aligned to the corporate safeguarding team
- Participation in the National Confidential Enquiry into Suicide and Homicide
- Focus on Suicide Prevention
<http://www.wales.nhs.uk/sitesplus/861/news/47627>
- Introduction of perinatal mental health service
<http://www.wales.nhs.uk/sitesplus/861/news/48232>
- Introduction of Paul Ridd initiative for people with learning disability
<http://www.wales.nhs.uk/sitesplus/861/news/45440>
- Delivery of life minus violence therapy programme for Medium Secure Services
<http://www.wales.nhs.uk/sitesplus/861/news/45933>
- Celebration of staff achievements
<http://www.wales.nhs.uk/sitesplus/861/news/46799>
<http://www.wales.nhs.uk/sitesplus/861/news/47089>
<http://www.wales.nhs.uk/sitesplus/861/news/46723>
<http://www.wales.nhs.uk/sitesplus/861/news/46682>
<http://www.wales.nhs.uk/sitesplus/861/news/45728>
- All three psychiatric liaison teams accredited by the Psychiatric Liaison Accreditation Network
- Introduced the 'moving on in my recovery' programme for people with drug and alcohol addiction <http://www.wales.nhs.uk/sitesplus/861/news/48334>
- Implementation of John's campaign

5.9 Next steps

To reach our ambition of eradicating out of area bed use, as described in The Together for Mental Health Strategy, further work is required to ensure recent improvements are sustained.

6. **Governance Reviews**

6.1 Service requirement

The MHL Division have carried out an extensive review of the previous governance arrangements, gaps in accountability and ward to board reporting. In light of initial recommendations from HASCAS and in line with the Special Measures framework, new governance arrangements have now been established and embedded.

The new governance arrangements seek to provide assurance that the Division is governing its business in a safe and robust way to deliver effective, safe and efficient services. It is imperative that the Divisional committee structure has synergy with managerial arrangements and supports the management function to guarantee effective information flows, risk management, improvement plan identification and progression, clinical effectiveness systems, patient and user engagement.

6.2 What we have done

2015/ 16	Review of Governance arrangements at Divisional level	
2016/ 17	Newly established PTR, Quality Safety Group (QSG), QSE meetings in place with reports to the Health Board	Appendix 1 includes all QSE and MHA Committee reports
2017/ 18	Draft Thematic Quality and Assurance Improvement Plan [TQAIP] review of all regulatory and external inspections / investigations MHLD Learning Events focusing on learning from Serious Untoward Incidents (SUIs), draft TQAIP review	http://www.wales.nhs.uk/sitesplus/documents/861/Learning_event_report.PDF http://www.wales.nhs.uk/sitesplus/documents/861/2017%20MH&LD%20Learning%20Event%20agenda%20v5.pdf
2018	A new Governance framework and structure has been agreed that takes into account all aspects of governance and should be considered alongside the revised Management Structure and Accountability arrangements for the Division	http://www.wales.nhs.uk/sitesplus/documents/861/Governance_Structure_v7.PDF

6.3 Next Steps

A Thematic Quality and Assurance Implementation Plan will serve as the foundation for service improvement. This is currently being worked on and will be presented to the Board in August 2018.

7. Estate and Environmental Improvements

7.1 Service requirement

In response to several investigations and inspections the MHL Division has developed a programme of improvement.

7.2 What we have done

2015 / 16	Trusted to Care report received which highlighted the need for environmental improvement for older persons mental health units	
2016 / 17	Proposal accepted by Welsh Government outlining the anti ligature works to be completed	
2017 / 18	A significant programme of anti-ligature programme works has been delivered and is now drawing to an end and extensive environmental work to some of our environments completed	

7.3 Anti-Ligature Scheme

A significant programme of anti-ligature programme works has been delivered through 2017/18 and is now drawing to an end. Over the past eighteen months work has been progressing across eight different sites and in twenty three different ward environments whilst clinical teams have continued to provide care. It is testament to the dedication and close cooperation of estates and clinical staff that even when temporary bed closures were required disruption was kept to a minimum including the need for out of area beds. During the early part of the scheme, we were also able to undertake some long overdue environmental works.

The anti-ligature part of the environmental scheme has focused on unsupervised areas within wards in the Division, and we have seen upgrades within bedrooms, bathrooms, shower rooms, and toilets. All upgrades have conformed to the most up to date anti-ligature equipment including:

- New bedroom doors fitted with continuous hinges, vision panels, fully fitted floor springs, anti-ligature handles, and door head alarms.
- New hand wash basins fitted in bedrooms with 'wave action' sensor taps, and all pipework fully enclosed within new anti-ligature unit.
- Where necessary, new external anti-ligature windows have been fitted in bedrooms, bathrooms, toilets and shower rooms.
- All radiators within bedrooms, bathrooms, shower rooms, and toilets have been fitted with anti-ligature radiator covers.
- All WCs have been replaced with 'wave action' sensor flush facilities, and all pipework fully enclosed within new anti-ligature unit.

- Features within bathrooms, shower rooms, and toilets such as towel rails, toilet roll holders, soap dispensers etc. have all been replaced with anti-ligature equipment.

7.4 Fit for Purpose Estate and Environmental Work

Since the closure of Tawel Fan ward in 2013, the Health Board has introduced a number of measures to improve the care delivered on its dementia specific wards. This includes the introduction of dedicated dementia activity workers, improvements to staff training and an investment in dementia care mapping – an innovative observational tool which helps staff deliver truly person centred care.

Improvements to standards of care on Bryn Hesketh Ward have been noted in a recent inspection report by Healthcare Inspectorate Wales, which praised the ward's strong leadership, dedication of staff and dementia supportive environment.

Bryn Hesketh Ward Sister, Susannah Williams, said:

"We want people to have confidence that if they or their loved ones require admission to Bryn Hesketh they will receive really high quality care, which is delivered by well trained staff in a truly dementia supportive environment."

"The refurbishment has made a huge difference to both patients and staff and we are thrilled with the results."

We have also secured additional funding in partnership to improve our Substance Misuse buildings across the Division. This extensive programme of works has recently started at The Elms in Wrexham with the investment of over £2 million.

7.5 Next steps

Proposals are being developed for a more fundamental reconfiguration of the inpatient estate that supports the Mental Health Strategy and will address many of the remaining issues with the Estate. These proposals will be taken through appropriate consultation and governance processes internally, with partner organisations and with Welsh Government over the coming months.

8. **Outcomes we want to achieve**

- Individuals are safe and protected from harm through high quality care, treatment and support.
- Individuals know and understand what care, support and opportunities are available and use these to help them achieve health and well-being.
- Health and Care support are delivered at or as close to home as possible.
- Individuals are treated with dignity and respect and treat others the same.
- Voices are heard and listened to.
- Individual circumstances are considered.
- Interventions to improve health are based on good quality and timely research and best practice.

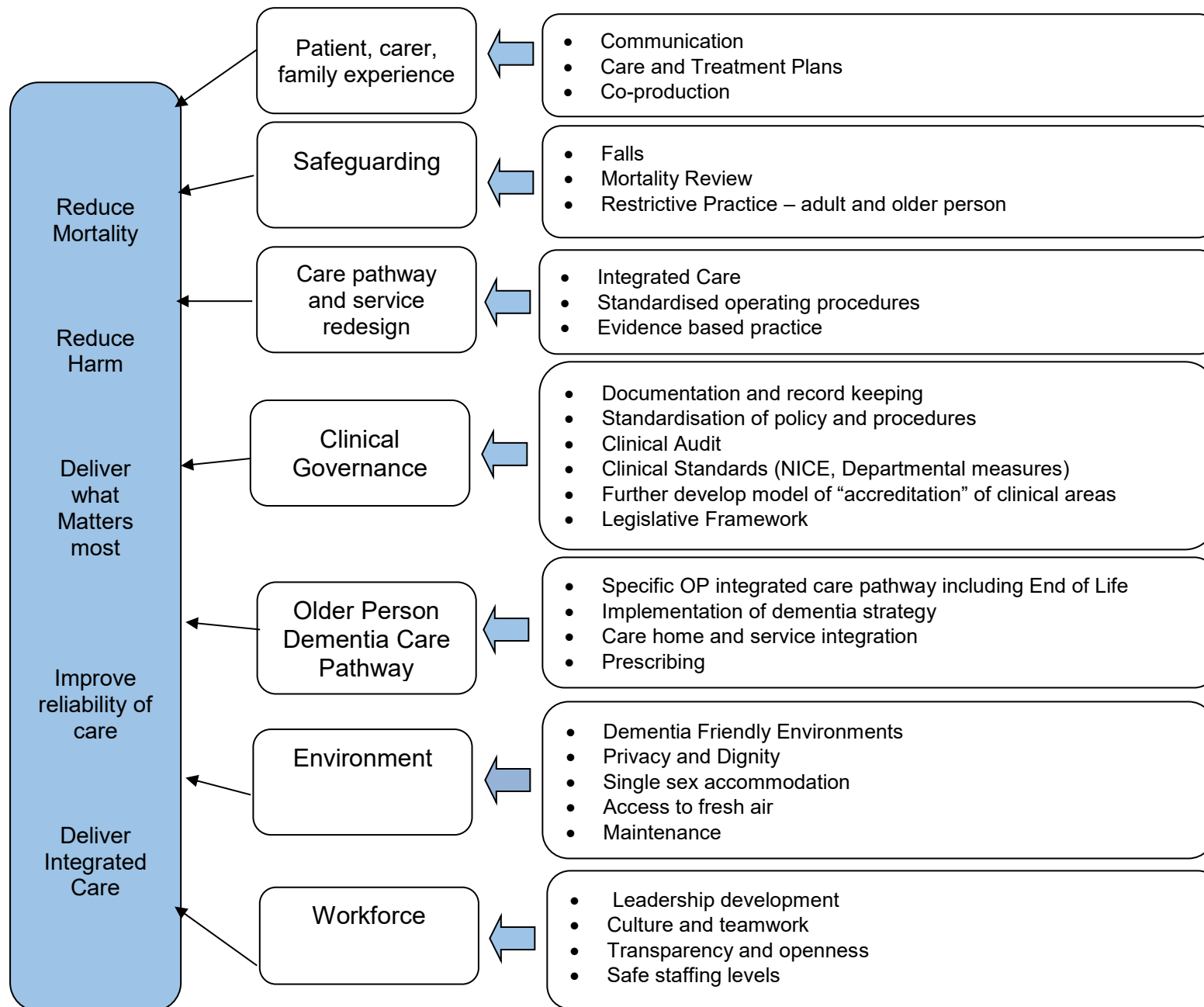
- To ensure the best possible outcome, conditions are diagnosed early and treated in accordance with clinical need.
- Quality trained staff who are fully engaged in delivering excellent care and support to patients and their families.

9. Looking forward

What we will do in the first three years:

- Implement the recommendations following the Tawel Fan Independent HASCAS Report.
- Review our Governance & Reporting Systems.
- Develop Learning Disability Strategy.
- Continue to develop the Substance Misuse plan and implement co-occurring framework.
- Implement Thematic Quality and Assurance Improvement Plan; Special Measures Framework.

Thematic Quality and Assurance Improvement Plan



10. Conclusion

Over the past 3 years we have seen significant developments in the Mental Health & Learning Disabilities Division. The senior management structure is now in place and we will endeavour to progress the key themes of safety, quality, experience and leadership. Our overall guiding principle is to deliver high quality and financially sustainable mental health and learning disability services for the people of North Wales.

There have been a number of key successes over the past 12 months, including the extensive programme of estates and environmental works to our inpatient facilities, progression of the Crisis Concordat Delivery plan, engagement with our frontline Community Mental Health Teams, commenced a review of safe staffing levels, recruitment to our substantive leadership structure and strengthened governance arrangements.

We know that in order to achieve this strategic vision it is vital that we work collaboratively with our colleagues in the wider NHS, and our partners in the communities we serve. The past 3 years there has been a sustained focus on the quality and safety of the care we provide, improved patient experience, and strengthened partnership working.

The continued commitment to working collaboratively will enable us to embed the principles of our strategy, 'Together for Mental Health in North Wales'. These principles underpin the service developments and continued improvements as detailed in our 3-year plan. 2018/19 will see the development and implementation of our Thematic Quality and Assurance Improvement Plan together with our Learning Disability and Substance Misuse strategies. This work will be underpinned with the principles and values developed as part of the Mental Health Strategy ensuring first and foremost people with lived experience are at the heart of all that we do.

“Over the past few years attitudes towards service users and service user involvement have really changed. As well as services listening and taking on board what we’re saying, the people we’re involved with are growing as well. They’re no longer being told to shut up because they don’t matter. Caniad has given a voice to the voiceless and power to the powerless. What gets me up in the morning is seeing the individuals involved say ‘I do matter’” leuan Davies, a former Substance Misuse Service user who has gone on to full employment with Caniad

Appendix 2(i)

Relevant QSE Committee papers:

[13.9.16](#)
[6.12.16](#)
[7.2.17](#)
[29.3.17](#)
[6.6.17](#)
[12.9.17](#)
[5.12.17](#)
[20.3.18](#)

Mental Health Act Committee agendas and papers:

<http://www.wales.nhs.uk/sitesplus/861/page/48736>

Mental Health Act Committee Chair's Reports to Board:

[Report from 22.7.16 meeting went to Board 22.9.16](#)
[Report from 4.11.16 meeting went to Board 15.12.16](#)
[Report from 3.2.17 meeting went to Board 16.3.17](#)
[Report from meeting held 5.5.17 went to Board 15.6.17](#)
[Report from meeting held 28.7.17 went to Board 21.9.17](#)
[Report from meeting held 10.11.17 went to Board 1.3.18](#)
[Report from meeting held 23.2.18 went to Board 2.5.18](#)

Other papers direct to Board:

[9.6.15](#)
[14.7.15](#)
[11.8.15](#)
[13.10.15](#)
[10.11.15](#)
[19.5.16](#)
[18.5.17](#)
[20.4.17](#)
[18.5.17](#)

Updates from the Mental Health Improvement Group to the Integrated Governance Committee:

[30.7.15](#)
[24.9.15](#)

HASCAS Report May 2018

[Independent Investigation into Care and Treatment Provided on Tawel Fan Ward](#)

Appendix 3

Responding to the Needs of Older People Living with Dementia

Executive Summary

This report provides a summary of the progress and improvements made within Betsi Cadwaladr University Health Board to support the older person and their families living with dementia. As a Health Board we recognise that improvement work is continuous and that we remain focused on the needs, expectations and vision for the services we provide for our patients.

Our patients with dementia have the right to good health care, person centred care, safe care with compassion and dignity. The Strategy for Older People in Wales, 2013-2023 states the need for our older person to feel they belong, have something to do to feel needed and productive and carers have support to balance their role and needs.

As a Health Board we need to continue to meet the needs of the Older Person living with dementia and that those who are vulnerable and at risk are kept safe and we ensure that they have choice and control and they receive the support and services they need.

This report highlights the progress within the Health Board to meet this service challenge which includes key developments:

- Developing the Health Board's Dementia Strategy
- Driving forward local improvements as front line teams develop their own approaches and resourcing of service improvement.

It is important to note that this paper provides a synopsis of the progress made to date. It does not include all the work that has been undertaken in this important area, but serves to share some good examples. It is recognised that whilst progress is positive, there is still more to be done.

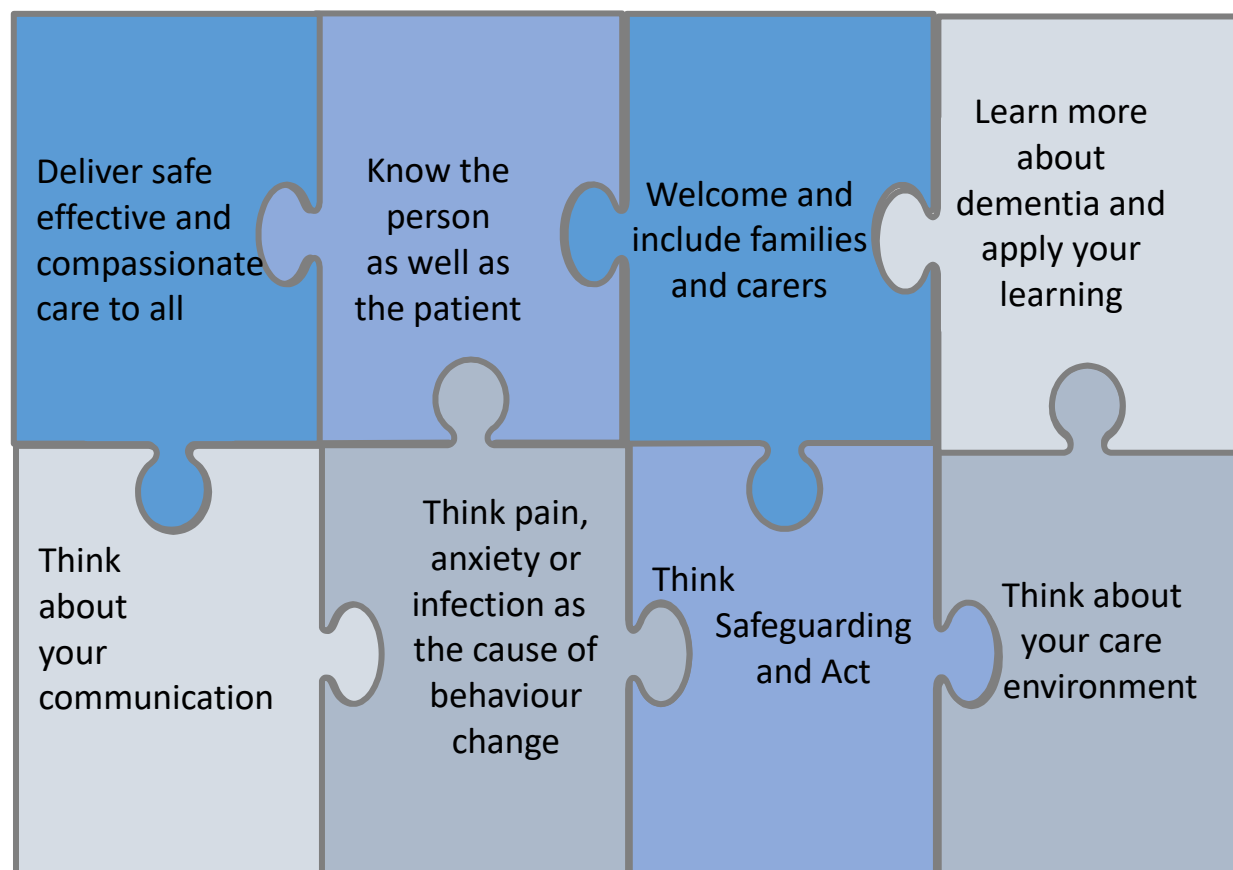
Introduction

Currently there are almost 11,000 people in North Wales who are living with dementia of varying age. This means that one in fifteen people over the age of 65 years will have a diagnosis of dementia. As the age of the general population increases the numbers of those affected by dementia will also increase. By 2031, it is anticipated that there will be almost 16,000 people in North Wales living with dementia. A diagnosis of dementia impacts on the whole family of the individual affected.

Regardless of population change and increased demand BCUHB recognises that it cannot allow universal rights to go unidentified and that we have a statutory duty to ensure that health care needs do not go unmet. This, aligned with the anticipated sharp increase in diagnosis, further emphasises the pace required to deliver the improvements by changing culture, systems and processes. It is also acknowledged that BCUHB needs to work in partnership with others to best meet the total needs of anyone living with or affected by dementia.

There are numerous examples which indicate that the experience for individuals and families living with dementia have received care that has not always been good and is often one of contrasts and inconsistencies. In developing our approach to improving dementia care we have reflected on users' stories of their lived experiences, both positive and negative, to help inform our priorities.

BCUHB approach to dementia care



Effective care is a strand of our Quality Improvement Strategy and the BCUHB approach to dementia care as described below is based on recognised best practice and national

guidelines. The approach applies to all health care settings and will ensure the delivery of person centred care throughout all levels of the organisation.

The Dementia Strategy

It is essential to ensure policy drives the appropriate actions, for that reason the Dementia Strategy has been developed. The strategy describes our ambition to bring about real change in dementia care as well as setting the tone in which we will move forward to achieve this.

Every aspect of Betsi Cadwaladr University Health Board (BCUHB), encompassing Primary, Community, Secondary and Mental Health Care, is committed to the delivery of high quality, person-centred care to people identified or assessed as having known or suspected dementia and those affected by it.

The BCUHB Dementia Strategy reflects the Dementia Strategic Action Plan for Wales by:

- Supporting a local emphasis for the commitment to creating 'dementia supportive communities' within our organisation
- Respecting the voice of people affected by dementia
- Consulting and listening to the people who access our services
- Ensuring services available are accessible and responsive to the needs of the community we serve
- Ensuring that people with dementia are included in activities and their carers supported

The BCUHB Dementia Strategy is based upon best practice and national guidance. It also complements the BCUHB Quality Improvement Strategy in its objective to provide services which are safe, effective and caring.

The Health Board acknowledges that prevention of Dementia is an important consideration and risk reduction and health promotion and recent evidence shows that there are steps that people can take across their life course to reduce their risk of developing dementia, to delay onset or slow deterioration following diagnosis.

With the implementation of the actions identified within the strategy, BCUHB aims to improve the experience of all people living with dementia who access health services. We will do this by recognising and acknowledging the universal rights of those affected and making dementia care safe, compassionate and based on best evidence. The strategy also intends to facilitate the greater inclusion of individuals, families and carers, in the shaping of the care that we provide. It is recognised that it is the responsibility of every member of health board staff to promote the principles in the strategy to facilitate and deliver the highest standard of care.

The strategy has been informed by a number of individuals, organisations and professionals who have the experience and expertise to advise and guide the Health Board as it makes meaningful change. This includes people living with dementia their relatives and carers as we recognise that they are most affected by dementia.

The strategy has clear and bold objectives which can tracked and measured to ensure progress is being made, the following driver diagram describes these:

<p>BCUHB <u>will</u> become a more dementia friendly organisation</p>	<p>Safeguarding will be at the heart of what we do</p>	<ul style="list-style-type: none"> • Specialist practitioners for safeguarding in dementia and learning disabilities; • Training will be more accessible to staff, this will include best practice, Deprivation of Liberty and the Mental Health Act; • Championing the approach that safeguarding is everyone's business. • Sharing good practice and safeguarding learning across the organisation. • Valuing equality and diversity through person centred approaches to care.
	<p>Care <u>will</u> be compassionate, safe & effective</p>	<ul style="list-style-type: none"> • Launch the BCUHB model for dementia care and the delirium improvement measure. • Prevent clinically unnecessary moves between wards. • Align dementia training to the All Wales 'Good Works' framework ; train all staff to better understand dementia and involve those affected by dementia in training. • Develop robust audit programme for dementia care. • Assure dignified end of life care. • Promote zero tolerance on language that negatively positions those affected by dementia.
	<p>Carers <u>will</u> feel welcome, valued & supported</p>	<ul style="list-style-type: none"> • Go beyond the principles of John's Campaign and embed the values in all of our services. • Include the carer in all discussions about care and treatment. • Incorporate National quality standards about carer expectations into the delivery of care across BCUHB

The strategy was launched in May at a joint event with the Alzheimer's Society Cymru.

As the strategy has been being developed there has been a BCUHB wide response to the work programme. The following provides examples of some of these.

Team Focus

The Health Board has invested in a number of posts in order to ensure a tight focus is maintained on the objectives of our dementia work programme. This includes specific objectives within the Executive Nurse Director for Nursing and Midwifery portfolio along with:

- Dementia Consultant Nurse
- Dementia Specialist Nurse
- Dementia Safeguarding Lead Nurse
- Dementia Support Workers

Involving older people living with dementia and their family and carers

The Health Board has developed a meaningful activity care plan within care of the elderly wards. This is to ensure that patients on these wards are offered the appropriate level of activity. The activity care plan provides opportunity to work with patients, families and carers to assess in detail the activities which are meaningful and important to the patient while in our care. In addition to this a 'This is Me/Dyma Fi' patient profile is undertaken to support each patient in the way they wish to be cared for whilst they are in hospital. This includes their preferred name, their home profile and identifies the person that knows them best. This is important information for hospital staff including understanding the routines that are important to the individual, the things that worry or upset them and the things that may make them feel better.

'My right to be heard'

The Health Board has developed a feedback toolkit for dementia care. The fundamental belief behind this is regardless of the way in which a person is affected by dementia they have a right to offer feedback on the care they receive and, staff have a duty to facilitate that feedback and act upon it. The toolkit is aimed at supporting staff to act.

'Care to Talk'

The Health Board has co-produced with carers and carer organisations a conversational model currently being used in older person's mental health wards. It sets out the principle of staff, families, carers and patients talking to each other about care and about the nursing process. To support this it identifies a series of conversations that should occur during the period of admission. Carers and families own a book in which they record their understanding of those conversations.

Dementia Audit Plan

The Health Board has developed a dementia audit plan which covered the period 2015-18 and alongside the Dementia strategy launch sets out the plan for 2018-20. Both plans have in part been developed with people living with dementia and their carers. The 2015-18 plan looked at the provision of information about dementia, the importance of the Welsh language in clinical encounters and the quality of physical environments. The 2018-20 plan will see us undertaking national dementia audits alongside a range of audits which underpin the dementia strategy.

The dementia audit group which oversees the audit plan is co-chaired by a carer.

The BCUHB Approach to Dementia Care

As part of the audit process during winter of 2016-17 a series of dementia care audits were undertaken across the health board. Following these, staff from the areas involved were brought together for a series of Appreciative Inquiry workshops. Those workshops identified the fundamental aspects of good dementia care and have been helped to shape our approach for our dementia training.

Engaging with those whose voices are seldom heard

Following concerns expressed from older members of the transgender community the Health Board embarked on a two year programme of relationship building, training and co-production. The focus was upon meeting the needs of transgender people who were living with dementia. The main outcome from this has been the development of 'support me to be the person I want to be'. This is a guide for staff to help them deliver appropriate care and aligns to the BCUHB approach to care.

Currently with the support of BCUHB engagement officer similar work is starting with the Traveller community.

Johns Campaign - Our Pledge



John's Campaign is a national scheme which offers family carers of a person with dementia the 'right to stay' with that person whilst they are in hospital. BCUHB was the first health board in Wales to introduce the scheme and has led its implementation across Wales.

We are committed to improving the care of patients with Dementia. We understand that relatives and carers play a key role in their care planning and care delivery. We welcome the involvement of relatives and carers in all aspects of care and welcome them to participate throughout the person's stay with us, every time, every day.

As part of our commitment to John's campaign the Executive Nurse Director championed the Health Board wide implementation of open visiting. This is a significant step in supporting the rights of families and carers to stay with their loved ones in hospital.

Carer's Passport

To support John's Campaign the Health Board has developed a carer's passport, this is carried by the carer and identifies carers for our patients with dementia as they are warmly welcomed to spend as much time with their loved ones as they wish and to be exempt from any restrictions on visiting.

Resources to meet the needs of patients with dementia

The 'dementia friendly hospital' programme includes reviewing the resources available to support clinical staff to deliver safe, compassionate and effective care. In particular it places emphasis on training staff in the skill set that is most appropriate to their role and contact with people who have dementia. To date 1,000 nurses have been identified to undertake dementia skill training during 2018-19 and a training team is in place to support this.

Ongoing funding from Welsh Government has provided the opportunity to offer health care support workers to study for a level 3 certificate in person centred dementia care and courses are currently running across most areas.

In addition to this Emergency Department (ED) staff have undertaken the University of Sterling Dementia Services Development Centre (DSDC) 'dementia in the emergency department' course and we are currently providing further specialised training for staff in ED to support and care for patients with dementia. Within the Emergency Department at Wrexham Maelor Hospital two dementia care facilitators are training the staff in their department to support care for patients with dementia. In addition a dementia friendly room in the minor's area of the department is currently being upgraded.

Glan Clwyd Hospital have been working with the Nurse Consultant in dementia care to develop training for all members of staff who have patient contact to become skilled level practitioners and dementia friends. The hospital site is supported with six dementia support workers who support care across acute, elderly, medical and emergency services.

Llandudno Hospital has three dementia support workers and have developed with their support a reminiscence room on Aberconwy Ward. The central area team are in the process of extending this to other neighbouring community hospitals.

Ysbyty Gwynedd have identified dementia leads to facilitate the 'dementia friendly hospitals' programme. ED staff have commenced skilled level training.

Working in Partnership

The Health Board continue to work in partnership with our independent sector and provides quality monitoring within all our nursing homes and support facilities. This programme of work ensures the home is providing personalised dignified care including therapeutic activities, personalised care plans and promotion of 'this is me' documentation. Monitoring the environment to ensure it supports people with dementia as well as promoting the use of behaviour support plans is an important part of this work programme. Access to practice development for dementia support and advice is available.

As part of the Older Persons Commissioner response we have ensured that the use of anti-psychotics is audited on an ongoing basis and that the patients who have been prescribed them are regularly reviewed.

Access to skilled level training is available from the dementia nurse consultant to all care home staff.

Ysbyty Gwynedd outpatient department are working closely with Ysgol Tryfan to design artwork for our hospital corridors in line with the King's Fund principles for the dementia supportive environment. Whilst the building work continues opportunities have been taken to display artwork that acts to orientate people and to stimulate interest, discussion and distraction.

Twiddle Mitts

'Twiddle mitts' are knitted mittens or hand warmers with beads, buttons and objects sewn on to them. The mitts are becoming popular gifts for those living with dementia, as having something to 'twiddle' helps to calm agitation and restlessness – both common symptoms

of the condition. People with dementia often have restless hands and like something to keep their hands occupied. A twiddle mitt provides a wonderful source of visual, tactile and sensory stimulation and the Health Board have been working with our community groups to support the production of twiddle mitt.

Anti-psychotic prescribing

The Health Board has developed new guidelines which reflect national quality standards around the prescribing of anti-psychotic and sedating medications for people with dementia. Fundamental to the guidance is the inclusion of family carers in decision making and informed conversations about the risks and benefits of treatment.

Dementia Friends

Llandudno Hospital has been formally recognised as working towards to dementia friendly status by the Alzheimer's Society with over 500 people including school children and members of the public trained as dementia friends by the society. Dementia Friends an Alzheimer's society initiative helps tackle the stigma and understanding around dementia by providing the public to become 'dementia friends'.

At Alltwen Hospital the dementia champion and the lead for dementia care has recently been awarded with the Dementia Friendly Ward by BCU and the Alzheimer's Society. A dementia friend champion is a trained volunteer providing information sessions for friends, family and colleagues and the wider community.

Tea parties are also regularly held in the community hospitals to celebrate special occasions. These events promote social interaction between the patients in addition to encouraging increased mobility and hydration. As part of the improving nutrition and hydration for patients Mold Community Hospital has worked to promote the tea parties alongside dementia friends training sessions. The afternoon tea is treated as a social event with cake stands, cups and saucers and a variety of cakes. Following the events it has been identified that patients drank up to 4 times more cups of tea than a normal afternoon and consume two cakes instead of one. This social event supports our older persons in our care to stimulate interaction and wellbeing.

End PJ Paralysis

The Health Board is supporting the global social movement to ensure patients are in their day clothes whilst in hospital, rather than in pyjamas, or gowns. This enhances dignity autonomy and experience as well as, in many instances, shortening length of stay. In terms of impact for patients over the age of 80, a week in bed can lead to 10 years of muscle ageing, 1.5 kg of muscle loss, and may lead to increased dependency and demotivation. Mobilising (moving) has been shown to reduce falls, improve patient experience and reduce length of stay by up to 1.5 days.

Our approach to this has been framed within the "Eat, Drink, Move!" infographic below and has been embraced across the Health Board.

APRIL 2018

Eat, Drink, Move!

#endPJparalysis



Introducing the mobility bundle in Mold Community Hospital

The team promoted early mobilisation using a mobility bundle that supports patients to be as mobile as possible, as soon as possible and as safely as possible.

Therapists led an Eat, Drink, Move project that successfully encouraged patients to mobilise and improved hydration and nutrition by introducing exercises sessions and “getting your steps”, milkshake rounds and afternoon tea complete with tea sets and tablecloths.



Motivating
“Patients were asking when the exercise sessions were on so they had it to look forward to”



“People were mobilising more and taking part in the exercises, not just because of the exercise but because of the social aspect”



Want to know more?
For more information please contact:

1

MILKSHAKE ROUND

Starting a milkshake round to encourage drinking

2

PEDOMETERS & EXERCISE SESSIONS

Encouraging mobility with positive feedback

3

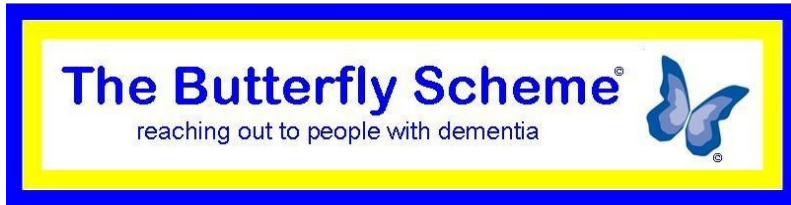
AFTERNOON TEA

Introducing tea on Fridays for patients to improve nutrition and hydration

Family Therapy Clinics

The Maelor Hospital Rehabilitation Unit has found the introduction of family therapy clinics to be of benefit to carers and patients encouraging the early two way conversation regarding patient treatment plans and discharge planning increasing their confidence in the process. The clinics have reduced those last minute issues that commonly arise on discharge and have also reduced the need for discharge planning meetings. In addition the clinics have enhanced multi-disciplinary team working.

Butterfly Scheme



This national scheme was introduced to the three district general hospitals within the Health Board in 2014. An opportunity has been taken to align the community hospitals into 'Butterfly hubs' and to promote the use of the scheme much more widely. The scheme offers patients affected by dementia the opportunity to alert others to their diagnosis through the discrete use of the blue butterfly symbol on case notes, wristbands etc. It also acts as a trigger for staff to be aware of the condition and respond and deliver care in an appropriate way.

Post diagnostic support for people living with dementia and their family carers

All of our memory services in partnership with the Carers Trust offer the same menu of post diagnostic support. This includes the allocation of a dementia support worker for an indefinite period of time alongside educational and emotional support opportunities. All such support is available through the medium of Welsh.

Stronger partnerships with Primary Care

Ysbyty Gwynedd has been successful with rolling out the prevention of delirium with the supply of posters and information sessions. This has been supported by the clinical nurse specialist. Further to this working relationships have been established with GPs and local nursing homes to raise awareness of delirium prevention.

Creating dementia friendly hospitals

As part of the Health Board's commitment to the 'Dementia Friendly Hospitals' programme, Wrexham Maelor Hospital, Glan Clwyd hospital and Ysbyty Gwynedd have set up dementia support hospital planning groups to deliver the action plan which aligns to the Health Board's Dementia Strategy 2018-2020. A care of the elderly matron has been appointed in each hospital as the designated lead and they are working under the guidance of the consultant nurse with a multi professional group to influence and support successful delivery.

Dementia Supportive Environments

The BCUHB dementia strategy prioritises the development of physically built environments as meeting the King's Fund national quality standards to become dementia supportive and enabling. Every adult ward has been assessed and every ward manager provided with an individual report outlining the improvement work that can be undertaken outside of estates works.

Morris Ward, a Care of the Elderly Ward at Wrexham Maelor Hospital, exemplifies the work undertaken. Following a programme of refurbishment it has become more suitable for patients living with dementia during their inpatient stay.



Key areas of the ward such as bathrooms and toilets have been clearly defined with primary colours to give patients a sense of place and has created an environment that is easier to navigate. Signage has been improved to meet the required standards.

The ward has also received a new security access system on all doors in and outside of the unit, as well the treatment room.

Flooring, lighting and a call bell system provides an enhanced dementia friendly environment supported by a new clinical activities room where patients are able to socialise.

The activities room provides a dedicated space for the activities co-ordinator to support patients which is an important part of their care and recovery.

Alltwn Hospital environmental changes have included the introduction of quiet areas with familiar pictures of local areas to encourage reminiscence therapy along with social areas where daily activities are encouraged in groups facilitated by the ward staff. The hospital was one of the early adopters of John's Campaign.

Deeside Hospital in partnership with Redrow have developed a sensory garden area for patients to enjoy. The garden includes raised beds to enable patients to be able to maintain the plants, sensory plants and a beach area. The area provides a tranquil colourful area for patients to enjoy with their family. Included in this development is the dementia friendly room for reminiscence and activities.

Glan Clwyd Hospital has been undertaking a significant refurbishment and is currently developing a dementia suite across 2 wards. The plans include the approach corridor designed in such a way to resemble a street view with a fully functional dementia Café that will be staffed by the dementia support team. The plans include a safe environment for our dementia patients to be able to walk freely and safely and refurbished with a retro fashion.

Glaslyn Ward has met the standard as a dementia friendly ward including the development of Ty Ni Dementia Lounge. The hospital site has also been successful through a charity contribution to create a sensory garden that will be accessible to all patients and staff. Dementia friendly signage is an important part of this work programme.

Hello my Name is....



Cemlyn ward has been piloting the use of large yellow name badges to promote better identification of staff. The introduction of these badges has demonstrated that patients are more interactive with staff, use their names more frequently and have become more engaged.

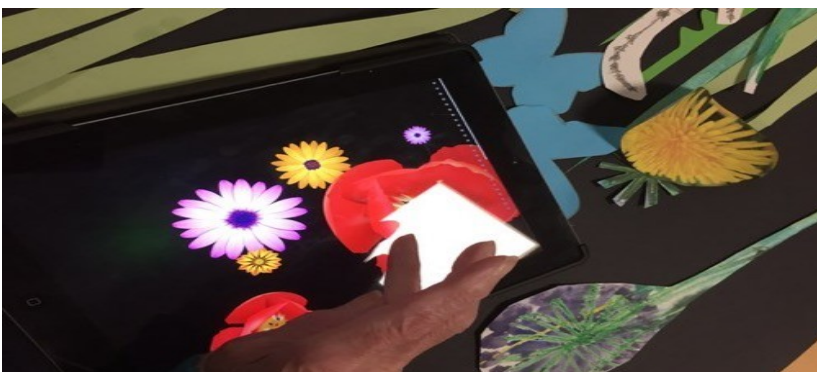
A 'Creative Well' Art is Wellbeing Project

An artist in residence funded by Betsi Cadwaladr University Health Board's Arts in Health and Wellbeing Programme, Creative Well commenced its programme of work on Morris Ward in May 2017. The programme provided 24 residency days working with approximately 120 patients.

Many patients on Morris Ward were living with dementia, from early through to final stages of their illness.

Throughout the residency the artist worked closely with the Dementia Support Worker for Morris Ward whose role was to support patients with dementia.

Patients were able to spend time in the activities room which provided distraction and change to their environment via workshops. Staff and visitors engaged in the activities and many of the arts developed from ideas from conversations with patients from getting to know them and their life stories.



Using apps on the iPad as part of a workshop

Transferring patients' routines such as general household duties can create a calm environment for our patients and below is an example of a patient who became less agitated through the supportive work of the dementia support nurse and artist in residence.




Engaging with patients creatively depends on the state of their dementia being part of a group and taking part in conversation is important. However in the later stages one to one and sensory approach, thereby listening to music, handling objects and exploring different scents was incorporated as part of the overall programme of work.



Reducing Distress

The Health Board were successful in winning £600,000 from Welsh Government (through the small business research initiative) and the English Department for Transport. This has allowed us to work with two technology companies to develop very promising innovative solutions to the common problem of people with dementia becoming anxious when attending hospital. The project continues and the details are currently commercially sensitive and confidential.

Ysbyty Gwynedd have developed a system in the outpatients department to flag patients with dementia enabling fast tracking for prompt review this includes a chaperone available to meet and greet at the front of our services in order to improve the patients experience in a relaxed and caring environment. Ogwen Ward has been redesigned as one of our well organised wards to become dementia friendly and in addition the hospital has introduced an 'orange' menu which provides finger food for our patients to meet their needs.

Health Board 7.6.18	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
<h2 style="text-align: center;">Committee Chair's Report</h2>	
Name of Committee:	Quality, Safety & Experience Committee
Meeting date:	24.4.18
Name of Chair:	Mrs Margaret Hanson
Responsible Director:	Mrs Gill Harris, Executive Director of Nursing & Midwifery
Summary of key risks and other items discussed:	<p><i>Summary of discussions focused on Committee owned risks on the Corporate Risk Register:</i></p> <p>CRR02 Infection Prevention & Control The Committee received an update on the continued implementation of the Safe Clean Care campaign.</p> <p>CRR05 Learning From Patient Experiences As part of the consideration of the Integrated Quality Performance Report, the improvement in terms of the numbers of open complaints was acknowledged but the Committee were very much aware of the challenge in sustaining this. The Committee were also reminded that behind every complaint statistic there was an individual and family.</p> <p><i>Summary of other business discussed:</i></p> <ul style="list-style-type: none"> • As part of the consideration of the Integrated Quality Performance Report, it was noted there were new child measurement programme results which showed that BCUHB had the highest proportion of children deemed to be overweight or obese. It was suggested that QSE receive a paper in due course. • A joint presentation and discussion with Wales Ambulance Services NHS Trust set out key highlights from the winter period for both organisations. The Committee requested that seasonal plans be prepared and provided to the Committee as early as possible during 2018.

Key assurances provided at this meeting:	<ul style="list-style-type: none"> The Committee received the Radiation Protection Sub-Group Annual Report for 2016-17
Key risks and concerns:	<ul style="list-style-type: none"> The Committee were informed that Nurse Staffing levels continued to be challenging, and noted with concern that there was a clear correlation between this and incidents of harm such as patient falls and hospital acquired pressure ulcers. As part of consideration of the Chair's report from the Quality Safety Group, the Committee expressed concern at the length of time it was taking to respond to the Public Accounts Committee (PAC) hospital catering and patient nutrition action plan. The Committee received a copy of the Chief Dental Officer's response to the Board's update against the National Oral Health Action Plan and concern was expressed that there were gaps in data which meant the Board was not able to fully identify the numbers of people genuinely unable to access dental treatment.
Special Measures Improvement Framework Theme/Expectation addressed	Leadership and Governance
Issues to be referred to another Committee	<ul style="list-style-type: none"> The Committee agreed its annual report for 2017-18 (pending some agreed amendments around deputies and committee achievements) which would be submitted to the Audit Committee on the 31.5.18.
Matters requiring escalation to the Board:	None
Planned business for the next meeting:	<p>Range of regular reports plus</p> <ul style="list-style-type: none"> Service Improvement Work – presentation from North Wales Clinical Psychology Programme Annual Quality Statement Listening and Learning report Corporate risks Mortality report Child health Mental Health & Learning Disabilities Division Quality Improvement & Governance Review Plan (tbc)
Date of next meeting:	22.5.18

Disclosure:

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

Committee Chair's Assurance Report Template V4.0 June.16

V1.0

Health Board 7.6.18	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
Committee Chair's Report	

Name of Committee:	Quality, Safety & Experience Committee
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Meeting date:	22.5.18
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Name of Chair:	Mrs Margaret Hanson
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Responsible Director:	Mrs Gill Harris, Executive Director of Nursing & Midwifery
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Summary of key risks and other items discussed:	<p><i>Summary of discussions focused on Committee owned risks on the Corporate Risk Register:</i></p> <p>CRR02 Infection Prevention & Control</p> <ul style="list-style-type: none"> The Committee received an update on the continued implementation of the Safe Clean Care campaign and was assured that the approach was working well and benefits starting to be seen. The Committee noted with caution that the data for April and May 2018 indicated a decrease in the prevalence of C. Diff. infections. It was also noted that there had been no outbreak of Noro Virus over the previous winter. <p>CRR03 Continuing Health Care</p> <ul style="list-style-type: none"> The risk was reviewed and no changes suggested to risk scores or actions. <p>CRR04 Maternity Services</p> <ul style="list-style-type: none"> The Committee was advised that once the remaining organisational development element of the special measures work had been completed it might be appropriate for this risk to be de-escalated. <p>CRR05 Learning From Patient Experience</p> <ul style="list-style-type: none"> The Committee requested that the risk be reviewed and updated by the Associate Director of Quality Assurance. <p>CRR13 Mental Health</p> <ul style="list-style-type: none"> The Committee requested that the risk be reviewed and updated by the Director of Mental Health & Learning Disabilities.
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	<p>CRR16 Safeguarding</p> <ul style="list-style-type: none"> The risk was reviewed and no changes suggested to risk scores or actions. <p><i>Summary of other business discussed:</i></p> <ul style="list-style-type: none"> The quarterly update on reducing avoidable mortality was received and members welcomed the improved clarity in the format of the report. The Committee received a presentation regarding the impact on patient care from an applied behaviour project on Cemlyn Ward (Cefni Hospital) for dementia patients. The Committee was keen to see learning and outcomes from the project shared more widely across BCUHB. The Executive Director of Nursing & Midwifery was requested to take this forward.
<p>Key assurances provided at this meeting:</p>	<ul style="list-style-type: none"> As part of the Integrated Quality Performance Report the Committee was assured that the 95% childhood immunisations target had been achieved. Then Chair of the committee asked that it be noted that the trajectory for recovering the clinical coding target was on track. Assurance was received that once the national target was met this improved performance would be sustainable. The Committee noted the work done to understand the higher than expected mortality rates in the ED at Ysbyty Glan Clwyd. It was assured that the multi-factorial issues underpinning the apparently higher rates on this site were now understood and that further work was underway to drill down into the data still further to assess accurately if there was a real cause for concern. This is to be reported back to the Committee asap. The Committee noted there were risks associated with a planned “clean up” of incidents from pre-2015 recorded on the Datix system. The Committee was assured that the Quality Safety Group had considered these risks in some detail and concluded that they were outweighed by the need to ensure accurate and timely data to wards in order to improve patient safety and care appropriately. The Committee received a “Listening and Learning” paper and was informed there was a plan that would see the data collected from patient feedback incorporated into the ward level quality improvement dashboards to allow issues to be addressed at the most local level and in real time. The Committee was assured that the Executive Director of Nursing intended to introduce a falls pathway into north Wales similar to that being used by NHS Scotland. The Committee noted that the falls pathway would be described in a paper that was being prepared currently in response to the HASCAS review published in early May 2018, which would set

	out the way in which health services for older people would be improved across the region.
Key risks and concerns:	<ul style="list-style-type: none"> • As part of the Integrated Quality Performance Report the Committee was alerted to challenges in meeting the target for smoking cessation with pregnant women. • The Committee re-iterated its concerns regarding nurse staffing levels and received an update about the ongoing nurse recruitment drive. • The Committee was keen that the seasonal/winter plans for 2018-19 be drawn up much earlier than in previous years. It also wanted to ensure that the learning from 2017-18 was shared across the health and social care partners and reflected in any new plans so that patient safety and experience was improved. • The Committee expressed concern that the budget for the roll out of the Patient liaison service to the Wrexham Maelor and Ysbyty Gwynedd sites had been removed and asked for assurance from the CEO that this would be reinstated.
Special Measures Improvement Framework Theme/Expectation addressed	Leadership and Governance
Issues to be referred to another Committee	None
Matters requiring escalation to the Board:	None
Planned business for the next meeting:	<p>Range of regular reports plus</p> <ul style="list-style-type: none"> • Prison health update • Accessible healthcare standards annual report • Health & Safety annual report • Child health • Falls management • Older people's health / HASCAS • Annual Quality Statement
Date of next meeting:	26.6.18

Disclosure:

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

Committee Chair's Assurance Report Template V4.0 June.16

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Health Board

7.6.18

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Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Committee Chair's Report

Name of Committee:	Finance & Performance Committee
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Meeting date:	26.4.18
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Name of Chair:	Mrs Marian Wyn Jones Committee Chair
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Responsible Director:	Mr Russell Favager Executive Director of Finance
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Summary of key risks and other items discussed:

- The Committee received the Month 12 Finance report – Draft Unaudited Financial Outturn 2017/18 report. It was noted that prior to the Referral to Treatment (RTT) clawback being announced, the financial outturn had been a deficit of £35.7m compared to the forecast of £36m. However, following a letter received from Welsh Government (WG) on 20 April regarding adjustments to the 2017/2018 Resource allocation for £3.1m clawback of performance monies the unaudited financial outturn was now £38.8m, £2.8m above the £36m. Legal opinion was being sought following the Funded Nursing Care Supreme Court ruling and any potential impact on Continuing Healthcare.
- A significant element of savings in 2017/18 was derived from cost avoidance and containment actions, a large proportion was also non-recurrent leading to additional financial pressure in 2018/19. The issues of concern carried forward to 2018/19 were highlighted as focus on developing and delivering recurrent savings plans; Packages of Care; Vulnerability of the nursing home sector; Agency costs, particularly nursing where there were high numbers of vacancies; Waiting times & Performance and also Capacity issues. In division terms it was Mental Health & Learning Disabilities and Secondary Care. The Accounts for 2017/18 were due to be submitted on the 27th April 2018.
- In respect of the 2018/19 Draft Interim Financial Plan, a report on options to withdraw schemes was discussed. The Committee agreed to maintain the pre-commitments outlined. The Committee received copies of letters which had been issued to all BCU's Budget Holders and Directors, noting the strengthened message in respect of budget management. An update on savings schemes was also provided, of concern being the number of 2018/19 schemes which remained in development and concerns around this being prioritised.

- Interim arrangements for Continuing Health Care and Funded Nursing Care fees 2018/19 were agreed. Noting that the position proposed was still subject to national decisions on FNC Inflationary increases, and the Local Authority element of the Supreme Court Judgement, and All Wales price refresh agreements with effect from 1.10.18.
- The Capital programme for 2017/18 was discussed. It was noted that BCU's £74.86m capital investment in year was a significant proportion of the All Wales Capital budget and the programme had been very successful and a productive year. The statutory Capital Resource Limit (CRL) was achieved with a £2,000 underspend. The Committee expressed appreciation for the successful work undertaken by Project Leads and their teams, despite many challenges.
- The All Wales No Purchase Order / No Pay Policy was approved, as BCUHB already operated this system there would be no impact on current working practices.
- Health Care Professions Council (HCPC) and General Pharmaceutical Council Wales (GPhC) Registration and Revalidation Updates were received. It was noted that for the 12 months from April 2016 – March 2017 there was one lapse in the Registration of an HCPC registered Therapeutic Radiographer, which was resolved within 3 weeks. There were no lapses in the Registration for any GPhC registered staff.
- An update on Employment Relations Case Management was received
- An Information Governance update report was received. In respect of General Data Protection Regulations (GDPR) being introduced on 25.5.18 it was advised that the delay to the availability of a reporting tool needed to interrogate the Information and System Asset Register, had been resolved and risks assessments were taking place on 200+ systems within BCU. Whilst there were in excess of 2000 issues, it was reported that none were understood to be significant.
- The final draft of the Committee annual report was agreed for submission to the Audit Committee. The Committee Cycle of Business 2018/19 was agreed.
- The Integrated Quality and Performance Report was received. The Performance Director advised that the report was extended to include the key end of year performance indicators. It was noted that all therapies, audiology hearing aid and re-assessment, and cancer 31 day targets had all been delivered. Unscheduled Care (USC) performance remained at an unacceptably low level. As part of the

	<p>special measures framework an improvement profile had been submitted to WG for 4 hours in ED and MIUs and for out of hours response times and roster compliance. Pricewaterhouse Cooper (PwC) are focussing on improvements within the YGC ED, increasing segmentation of minors from majors, increasing command and control and supporting the implementation of SAFER. Whole system workstream had commenced and will involved a two-day workshop in May to work through the future model of USC across the whole system.</p> <ul style="list-style-type: none"> • It was confirmed that clawback had taken place on the under-delivery of the year end RTT position. The reasons for the under-delivery were explored and included: loss of capacity in Wrexham following the closure of the day case unit, cancelled procedures due to unscheduled care pressures in the last quarter, impact of the WPAS related growth in waiting list volume, under-delivery of core activity and efficiency in some specialties and under-delivery within contracted providers which had been returned to the waiting list. Overall BCU activity had increased in the last quarter, delivering an overall reduction in the waiting list size as well as reduction in volumes waiting over 36 weeks. The cohort management was beneficial in reducing the volume in need of treatment in the last quarter from over 24,000 to the 5,714 waiting in excess of 36 weeks at end of March, however this was still above the target level. The approach to 2018/19 was discussed with quarterly cohort management taking place. It was noted that WG and the Board have confirmed that activity to deliver RTT should continue while the resourced plan is finalised, however this does mean that staff will be required to operate outside of their accountability agreements in the short term as budgets have not been confirmed for the additional activity being undertaken. • The Committee noted the challenge to diagnostics especially endoscopy and ultrasound which will continue in quarter 1. It was also of concern that cancer over 62 day backlog is continuing to increase and that this directly relates to the delays to endoscopy. The clinical support directorate are providing a recovery plan to minimise the clinical risk associated with this backlog. The stroke performance at the end of February showed 16.5% of patients had received thrombolysis, this is the highest performance of the year for the LHB. The pre-consultation work on the sustainable model of stroke care is nearing completion and will be reported to EMG in May. <p>The Incommittee session discussed</p> <ul style="list-style-type: none"> • Ysbyty Glan Clwyd Redevelopment Scheme Deloitte report • SuRNiCC Gateway review • Medical and Dental Agency and Locum Monthly report • Financial Recovery Group notes 27.2.18 and 14.3.18
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Key assurances provided at this meeting:	<ul style="list-style-type: none"> • Actions taken to address the financial position • Actions taken to address improvements required in unscheduled care and RTT performance
Key risks and concerns:	<ul style="list-style-type: none"> • The Committee noted that finance and performance are both the subject of targeted intervention by WG • Financial position and forecast outturn. • Performance on unscheduled care and RTT trajectory. • Ysbyty Glan Clwyd capital scheme. • SuRNICC phase 2 expected completion date which is being addressed with the providers. • Planned schedule of USC work supported by PwC.
Special Measures Improvement Framework Theme/Expectation addressed	<ul style="list-style-type: none"> • Governance and Leadership themes
Issues to be referred to another Committee	None
Matters requiring escalation to the Board:	<ul style="list-style-type: none"> • Financial position • Unscheduled care and RTT • Financial plan
Planned business for the next meeting:	<ul style="list-style-type: none"> • Unscheduled Care report • External Contracts update • Workforce report • Job Planning update • GMC Revalidation updates • Review of risks on Corporate Risk Register assigned to the Committee • Shared Services Partnership Committee update report
Date of next meeting:	24.5.18

Disclosure:

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Health Board 7.6.18	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
Committee Chair's Report	

Name of Committee:	Remuneration & Terms of Service (R&TS) Committee
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Meeting date:	30.4.18
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Name of Chair:	Dr P Higson, Chairman
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Responsible Director:	Mrs S Green, Executive Director of Workforce & Organisational Development
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Summary of key risks and other items discussed:	<ul style="list-style-type: none"> Draft committee annual report 2017-18 Nursing and Midwifery Council (NMC) Registration and Revalidation Annual Report
Key assurances provided at this meeting:	<ul style="list-style-type: none"> The Committee approved the remuneration report for submission to Welsh Government
Key risks and concerns:	<ul style="list-style-type: none"> A breakdown of spikes in data for referrals to the NMC in April to June 2016 was noted and an update requested for the Chair and CEO
Special Measures Improvement Framework Theme/Expectation addressed	<ul style="list-style-type: none"> Leadership & Governance
Issues to be referred to another Committee	None
Matters requiring escalation to the Board:	None.
Planned business for the next meeting:	Pay protection
Date of next meeting:	30.7.18

Disclosure:

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Health Board 3.5.18	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
Committee Chair's Report	

Name of Committee:	Strategy, Partnerships & Population Health Committee
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Meeting date:	12.4.18
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Name of Chair:	Mrs Lyn Meadows Independent Member
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Responsible Director:	Mr Geoff Lang Executive Director of Strategy
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Summary of key risks and other items discussed:	<p>The Committee</p> <ul style="list-style-type: none"> received the end of programme report of the Living Well Staying Healthier strategy development work. This included a summary of the significant progress made, culminating in the approval of the strategy by the Board in March. The priorities for the next phase of work were identified along with a summary of risks and issues going forward. The engagement which had taken place both internally and externally, as well as public relations and communication activities were debated at length. Concerns were noted regarding capacity and the need for effective clinical engagement going forward, received a report on Strategic Change Programmes taking place at Hywel Dda University Health Board and Shrewsbury and Telford Hospital. Further detailed analysis of the potential impact would be required to inform the Board's response to the proposed consultation exercises, which the Committee would receive in draft format for discussion at a future meeting on behalf of the Board. The Committee were assured that the Health Board is ready to engage in the consultation and respond appropriately North Wales Public Service Boards' Well-being plans were received for Flintshire, Wrexham and Gwynedd & Anglesey. Whilst appreciating that comments from the Committee's previous discussion of these draft plans had been incorporated, there remained a few outstanding issues which did not fully address the issues raised. The Committee emphasised the need for effective and influential attendance at PSB meetings to ensure health service strategies fully incorporated and represented. Health Board wide procedure – Using Welsh Internally was
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	<p>approved following detailed , subject to the strengthening of a number of areas which were referred to as advisory in the document. The Committee volunteered to provide the opportunity to pilot shadow simultaneous translation during its Committee meetings - for the benefit of the existing internal translation team who were undergoing skill development in this area, ahead of rollout to other Committees, and the Board, by the end of the financial year.</p> <ul style="list-style-type: none"> • The draft Committee annual report was approved for submission to the Board. The Committee expressed some concern regarding the subjectivity of self assessment and questioned the frequency of meetings which was understood to be the subject of further discussion at the next Committee Business Management Group meeting. The Committee also questioned the adequacy of formal induction arrangements when members were assigned to committees.
Key assurances provided at this meeting:	<p>The following assurances were gained in the meeting :</p> <ul style="list-style-type: none"> • The depth of engagement and work undertaken to develop the Board's Living Healthier, Staying Well Strategy and the comprehensive handover of tasks, risks and issues • The awareness of the consultation process impending in neighbouring areas and the Board's readiness to engage and respond to these • The innovative and proactive work undertaken within the Board to promote the Welsh language and its use within the Health Board
Key risks and concerns:	<p>The Committee noted concerns regarding</p> <ul style="list-style-type: none"> • The capacity to ensure effective clinical engagement in the next phase of the strategy work
Special Measures Improvement Framework Theme/Expectation addressed	<ul style="list-style-type: none"> • Strategic & Service Planning • Engagement
Issues to be referred to another Committee	<ul style="list-style-type: none"> • None identified
Matters requiring escalation to the Board:	<ul style="list-style-type: none"> • Comments regarding the Well-being Plans are included in the relevant papers
Planned business for the next meeting:	<ul style="list-style-type: none"> • Living Healthier, Staying Well update • Civil Contingency annual report 17/18 and business continuity forward plan 2018/19 • Welsh Language annual monitoring report • Annual Equality report • Engagement Strategy update

	<ul style="list-style-type: none"> • NWCDS Strategy document - Working for Smiles • North Waes Regional Partnership Board update • Review of Corporate risks assigned to the Committee
Date of next meeting:	10.5.18

Disclosure:

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

Health Board 7.6.18	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
Advisory Group Chair's Report	

Name of Advisory Group:	Stakeholder Reference Group (SRG)
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Meeting date:	14 May 2018
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Name of Chair:	Mr Ffrancon Williams
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Responsible Director:	Mrs Sally Baxter
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Summary of key items discussed:	<p>Learning Disability Services – Joint Strategy Development with Local Authorities</p> <p>Lesley Singleton, BCUHB Assistant Director, Strategy & Partnership (MHLD) and Sarah Bartlett, North Wales Social Care and Well-being Services Improvement Collaborative provided an update on the progress being made in the development of the Learning Disabilities Service.</p> <p>The meeting were informed that this is now a priority for the Regional Partnership Board to integrate services for people with learning disabilities in relation to the Social Services & Wellbeing (Wales) Act.</p> <p>It was explained that this Plan is an integrated strategy involving all BCU partners to ensure it is fully integrated as it is important to get it right for the population and that fully agreed actions are to be in place by January 2019.</p> <p>The presentation covered the following areas:</p> <ul style="list-style-type: none"> • Themes • Governance • Group Discussion <p>The Chair summarised discussions;</p> <ul style="list-style-type: none"> • There were strong views in the Group that the strategy links in with wider strategies such as Mental Health and Living Healthier, Staying Well strategy
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Summary of key items discussed

Continued:

- The importance of consultation should be stressed as 'one size does not fit all' – Carers, families and Client groups are important and should be included
- There were reservations regarding the availability of the required resources in Local Authorities and at a local level to implement the partnership approach of the Plan
- There needs to be a strengthening of links with Education
- When developing the Plan serious consideration should be given to the changes in Supporting People funding which may lead to reduced finances being available
- There are striking inequalities around this client group and the SRG felt strongly that these should be addressed

Stroke Services

Wendy Hooson, BCUHB Senior Health Planning Manager presented an update on the North Wales Stroke Service Review.

Wendy gave a presentation covering the following areas:

- Designing a Comprehensive Stroke Service Pathway
- An overview of the Stroke Service Review
- An outline of the Integrated Rehabilitation Model
- Travel and access mapping
- The approach taken
- Links to Partners

Wendy explained that the review began in 2016 to identify areas for improvement within the Stroke service because of concern expressed by Welsh Government regarding the stroke pathway across the three sites. After a significant level of partnership working, a series of options has been developed for the hyper acute and acute stroke services, and these are:

- 1) One Single Site in Ysbyty Glan Clwyd (YGC)
- 2) A Two Site model - YGC + Wrexham Maelor Hospital (WMH) or Ysbyty Gwynedd (YG) & WMH

Wendy explained the One Site model would have a dedicated team, but the Two Site model reduces the effectiveness of the service. The One Site Model is therefore the preferred and most sustainable model for ensuring improved patient outcomes. Early support discharge services within the patient's home is key and is fundamental, and improvement on parts of the transport pathway are critical

The Chair summarised discussions:

- Ambulance Response – the dialogue with the Welsh Ambulance Services Trust (WAST) should continue in order

<p>Summary of key items discussed</p> <p>Continued:</p>	<p>to upgrade the response from Amber to Red for responses to suspected stroke attacks; SRG felt that despite implementation of the proposals, the patient outcomes sought may not be achieved if WAST continue to give a lesser priority (i.e. Amber status) to the call</p> <ul style="list-style-type: none"> • Linked to the Ambulance Response rating is the reliance on paramedics during the journey, especially given the 90+ travel time (mins) areas involved. SRG felt that to achieve the required patient outcomes, paramedics should be trained to the highest level in responding to potential stroke attacks. • The Group expressed concern regarding bed availability on discharge (to the community and Social Services, domiciliary care and the third sector). The Group asked for their concerns to be expressed about this key priority. • SRG recognised the data and research carried out in support of the compelling case for change in provision of stroke services. However, in view of the Health Board's previous negative experience involving the introduction of changes to Maternity services (which led to the Sub Regional Neonatal Intensive Care Centre – SURNICC etc) where the public felt that key messages surrounding the change were not effectively communicated, SRG stressed the importance of key messaging being right from the outset. Effective communication will improve outcomes and it is important to ensure all groups are on board with the changes from the start. <p>BCUHB Partnership Working</p> <p>Sally Baxter, Acting Executive Director of Strategy briefed the SRG on the range of partnerships within which the Health Board is engaged, and the arrangements in place to support partnership working.</p> <p>Recent legislative changes have re-emphasised the importance of partnership working. The Wellbeing of Future Generations Act and the Social Services & Wellbeing Act both introduced requirements for formal partnership working.</p> <p>The “Living Healthier Staying Well” strategy sets out the strategic direction of the Health Board, and it recognises that to impact upon health, well-being and inequalities the Board must work alongside partners. This update described a number of partnerships and how they fit into the Board's governance structure.</p> <p>The Chair summarised the discussion;</p> <ul style="list-style-type: none"> • The SRG felt that the function, purpose, accountability and
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<p>Summary of key items discussed Continued:</p>	<p>delivery of outcomes of these partnerships (<i>and in particular the Public Service Boards – PSB’s - and the Regional Partnership Board- RPB</i>) was not understood and was too complicated to explain to the public at a local level. It was also difficult to answer the question “what difference do all these make?”</p> <ul style="list-style-type: none"> • The importance of the Third Sector and the broad range of social care providers in co-producing important elements of partnership working was stressed <p>Special Measures Framework – Update</p> <p>Sally Baxter provided a verbal update on the Special Measures Framework that was published by Welsh Government (WG) the week preceding the SRG meeting.</p> <p>In summary there has been good progress in some areas – Women’s Maternity is now out of special measures for example, but there are still areas that need to be improved.</p> <p>The SRG recognised the efforts the Health Board are putting in but are concerned with the length of time it is taking to come out of special measures</p> <p>Corporate Plan – 3 Year Plan for 2018/21</p> <p>Sally Baxter updated the Group on the 3 Year Plan which has been endorsed by the Board, but the Integrated Medium Term Plan (IMTP) has to return to an annual cycle due to the financial imbalance.</p> <p>It was explained that the Annual Plan 2018/2019 is being developed and will go to Board within the next two months, and this will be shared with SRG when it is complete.</p> <p>SRG learned that WG have clawed back monies because the Health Board did not quite achieve targets on waiting times set for the last financial year. This is a difficult area, and discussions are taking place with teams internally and with WG to address waiting times. Sally agreed to circulate the detail on waiting times within the Annual Plan to SRG members</p> <p>Forward Plan – items to be considered for next meeting</p> <p>The Chair confirmed the following items for the July meeting:</p> <ul style="list-style-type: none"> • NHS Wales Strategic Direction • Seasonal Planning & Unscheduled Care (including Out of
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	<p>Hours)</p> <ul style="list-style-type: none"> • Cluster Development • Third Sector Strategy
Key advice / feedback for the Board:	<p>On the Learning Disability Services – Joint Strategy:</p> <ul style="list-style-type: none"> • This strategy should link in with wider strategies such as Mental Health and Living Healthier, Staying Well strategy • The importance of consultation should be stressed as ‘one size does not fit all’ – Carers, families and Client groups are important and should be included • There were reservations regarding the availability of the required resources in Local Authorities and at a local level to implement the Partnership approach of the Plan • There needs to be a strengthening of links with Education • When developing the Plan serious consideration should be given to the changes in Supporting People funding which may lead to reduced finances being available • There are striking inequalities around this client group and the SRG felt strongly that these should be addressed <p>On the review of Stroke Services and the proposed changes to be considered by the Health Board:</p> <ul style="list-style-type: none"> • Ambulance Response – the dialogue with WAST should continue in order to upgrade the response from Amber to Red for suspected stroke attacks; SRG felt that despite implementation of the proposals, the patient outcomes sought may not be achieved if WAST continue to give a lesser priority (i.e. Amber status) to the call • Linked to the Ambulance Response rating is the reliance on paramedics during the journey, especially given the 90+ travel time (mins) areas involved. SRG felt that to achieve the required patient outcomes, paramedics should be trained to the highest level in responding to potential stroke attacks. • The Group expressed concern regarding bed availability on discharge (to the community and Social Services, domiciliary care and the third sector). • SRG recognised the data and research carried out in support of the compelling case for change in provision of stroke services. However, in view of the Health Board’s previous negative experience involving the introduction of changes to Maternity services (which led to SURNICC etc) where the public felt that key messages surrounding the change were not effectively communicated, SRG stressed the importance of key messaging being right from the outset. Effective communication will improve outcomes and it is important to ensure all groups are on board with the changes from the start.

	On the Special Measures Framework, whilst recognising the Health Board's efforts, SRG expressed concern regarding the time it is taking to come out of special measures.
Special Measures Improvement Framework Theme/Expectation addressed	Strategic planning Engagement and listening to stakeholders' views
Planned business for the next meeting:	Business for the next meeting in July 2018 was agreed as follows: <ul style="list-style-type: none"> • NHS Wales Strategic Direction • Seasonal Planning & Unscheduled Care (including Out of Hours) • Cluster Development • Third Sector Strategy
Date of next meeting:	Monday 16 July 2018

Disclosure:

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

Health Board 07.06.18	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
Advisory Group Chair's Report	

Name of Advisory Group:	Healthcare Professionals Forum (HPF)
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Meeting date:	04.05.18
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Name of Chair:	Professor Michael Rees
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Responsible Director:	Mr Adrian Thomas, Executive Director of Therapies & Health Science
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Summary of key items discussed:	<ol style="list-style-type: none"> 1. The Forum were introduced to Sue Green, the Executive Director of Workforce, Organisation and Development (WOD). 2. Members further discussed A Place to Call Home: Impact & Analysis report that was published on the 23rd January 2018 and received the improvement plan. 3. The Forum received an update on the Stroke Services Review from the Assistant Director for Health Strategy 4. The Forum received the HPF Annual Report for 2017/18
Key advice / feedback for the Board:	<p>HPF members received introductions from Sue Green, Executive Director of Workforce, Organisation and Development (WOD). A discussion ensued around what should be the priorities for WOD and the following areas were noted:</p> <ul style="list-style-type: none"> • Recruitment and Retention • Functioning of Wales Performance list and impact on recruitment • Dental registrants e.g. Dental Nurses, Dental Hygienists • Hospital and Primary Care Pharmacy – “what the future model should look like” • Community Pharmacy – to look at facilitating integration and cross-working • Engagement and Leadership Development • Vacancy Control Panel • Transforming Services especially secondary care • Educational Research and Development – improving relationships • To open up further discussions with Social Care Wales

	<p>Members also agreed it would be beneficial to have a regular WOD item on the HPF agenda.</p> <p>HPF members further discussed “<i>A Place to Call Home: Impact & Analysis</i>” report that was published on the 23rd January 2018 by the Older People’s Commissioner for Wales, for which Marianne Walmsley was in attendance.</p> <p>The Forum had asked for this item to return after initial discussions at its 2nd March 2018 meeting. Members received an update and briefing paper on the improvement plan which incorporated:</p> <ul style="list-style-type: none"> • Background to the report • Results of latest feedback from the Commissioner • Proposed process to manage the implementation of the actions <p>Members were asked to note the update provided and endorse the recommended course of action to ensure implementation of the actions.</p> <p>HPF members enquired regarding the reporting route for this work and it has since been confirmed that a paper referencing the work went to the Quality, Safety and Experience Committee and that a paper is also going to the QSE meeting in July..</p> <p>The Forum received a presentation on the North Wales Stroke Services Review from Dr Salah Elghenzai – Consultant Physician, Care of the Elderly and Wendy Hooson, Senior Health Planning Manager.</p> <p>Members were informed of the comprehensive service redesign that has taken place including engagement with stakeholders and stroke survivors.</p> <p>HPF members support and share the vision of the North Wales Stroke Services and ask for the Health Board to support this business case to improve Stroke Services in North Wales.</p> <p>Members received the HPF Annual Report for 2017/18 and approved the report which has been submitted to the Audit Committee workshop on 15th May 2018.</p> <p>The HASCAS report was not discussed during the HPF meeting however in subsequent emails the HPF have confirmed that they will work with the Task and Finish Group being established by Gill Harris.</p>
Planned business for the next meeting:	Range of standing items plus: Annual Update from CEO Corporate Planning Update
Date of next meeting:	06.07.18

Health Board 7.6.18	<div style="text-align: center;">  <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> GIG CYMRU NHS WALES </div> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div> </div> <p style="text-align: center;"><i>To improve health and provide excellent care</i></p>
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Title:	Integrated Quality & Performance Report														
Author:	Dr Jill Newman, Director of Performance														
Responsible Director:	Ms Morag Olsen, Chief Operating Officer														
Public or In Committee	Public														
Strategic Goals	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">1. Improve health and wellbeing for all and reduce health inequalities</td><td style="text-align: center; padding: 5px;">✓</td></tr> <tr> <td style="padding: 5px;">2. Work in partnership to design and deliver more care closer to home</td><td style="text-align: center; padding: 5px;">✓</td></tr> <tr> <td style="padding: 5px;">3. Improve the safety and outcomes of care to match the NHS' best</td><td style="text-align: center; padding: 5px;">✓</td></tr> <tr> <td style="padding: 5px;">4. Respect individuals and maintain dignity in care</td><td style="text-align: center; padding: 5px;">✓</td></tr> <tr> <td style="padding: 5px;">5. Listen to and learn from the experiences of individuals</td><td style="text-align: center; padding: 5px;">✓</td></tr> <tr> <td style="padding: 5px;">6. Use resources wisely, transforming services through innovation and research</td><td style="text-align: center; padding: 5px;">✓</td></tr> <tr> <td style="padding: 5px;">7. Support, train and develop our staff to excel</td><td style="text-align: center; padding: 5px;">✓</td></tr> </table>	1. Improve health and wellbeing for all and reduce health inequalities	✓	2. Work in partnership to design and deliver more care closer to home	✓	3. Improve the safety and outcomes of care to match the NHS' best	✓	4. Respect individuals and maintain dignity in care	✓	5. Listen to and learn from the experiences of individuals	✓	6. Use resources wisely, transforming services through innovation and research	✓	7. Support, train and develop our staff to excel	✓
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5. Listen to and learn from the experiences of individuals	✓														
6. Use resources wisely, transforming services through innovation and research	✓														
7. Support, train and develop our staff to excel	✓														
Approval / Scrutiny Route	Four sections of the report have had prior scrutiny with the Finance & Performance committee and three sections have had prior scrutiny by the Quality Safety and Experience committee.														
Purpose:	This report provides the Board with a summary of key quality, performance, financial and workforce indicators.														
Significant issues and risks	<p>The integrated quality and performance report for June 2016 includes:</p> <ul style="list-style-type: none"> National Indicators aligned to the seven national performance domains Locally agreed indicators aligned to the performance domains <p>Many of our information sources are reliant upon good, accurate and reliable information systems. In the month of November, our acute site at Ysbyty Glan Clwyd transferred to a new computerised Patient Administration System. We have highlighted this within the report and in some cases we advise caution whilst work continues to validate the information. Refreshed and updated information will be published in future reports.</p>														

National Targets

Domain	Improved Performance	Sustained Performance	Decline in Performance	RAG
Staying Healthy	1	3	1	G
Safe Care	4	1	0	G
Effective Care	6	0	1	G
Dignified Care	0	0	0	N/A
Individual Care	1	6	0	G
Timely Care	12	2	4	G
Staffing and Resources	2	2	3	A
Total	26	14	9	G

Local Targets

Domain	Improved Performance	Sustained Performance	Decline in Performance	RAG
Staying Healthy	1	2	1	G
Safe Care	7	3	7	G
Effective Care	1	2	2	R
Dignified Care	0	0	2	R
Individual Care	0	1	4	R
Timely Care	5	1	3	G
Staffing and Resources	2	0	1	G
Total	16	9	20	G

Key Performance Indicators:

Financial Balance, Unscheduled Care (USC) and Referral to Treatment (RTT) performance was moved to Welsh Government targeted intervention

in August 2017. Subsequently the Cabinet Secretary has in January 2018 confirmed that both Finance and Performance are areas being provided with additional support.

Unscheduled Care. At **73.6%**, performance against the 4 Hour Wait targets for Emergency Departments (ED) and Minor Injuries Units (MIU) saw an improvement in April 2018 compared to 67.8% achieved in March 2018. BCU ED experience the highest number of attendances of all the Health Boards in Wales. Over 500 less patients experienced waits of 12 hours or more in our Emergency Departments in April at **1,522** compared to 2,063 in March 2018. The number of ambulance handovers taking more than 60 minutes were also reduced in April 2018 at **835** compared to 1,172 in March 2018. This is despite the increased acuity profile of the patients presenting to our EDs. Details of what we are doing to continue with performance improvement in our EDs can be seen on pages 51 to 53.

RTT performance hasn't seen the continued improvement shown last month, with **6,404** patients experiencing waits of over 36 weeks in April 2018, approximately 600 more than at end of March 2018. The reason for the increase includes treating of patients in chronological order where previous quarter resets had been applied in accordance with the rules and reduced activity due to Bank Holidays in April. However, the Health board has committed to a plan with Welsh Government to reduce the number to no more than 4,237 patients waiting more than 36 weeks at the end of Quarter 1, 2018/19. Details of the plan and how it is being monitored can be seen on page 49.

Diagnostic waiting lists increased to **817** patients experiencing waits over 8 weeks at the end of April 2018 (compared to 472 in March 2018). This is being addressed through additional insourcing and use of the mobile theatres for endoscopy however the risk to end of year delivery is high for endoscopy and remains for radiology and neurophysiology while additional solutions are being put in place during the last two weeks of the year. Please see page 50 for details of what is being done with regards reducing waits for diagnostic tests.

31 day Non Urgent Suspected Cancer (NUSC) performance fell slightly from 99.3% in February 2018 to **98.5%** in March 2018. In line with policy, this measure has been stood down from exception reporting requirements until such a time as performance falls below the target rate.

Performance against the Cancer **62 day** target remained relatively static at **86.7%** (from 86.6%). It is a concern that the backlog of patients waiting over 62 days continues to be high. This relates directly to the constraints within Endoscopy and Urology at the present time. The challenges in Endoscopy affect the Health Board as a whole, and particularly in East due to loss of capacity on site, however, the use of mobile units on site is ensuring capacity is being addressed. In East and West, weekend Endoscopy lists have been agreed and arranged until the end of the financial year. Additional urology capacity in North West England has now

been secured and funded and this will help to reduce delays to urology surgery. Further details on page 54.

The key messages from this month's report are:

Staying Healthy

For the 2018/19 reporting period, there are 11 nationally mandated measures from the NHS Wales Delivery Framework that are in the Staying Healthy domain. Of these measures, 4 are to be reported Monthly, 5 Quarterly and 2 on an Annual basis. The 4 measures to be reported on a monthly basis are seasonal, and are reportable in October 2018 through to March 2019. These are the 4 Flu Vaccination measures.

There are a total of 19 measures that come under Local. Many of these are either old measures no longer requiring reporting, or measures that the Committee wants to keep monitoring. Of these measures, 5 are reported on a monthly basis, with 9 reported Quarterly, 4 annually and 1 Bi-annually. The 9 Quarterly reported measures are Immunisation measures, some of which are no longer in use and need to be removed.

The rate of patients with **chronic conditions** that are admitted or re-admitted as emergency admissions continues to be below target rates. The Health Board is the best and second best respectively with performance against these measures.

Data for **My Health Online** has not been available for several months and this is a problem nationally. As soon as data is available, the reports will be updated for the Committee.

Safe Care

For 2018/19, there are a total of 21 measures to be reported nationally via the NHS Wales Delivery Framework that are in the Safe Care domain. Of these, 8 are to be reported on a monthly basis, 6 on a quarterly basis, 2 bi-annually and 3 annually.

There are 26 measures under Local. Many of these are either old measures no longer requiring reporting, or measures that the Committee wants to keep monitoring. Of these measures, 21 are reported on a monthly basis, 3 Quarterly and 2 on a Bi-annual basis.

The measure **Hospital Acquired Pressure Ulcers (HAPU)** has been changed for 2018/19 and is now Healthcare Acquired Pressure Ulcers and includes pressure ulcers acquired in the community. Due to the difficulty in identifying community acquired pressure ulcers from the data, the figures for this measure only contain the Hospital Acquired Pressure Ulcers. Work is being undertaken on how to identify and collate Community Acquired Pressure Ulcer data. There were **16** Hospital Acquired Pressure Ulcers of Grade 3 or Unstageable in April 2018 and the actions being taken to reduce the incidences of pressure ulcers can be seen on page 14.

The Health Board has improved performance in **Infection Control** with **9 cases** of **C.Difficile** reported across the Health Board in April 2018, compared to 20 reported in March 2018. The number of confirmed cases of **MSSA** rose by 1 case to **13 cases** compared to 12 in March 2018. The number of confirmed cases of MRSA decreased to 1 **case** compared to 2 in March 2018. Details of what the Health Board is doing to tackle infections can be seen on pages 15 to 17.

Effective Care

For 2018/19, in the Effective Care domain, there are 12 measures that are reported nationally via the NHS Wales Delivery Framework. Of these, 7 are reported on a monthly basis, 4 Quarterly and 1 on an Annual basis.

There are 7 measures under Local, all of which are reported on a monthly basis. These measures are either old nationally mandated measures, or measures the committee wants to keep monitoring.

Risk Adjusted Mortality (RAMI) – RAMI 2017 is no longer being used as measure nationally. The latest available figure, November 2017 was **98**. This an expected fall in the rate as the 108 figure reported for October 2017 is thought to be due to delays in coding completeness. Further details on page 31.

In February 2018, **63.4%** of **episodes were clinically coded within 1 month** of the episode end date and increase from 60.5% in January 2018. The additional resources and actions put in place in the last few months are demonstrating improvement which is expected to be sustained month on month in line with the recovery trajectory provided. The backlog continues to affect accurate and timely reporting of other measures such as admissions for chronic disease, mortality and day-case rates, however, these are now beginning to be resolved as coding catches up. Despite the improvement, it is not expected that we will achieve the target rate until Quarter 2 of 2018/19. Further details can be found on page 32.

Individual Care

For 2018/19, in the Individual Care domain, there are 7 measures that are reported nationally via the NHS Wales Delivery Framework that are within the remit of this Committee. Of these, 3 are reported on a Quarterly basis, 2 Bi-annually and 3 on an Annual basis.

There are 4 measures under Local that are within the remit of this Committee. Of these, 3 are reported on a monthly basis and 1 on a quarterly basis.

In March 2018, The bed days for **non-Mental Health Delayed Transfers of Care** delayed increased from 1,690 (98 patients) to **2,379 (114 patients)**. Although the actions and processes being put in place over the last few months are working, difficulties in securing places with 3rd party providers continues to compound patient flow. As stated with last month's improved position, improvements should be noted with caution, as

sustainability is proving challenging, given the increasing difficulty being reporting in recruiting staff to provide care packages. Details can be seen on page 37.

The rate of **people leaving our Emergency Departments (ED) without being seen** fell from 12.4% in March 2018 to **10.6%** in April 2018. Wrexham Maelor Hospital remains the outlier in performance against this measure. What is being done to reduce the number of patients leaving without being seen can be viewed on page 38.

Dignified Care

For the 2018/19 reporting period, there are 9 nationally mandated measures from the NHS Wales Delivery Framework that are in the Dignified Care domain that are within the remit of this Committee. Of these, 2 are reported on a Quarterly basis, 2 Bi-annually, 4 Annually and 1 is reportable every 2 years.

There is continued concern that the number of patients having their **procedures cancelled more than once, and undergoing that procedure within 14 days** has improved but isn't as high as it should be at **31.3%** for February 2018 (the latest validated position) compared to 27.20% for January 2018. Details of what is being done to improve performance can be seen on page 42.

Timely Care

Performance in **Child & Adolescent Services (CAMHS)** has deteriorated for **commencement of therapy within 28 days of assessment** at **53%%** compared to 80.7% in February 2018. Performance has however improved to **81.8%** (from 70.6% in February 2018) for **Assessments carried out within 28 days of referral**. Details of what is being done to improve this performance can be seen on page 48.

As at the end of April 2018, **6,336** patients were waiting over 36 weeks for treatment (all specialties), an increase from the 5,714 reported at the end of March 2018. Increased scrutiny is being applied through daily RTT control totals Further information can be found on page 49.

Neurodevelopment Waiting Times are now being reported nationally. The targets for these measures are yet to be published. Details of where we are, and what we are doing to reduce waiting times for this service can be seen on page 58.

Our Staff & Resources

Sickness Rates fell from 5.1% originally reported for February 2018 (since updated due to validations to 4.97%) to **4.94%** in March 2018. Details of what is being done to reduce sickness rates can be seen on page 63.

The **financial position** of the Health Board has required the development of a detailed recovery plan with targeted support being provided from

	<p>Welsh Government. Full details are provided in the Director of Finance reports.</p> <p>Internal BCU Activity Report is presented this month as data quality issues in relation to this have now been resolved. This can be found on page 70.</p>
Special Measures Improvement Framework Theme/ Expectation addressed by this paper	This paper supports the revised governance arrangements at the Health Board and supports the Board Assurance Framework by presenting clear information on the quality and performance of the care the Health Board provides. It also addresses key indicators for mental health and primary care.
Equality Impact Assessment	The Health Board's Performance Team are establishing a rolling programme to evaluate the impact of targets across the Equality & Diversity agenda.
Recommendation/ Action required by the Board	The Board is asked to note the report.

Disclosure:

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



Integrated Quality & Performance Report 2018/19

Performance to the end of April 2018

Health Board

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Welsh Government Reportable Incidents	19	Left ED Without Being Seen	41	Staff & Resources National Summary	63		
Incidents	20	Achievements Dignified Care	42	Staff & Resources Local Summary	64		
Patient Safety Alerts	21	Dignified Care National Summary	43	Sickness	65		
Patient Safety Notices	22	Dignified Care Local Summary	44	Appraisals (Non Medical) PADR	66		

Foreword

Seven Domains

We present performance to the Board using the frameworks against which NHS Wales is measured. This report includes the indicators from the seven domains of; Staying Healthy, Safe Care, Effective Care, Dignified Care, Individual Care, Timely Care and Our Staff and Resources.

The first three domains of Staying Healthy, Safe Care, Effective Care are scrutinised at the Quality, Safety & Experience committee. The Individual Care domain has shared scrutiny, with some indicators being scrutinised by the Quality, Safety & Experience committee and the remaining indicators being scrutinised by the Finance & Performance committee. The final three domains of Dignified Care, Timely Care and Staffing & Resources are scrutinised by the Finance and Performance Committee.



Computerised Patient Administration System at Glan Clwyd Hospital

The data quality issues within the Central Area Administration System (WPAS) have now been resolved, with the data included now deemed acceptable. However, caution is still to be applied when assessing data from the cross-over period of the previous and now existing system.



Introductory Reports & Exception reports





Each new local indicator has an introductory report that gives the context of the indicator. We include exception reports where performance is either worse than the required standard or the Board require sight of the actions we are taking to maintain or improve performance. After we have achieved an indicator for three consecutive months, it will be stood down from exception reporting.

We have moved to the use of bar charts in the exception slides to show month-on-month performance.

Status Guide

Performance Against Plan & Escalation Status Update

The Health Board received the National Delivery Framework for 2017/18 during April 2017. This framework will be used by Welsh Government as part of its performance framework and aligned to the escalation framework of Welsh Government. The indicators within this framework take precedent over previous indicators and those submitted to WG as part of the 2017/18 Operational plan. A separate paper is included in this month's report that addresses the mechanism being used to incorporate new or revised indicators in future IQPR reporting. The current measures, used in this report for assessing performance are shown below.

	Green	Performance is better than the target level
	Red	Performance is worse than the target level
	Cross-hatch	Cross-hatch background. Where the background is cross-hatched this figure is the provisional , unvalidated position.
	No Target	No target level or the trajectory has not been set. This is used for new indicators which we are introducing into the report. The relevant executive director has been asked to set the target level.

Arrow and Performance against Plan

This report uses arrows to show if the position has become **better** or **worse** than the previous month. Where the arrow is coloured, **green** signifies that performance is better than where we planned to be this month, whereas **red** signals that we are worse than where we planned to be this month. Black indicates no profile plan has been set. The way we measure performance against plan is also being revised by the group noted above.

↑	The value is better than the previous month
→	The value is the same as the previous month
↓	The value is worse than the previous month

Comparison with Last Report

Comparison

The two tables below show the levels of performance compared to the last reported period in the report, usually this is last month's position, but in some cases it is the previous quarter or year. Within this summary table, only the indicators for the Board are shown.

National Indicator Summary

Domain	Improved Performance	Sustained Performance	Decline in Performance	RAG
Staying Healthy	1	3	1	G
Safe Care	4	1	0	G
Effective Care	6	0	1	G
Dignified Care	0	0	0	N/A
Individual Care	1	6	0	G
Timely Care	12	2	4	G
Staffing and Resources	2	2	3	A
Total	26	14	9	G

Local Indicator Summary

Domain	Improved Performance	Sustained Performance	Decline in Performance	RAG
Staying Healthy	1	2	1	G
Safe Care	7	3	7	G
Effective Care	1	2	2	R
Dignified Care	0	0	2	R
Individual Care	0	1	4	R
Timely Care	5	1	3	G
Staffing and Resources	2	0	1	G
Total	16	9	20	G

Our Achievements - Staying Healthy

6

I am well informed & supported to manage my own physical and mental health

Prevent the risk of Delirium by adopting Delirium 10

Members of the Dementia Team at Ysbyty Gwynedd are working with GP practices to raise awareness and prevent the development of delirium.

Delirium is a sudden change in a person's mental state or consciousness, some people may be agitated and restless or have delusions and hallucinations, others may just become unusually sleepy.

Dr Sion Jones, Consultant Physician at Ysbyty Gwynedd said: "We have seen an increase in the number of patients being admitted to hospital with delirium. This is a very serious condition, though is usually treatable. However, prevention is better than cure.

"It is a common and serious illness in people over the age of 65, for individuals diagnosed with dementia, the seriously ill and for people with a broken hip. It can also develop into other problems such as an increased risk of falls and pressure sores. Many patients with delirium



need to stay in hospital for longer, and are more likely to go into long-term care."

Someone who knows only too well what you can do to prevent delirium is Mrs Helen Griffiths from Penrhosgarnedd who looks after her husband lorys who has dementia.

Mrs Griffiths said: "It's really important to ensure that people with dementia, who are more susceptible to delirium are reminded to eat, drink, wear their glasses or hearing aid and to take their tablets. Delirium 10 is a great checklist to prevent delirium in vulnerable people and it's one that can be used by anyone who has a friend or relative with dementia."

“

Delirium 10 is a great checklist to prevent delirium in vulnerable people and it's one that can be used by anyone who has a friend or relative with dementia

”

Helen Griffiths

Staying Healthy Overview – National Standards

7

Staying Healthy		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM1	Of those women who had their initial assessment and gave birth within the same health board, the percentage of women who gave up smoking during pregnancy (by 36-38 weeks of pregnancy)	Annual	Gill Harris	No	0.0%	0	0	0	Pending Data	0		5th
DM2	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	Quarterly	Teresa Owen	No	95.0%	0	0	96.5%	Pending Data	0		-
DM3	Percentage of children who received 2 doses of the MMR vaccine by age 5	Quarterly	Teresa Owen	No	95.0%	#N/A	-	91.8%	Pending Data	0		1st
DM4	Percentage of children who are 10 days old within the reporting period who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	Quarterly	Morag Olsen	No	Improve	#N/A	-	90.2%	Pending Data	Q4-18/19		-
DM5a	% uptake of the influenza vaccine in the following groups:	Monthly	Teresa Owen	No	75.0%	0.0%	-	70.6%	N/A	Mar-18	↑	2nd
DM5b	% uptake of the influenza vaccine in the following groups:	Monthly	Teresa Owen	No	75.0%	0.0%	-	51.6%	N/A	Mar-18	↑	2nd
DM5c	% uptake of the influenza vaccine in pregnant women	Monthly	Teresa Owen	No	75.0%	0.0%	-	75.0%	N/A	Mar-18	↑	5th
DM5d	Uptake of influenza vaccination among: Health care workers	Monthly	Teresa Owen	No	62.5%	0.0%	-	54.7%	N/A	Mar-18	↑	5th
DM6	% estimated smoking population treated by smoking cessation services; year to date	Quarterly	Teresa Owen	No	5.0%	0.0%	4.5%	1.8%	2.7%	Q3-17/18	↑	2nd
DM7	% smokers treated by NHS smoking cessation CO-validated as successful; year to date	Quarterly	Teresa Owen	No	5.0%	0.0%	36.0%	32.2%	31.9%	Q3-17/18	↓	7th
DM8	The percentage of people with learning disabilities who have an annual health check	Annual	Gill Harris	No	0.0%	0	0	0	Pending Data	0	-	-

Staying Healthy Overview – Local Standards

Staying Healthy		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
Number of emergency admissions for 8 chronic conditions per 100,000 population (rolling 12 months)		Monthly	Morag Olsen	No	-	0	990	988	984	Nov-17	↑	1st
Number of emergency readmissions for 8 chronic conditions per 100,000 population (rolling 12 months)		Monthly	Morag Olsen	No	-	0	225	216	217	Nov-17	↓	3rd
% of children who received the following scheduled vaccinations at age 4:	4 in 1 pre school booster	Quarterly	Teresa Owen	No	95.0%	95%	95%	90.2%	Pending Data	Q4-17/18		-
	Hib/MenC booster	Quarterly	Teresa Owen	No	95.0%	95%	95%	-	Pending Data	Q4-17/18	→	-
	Second MMR dose	Quarterly	Teresa Owen	No	95.0%	95%	95%	-	Pending Data	Q4-17/18	→	-
% of reception class children (aged 4/5) classified as overweight or obese		AnnuallyFY	Teresa Owen	No	-	0.0%	27.0%	28.6%	Pending Data	2017/18		-
Of those practices set up to use MHOL, % who are offering appointment bookings		Monthly	Morag Olsen	No	-	0.0%	50.0%	No Data	No Data	Mar-18		-
Of those practices set up to use MHOL, % who are offering repeat prescriptions		Monthly	Morag Olsen	No	-	0.0%	90.0%	No Data	No Data	Mar-18		-
% uptake of the childhood vaccines	#N/A	#N/A	#N/A	No	#N/A	#N/A	-	96.80%	96.50%	Q3-17/18	↓	-
	Men C age 1	Quarterly	Teresa Owen	No	95.0%	0.0%	95.0%	96.40%	96.40%	Q3-17/18	→	-
	MMR1 age 2	Quarterly	Teresa Owen	No	95.0%	0.0%	95.0%	96.10%	95.30%	Q3-17/18	↓	-
	PCV age 2	Quarterly	Teresa Owen	No	95.0%	0.0%	95.0%	96.70%	95.70%	Q3-17/18	↓	-
	Hib MenC Booster age 2	Quarterly	Teresa Owen	No	95.0%	0.0%	95.0%	96.20%	95.30%	Q3-17/18	↓	-
Percentage of live singleton births with a birth weight of less than 2500 grams		Monthly	Morag Olsen	No	-	0.0%	-	6.8%	Pending Data	Apr-18		-

Our Achievements - Safe Care

I am protected from harm & protect myself from known harm

New early warning system delivers more reliable care for patients at Ysbyty Gwynedd

A pioneering early warning system on wards at Ysbyty Gwynedd is helping to save the lives of our patients.

The electronic system alerts nurses and doctors to sudden changes in a patient's condition by monitoring their vital signs such as heart and respiratory rates.

The system is being trialled across two wards at Ysbyty Gwynedd and has been developed from the National Early Warning Score (NEWS), which was brought in across Wales for hospital staff to use in 2012 to assess whether patients are developing potentially life-threatening illnesses.

Staff measure a patient's vital signs against the NEWS card before patients are given a score which is now automatically captured and displayed on the large plasma screen on the ward.

If the patient's score rises it will then prompt staff



to intervene and the system will also page rapid response teams in the most serious cases.

Consultant Physician Dr Chris Subbe, and co-author of the VITAL II study, said: "The VITAL II study is a study we undertook with Philips Healthcare.

The contact came after Phillips started using an algorithm that we developed in 2000 which is called an 'early warning score'. "They began to become very interested in how they could put that into the monitoring that they are developing.

“

The results showed us there was a reduction in mortality, especially in patients who were critically ill

”

Dr Chris Subbe
Consultant Physician

Safe Care Overview – National Standards Page 1

Safe Care		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM9	Percentage compliance for Disclosure and Barring Service checks for newly employed staff who come into contact with children	Bi-Annual	Gill Harris	No	-	-	-	-	-	-	-	-
DM10	Percentage compliance for Disclosure and Barring Service checks for newly employed staff who come into contact with adults at risk	Bi-Annual	Gill Harris	No	-	-	-	-	-	-	-	-
DM11	Number of hospital admissions with any mention of intentional self-harm for children and young people (aged 10-24 years) per 1,000 population	Annual	Andy Roach	No	Reduction	-	-	5.39	-	-		7th
DM12	Amenable mortality per 100,000 of the European standardised population	Annual	Evan Moore	No	Reduction	-	-	135	-	-	-	4th
DM13	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	Monthly	Evan Moore	No	0	-	-	-	Pending Data	Apr-18		-
DM14	Percentage of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening	Monthly	0	No	0	-	-	-	Pending Data	Apr-18		-
DM15	The number of potentially preventable hospital acquired thrombosis	Quarterly	Evan Moore	No	0	-	-	0	0	Q3 17/18		1st
DM16	Total antibacterial items per 1,000 STAR-PUs (specific therapeutic group age related prescribing unit)	Quarterly	Evan Moore	No	Reduction	-	-	307	Pending Data	Q4 17/18	↑	2nd
DM17	Fluoroquinolone, Cephalosporin, Clinamycin and Co-Amoxclave as a percentage of total antibacterial items dispensed in the community	Quarterly	Evan Moore	No	Reduction	0	-	8.36%	Pending Data	Q4 17/18	↓	4th
DM18	The cumulative rate of laboratory confirmed E.coli bacteraemias cases per 100,000 population	Monthly	Gill Harris	No	Reduction	0	0	76.17	Pending Data	Apr-18		2nd
DM19	The cumulative rate of laboratory confirmed S. Aureus Bacteraemia (MRSA and MSSA) cases per 100,000 of the population	Monthly	Gill Harris	No	Reduction	0.0	-	28.6	24.5	Apr-18	↑	1st

The Quality, Safety & Experience committee scrutinises the performance for the indicators above
Where performance has not reached the required standard, we have included an exception report

Safe Care Overview – National Standards Page 2

Safe Care		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM20	The cumulative rate of laboratory confirmed C.difficile cases per 100,000 of the population	Monthly	Gill Harris	No	-	0.0	-	39.4	15.7	Apr-18	↑	-
DM21	Non steroid anti-inflammatory drug (NSAID) average daily quantity per 1,000 STAR-PUs (specific therapeutic group age related prescribing unit)	Quarterly	Evan Moore	No	0	0	-	1,461	Pending Data	Q4-17/18		3rd
DM22	Number of Patient Safety Solutions Wales Alerts that were not assured within the agreed timescale	Quarterly	Evan Moore	No	0	0	-	0	1	Q4-17/18		-
DM23	Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	Monthly	Gill Harris	Yes	90.0%	90%	90%	17.58%	18.00%	0	↓	-
DM24	Number of new never events	Monthly	Gill Harris	Yes	0	0	-	2	0	Apr-18	↑	1st
DM25	Nutrition and Hydration	Quarterly	Gill Harris	No	N/A	N/A	N/A	-	-	-	-	-
DM26	Number of Grade 3, 4 & Unstageable healthcare (hospital or community) acquired pressure ulcers (HAPU) reported as Serious Incidents	Monthly	Gill Harris	No	21	0	-	25	16	Apr-18	↑	7th
DM27	Number of administration, dispensing & prescribing medication errors reported as Serious Incidents	Monthly	Gill Harris	No	22	0	-	0	2	Mar-18	↓	1st
DM28	Number of patient falls reported as Serious incidents	Monthly	Gill Harris	No	23	0	-	22	5	Mar-18	↑	7th
DM29	Continence Care	Monthly	Gill Harris	No	N/A	N/A	-	-	-	-	-	-

The Quality, Safety & Experience committee scrutinises the performance for the indicators above
Where performance has not reached the required standard, we have included an exception report.

Safe Care Overview – Local Standards Page 1

Safe Care	Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
Number of healthcare acquired pressure ulcers in a hospital setting	Monthly	Gill Harris	Yes	20	0	-	22	16	Apr-18	↑	-
The number of C.difficile reported cases in month	Monthly	Gill Harris	Yes	15	15	-	20	9	Apr-18	↑	-
The number of MRSA reported cases in month	Monthly	Gill Harris	Yes	2	2	-	2	1	Apr-18	↑	-
The number of MSSA reported cases in month	Monthly	Gill Harris	Yes	11	11	-	12	13	Apr-18	↓	-
% compliance with Welsh Patient Safety - Safety Solutions Wales Alerts (post Apr-14)	Monthly	Evan Moore	Yes	-	100%	100%	88.0%	88.0%	Apr-18	→	-
% compliance with Welsh Patient Safety - Safer Patients Notices (post Apr-14)	Monthly	Evan Moore	Yes	-	100%	100%	95.0%	92.0%	Apr-18	↓	-
% of complaints acknowledged within 2 working days	Monthly	Gill Harris	No	-	0%	-	94%	96%	Apr-18	↑	-
% of complaints closed within 30 working days	Monthly	Gill Harris	No	-	0.0%	50.0%	40.7%	33.7%	Feb-18	↓	-
% of complaints closed within 6 months	Monthly	Gill Harris	No	-	0.0%	80.0%	97.3%	95.0%	Oct-17	↓	-
Hand Hygiene Rates	Monthly	Gill Harris	No	95.0%	0.0%	-	94.2%	97.0%	Apr-18	↑	-
Ward Staffing Levels Fill Rate (Medical & Surgical Acute)	Monthly	Gill Harris	Yes	100%	0%	-	84%	85%	Apr-18	↑	-
Ward Staffing Skill Mix Ratio Registered : Unregistered (Medical & Surgical Acute)	Monthly	Gill Harris	Yes	60%	0%	-	55%	54%	Apr-18	↓	-
Maternity : Caesarean Section Rate	Monthly	Gill Harris	No	-	0.0%	-	25.2%	25.6%	Apr-18	↓	-

Safe Care Overview – Local Standards Page 2

Safe Care	Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
% of incidents closed within 30 days	Monthly	Gill Harris	Yes	-	0.0%	65.0%	55.0%	53%	Feb-18	↓	-
% of incidents closed within 6 months	Monthly	Gill Harris	Yes	-	0.0%	80.0%	81.0%	80.0%	Oct-17	↓	-
Of the serious incidents due for assurance within the month, % which are assured in the agreed timescale.	Monthly	Gill Harris	Yes	100%	0%	-	18%	18%	Apr-18	→	-
Number of Regulation 28 responses overdue more than 56 days	Monthly	Gill Harris	No	0	0	-	0	0	Apr-18	→	-
% of hours lost due to Intensive Care Unit delayed transfers	Monthly	Morag Olsen	Yes	5.0%	Not submitted	Not submitted	9.9%	6.6%	Mar-18	↑	-
% of Intensive Care discharges within 4 hours of patient being ready	Monthly	Morag Olsen	Yes	95.0%	Not submitted	Not submitted	41.8%	43.2%	Mar-18	↑	-
Percentage compliance for mandatory training on safeguarding children for employed staff	Bi-annual	Gill Harris	No	21	-	-	-	-	-		-
Percentage compliance for mandatory training on safeguarding adults for employed staff	Bi-annual	Gill Harris	No	20	-	-	-	-	-		-
Number of Patient Safety Solution Wales Notices that were not assured within the agreed timescales	Monthly	Evan Moore	No	0	0.00	-	0	3	Apr-18	→	-
Number of Patient Safety Solutions Wales Alerts that were not assured within the agreed timescale	Quarterly	Evan Moore	No	0	0.00	-	0	1	Apr-18	↓	-

Exception Report: Pressure Ulcers (Reportable as SUI)

Safe Care		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM26	Number of Grade 3, 4 & Unstageable healthcare (hospital or community) acquired pressure ulcers (HAPU) reported as Serious Incidents	Monthly	Gill Harris	No	21	0	-	25	16	Apr-18	↑	7th

Where we are

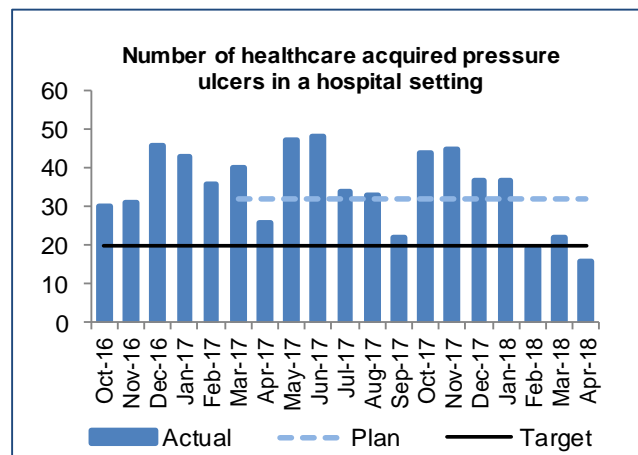
In April, a total of 16 hospital acquired pressure ulcers (HAPU) were reported in the Health Board. Of the total, 5 cases were unstageable and 11 were grade 3. Work is continuing to identify Pressure Ulcers acquired in the Community.

What are we doing about it

- Focus on HAPU prevention is to be intensified via the cascading of the 'STOP Pressure' education initiative, so encouraging clinical staff ease in accessibility to Tissue Viability education tools.
- The process of a 72 hours time framed response to a WG reportable incidents 'Making safe' initiative is to be implemented in May. This encompasses a focused investigation using the updated All Wales Review tool for pressure damage investigation 2018
- Scrutiny of cases continue as Local Managers, Tissue Viability and Clinical Governance facilitate review tool completion.

When we expect to be back on track

In adopting the above actions there is anticipation for improvement, foreseeing a downward trend to meet set targets during Quarter 1, 2018/19.



Exception Report: *C. difficile* infections

Safe Care		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM20	The cumulative rate of laboratory confirmed <i>C.difficile</i> cases per 100,000 of the population	Monthly	Gill Harris	No	-	0.0	-	39.4	15.7	Apr-18	↑	-

Where we are:

The number of people developing Clostridium difficile across North Wales remains unacceptably high. At end of April 2018, the Health Board had reported 6 infections below trajectory (9 vs 15). Rate = 15.74 vs 26.00 target.

What we are doing about it:

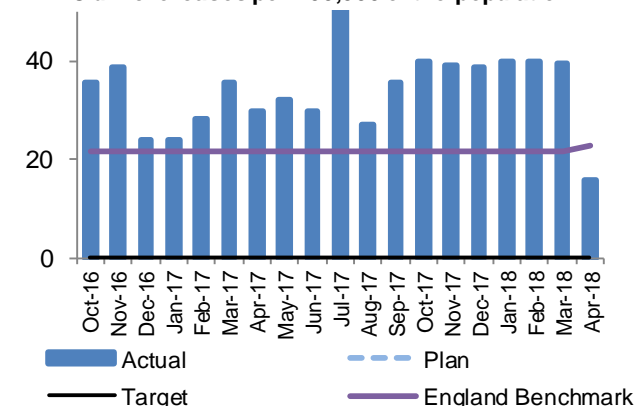
The Safe Clean Care Programme is underway, with the first 90-day plan cycle of actions nearing completion. Focus is on key standards of hand hygiene and bare below the elbow, cleanliness and clutter, antimicrobial prescribing, isolation practices, and the care of invasive devices.

Further work on cleaning and establishing a deep cleaning programme, as well as work to improve antimicrobial prescribing will have specific impact on *C difficile* infection and will be a key focus of the second 90 day plan cycle.

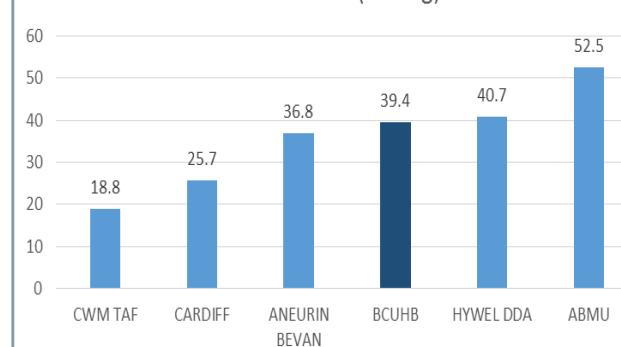
When we expect to be back on track?

The Health Board is expected to achieve the reduction targets which will be set for 2018-19.

The cumulative rate of laboratory confirmed *C.difficile* cases per 100,000 of the population



Benchmark Chart - Number of cases of *C. difficile* per 100,000 of the population - April 2017 - March 2018 (Rolling)



Exception Report: *S. aureus* infections

Safe Care		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM19	The cumulative rate of laboratory confirmed <i>S. Aureus</i> Bacteraemia (MRSA and MSSA) cases per 100,000 of the population	Monthly	Gill Harris	No	Reduction	0.0	-	28.6	24.5	Apr-18	↑	1st

Where we are:

The number of people developing Staph aureus bacteraemia across North Wales remains higher than we expect for our patients. At end April the Health Board has reported 3 infections above trajectory (14 vs 11). Rate = 24.48 vs 20.00 target. There was 1 case of MRSA bacteraemia reported in April.

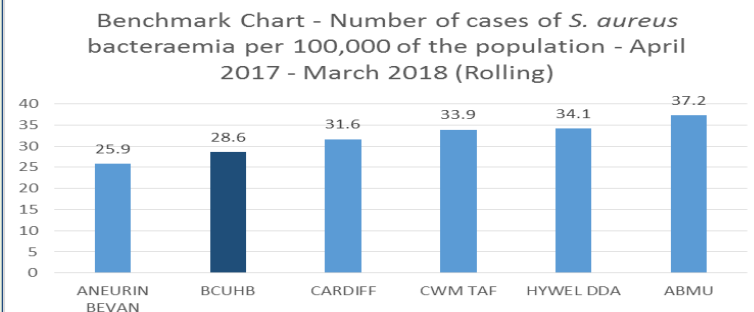
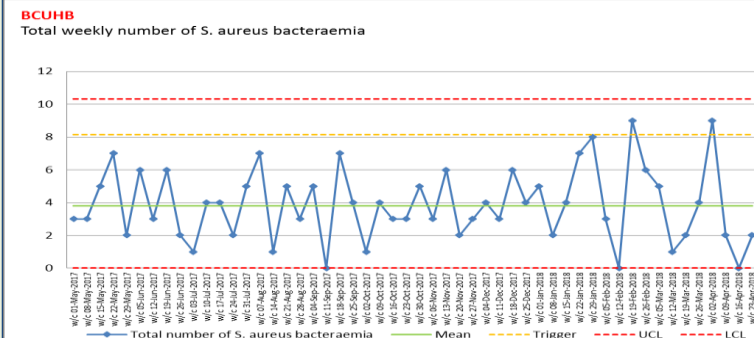
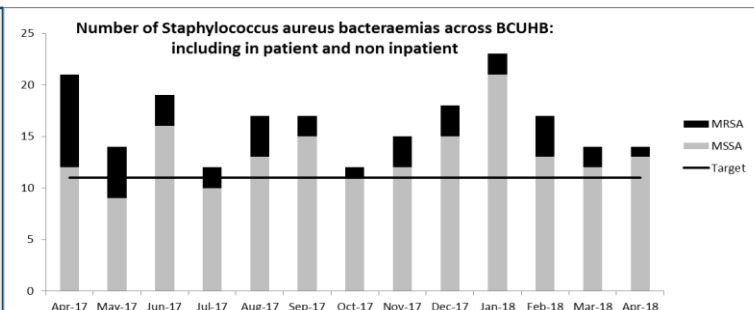
What we are doing about it

The Safe Clean Care Programme is underway, with the 90-day plan actions in progress. Focus is on key standards of hand hygiene and bare below the elbow, cleanliness and clutter, antimicrobial prescribing, isolation practices, and the care of invasive devices.

Further work on MRSA screening, isolation and the proposed implementation of routine anti-staphylococcal washing for adult admissions will have specific impact on MRSA bacteraemia infection. Further work on aseptic non-touch technique (ANTT), and care bundle implementation for invasive device care will reduce all Staph aureus bacteraemia.

When we expect to be back on track

The Health board did not achieve the target for 2017-18, but continues to focus to reduce the number of people with these infections. It is expected to achieve the reduction targets that will be set for 2018-19



Exception Report: MRSA & MSSA infections

Safe Care	Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
The number of MRSA reported cases in month	Monthly	Gill Harris	Yes	2	2	-	2	1	Apr-18	↑	-
The number of MSSA reported cases in month	Monthly	Gill Harris	Yes	11	11	-	12	13	Apr-18	↓	-

Where we are:

The number of people developing Staph aureus bacteraemia across North Wales remains higher than we expect for our patients. At the end of April the Health Board has reported 1 confirmed MRSA and 13 confirmed MSSA infections.

What we are doing about it

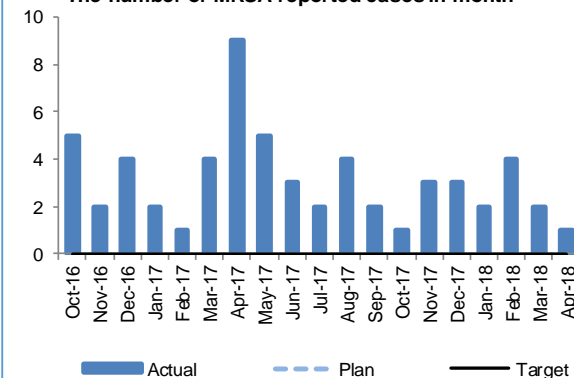
The Safe Clean Care Programme is underway, with the 90-day plan actions in progress. Focus is on key standards of hand hygiene and bare below the elbow, cleanliness and clutter, antimicrobial prescribing, isolation practices, and the care of invasive devices.

Further work on MRSA screening, isolation and the proposed implementation of routine anti-staphylococcal washing for adult admissions will have specific impact on MRSA bacteraemia infection. Further work on aseptic non-touch technique (ANTT), and care bundle implementation for invasive device care will reduce all Staph aureus bacteraemia.

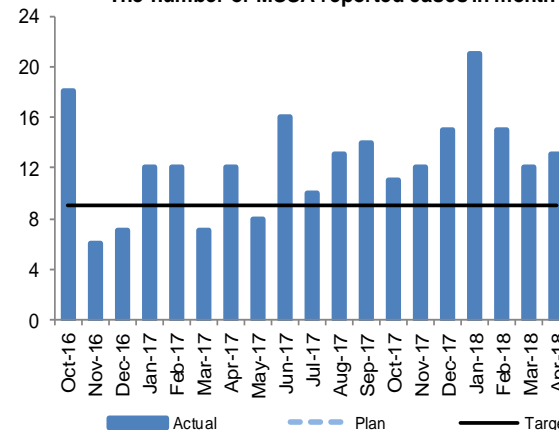
When we expect to be back on track

The Health board did not achieve the target for 2017-18, but continues to focus to reduce the number of people with these infections. It is expected to achieve the reduction targets set for 2018-19.

The number of MRSA reported cases in month



The number of MSSA reported cases in month



Exception Report: Never Events

Safe Care		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM24	Number of new never events	Monthly	Gill Harris	Yes	0	0	-	2	0	Apr-18	↑	1st

Where we are

Two Never Events were reported in March:-

- The first, logged as Wrong route administration of medication, IV medication and oral medication administered incorrectly; IV medication administered orally, oral medication administered via IV, patient complained of stinging sensation, error quickly rectified, there was no harm to the patient.
- The second, logged as Retained foreign object post-operation. Following procedure, discovered swab missing on final count, following loss of swab policy, correct procedure carried out, 9x9 swab had been left inside patient prior to skin closure. Skin reopened and swab removed immediately. Patient returned to ward and informed of incident, there was no harm to patient.

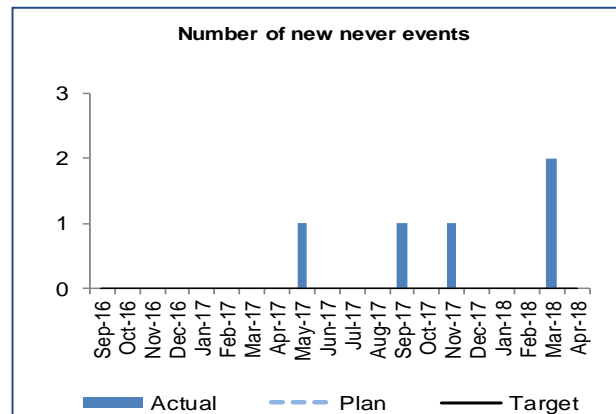
Immediate actions to make safe have been taken and these incidents are in the process of being investigated.

What are we doing about it

Never Events are fully investigated by the Health Board, with support from the delivery unit (DU) at Welsh Government to ensure that robust investigations are undertaken and that actions are completed and lessons learnt and shared across the Health Board. All Never Events are reported directly to Clinical Executives as soon as possible following the incident. Each investigation is chaired by a Director and supported by the Senior Investigation Managers.

When we expect to be back on track

Discussions are ongoing between the DU and the Chairs and Investigation Officers of the panels regarding final assurance by the DU.



Exception Report: Reportable Incidents

Safe Care		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM23	Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	Monthly	Gill Harris	Yes	90.0%	90%	90%	17.58%	18.00%	0	↓	-

Where we are: There were 91 new cases reported in April 2018, of which the top 3 incident types reported to Welsh Government (WG) were; unexpected death whilst under the direct care of a health professional, grade 3 or above healthcare associated pressure ulcer develops and Patient fall resulting in harm/death to patient. Work streams are established within the Health Board to address the incident types/themes reported. 90 cases were due a closure form in April, of those 18% (16) were submitted within timeframe.

939 serious incidents (not including No Surprises) have been reported to WG for the period April 2017 to March 2018. Of these 43% (405) closure forms have been approved and closed by WG.

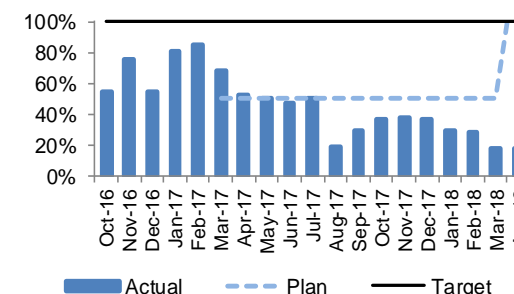
What are we doing about it: A focused approach to manage these in a timely manner and early identification of learning being put in place to:

- Review and close historic incidents and improve data quality in Datix – paper will be considered by QSG
- Review classifications on Datix to make it easier to use and data to be more meaningful
- Review of model for corporate and governance teams to allow greater support to the wider incident management

Performance against the closure within 60 working days is being monitored by the local site/area weekly concerns meetings and weekly information is provided by the Corporate Team to support this. All serious incidents graded as major/catastrophic are reported to clinical executives on a weekly basis and to the relevant lead Nurse.

When we expect to be back on track: Discussions held with WG to improve closure of WG reportable incidents. Collaborative working (particularly with WAST) is being implemented to address patient falls and healthcare associated pressure ulcers. This collaboration will focus upon the risk factors that have led to an incident occurring

Of the serious incidents due for assurance within the month, % which are assured in the agreed timescale.



Exception Report: Incidents Closed

Safe Care	Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
% of incidents closed within 30 days	Monthly	Gill Harris	Yes	-	0.0%	65.0%	55.0%	53%	Feb-18	↓	-
% of incidents closed within 6 months	Monthly	Gill Harris	Yes	-	0.0%	80.0%	81.0%	80.0%	Oct-17	↓	-

Where we are: In April 2018, 2,561 incidents were reported via Datix. Of the incidents reported, 49% (1,255) resulted in no injury, 26% (660) resulted in personal injury and less than 1% (21) resulted in death. The top 3 incidents reported are slips, trips, falls and collisions; pressure sore / decubitus ulcer and Abuse etc. Staff by Patients – these themes are a consistent trend.

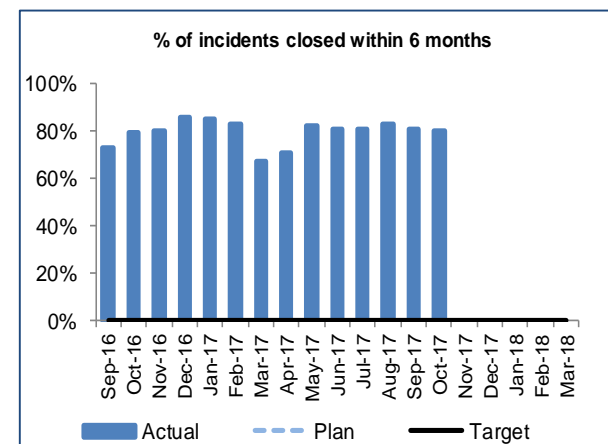
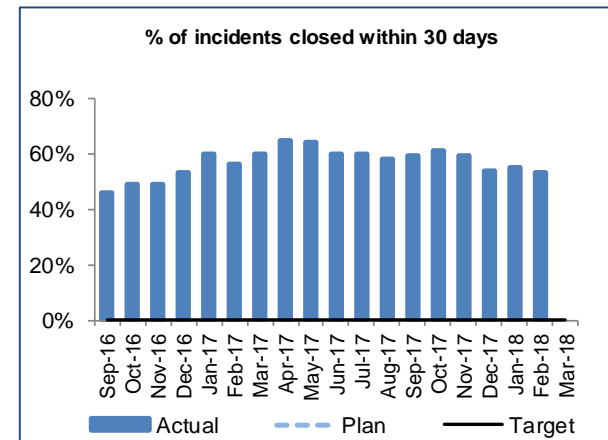
53% (1,453 from 2,724) incidents were closed within 30 days in February 2018 and 80% of incidents were closed within the 6 month timeframe.

79% (25,984 from 32,627) of the incidents reported between April 2017 and March 2018, have been finally approved.

What are we doing about it

- Incident data is include as part of the dashboards lead by the Informatics teams.
- A process of an initial 72 hour review has been implemented led by the senior operational nurse managers.
- Performance against both 30 day and 6 month response trajectories are being monitored by local daily and weekly meetings. The learning from incidents is reported to the divisional Quality & Safety Committees which are responsible for the delivery of improvement and sharing of lessons learnt.
- Reports are submitted to both the Quality and Safety Group and the Quality Safety and Experience meetings which detail themes and trends emerging. A revised reporting schedule is being implemented which requires the divisions to report on actions taken to learn from Concerns

When we expect to be back on track: The divisional Quality and Safety Committees receive monthly reports on incidents reported and at what stage of investigation they are at. Trajectories have been agreed for 2018/19 as part of the operational plan.



Exception Report: Patient Safety Alerts

Safe Care	Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
% compliance with Welsh Patient Safety - Safety Solutions Wales Alerts (post Apr-14)	Monthly	Evan Moore	Yes	-	100%	100%	88.0%	88.0%	Apr-18	→	-
Number of Patient Safety Solutions Wales Alerts that were not assured within the agreed timescale	Quarterly	Evan Moore	No	0	0.00	-	0	1	Apr-18	↓	-

Where we are

To date the Welsh Government (WG) have issued 8 Patient Safety Alerts where compliance was due during the period of this report. 1 alert remains open:

PSA008 Nasogastric tube (NGT) misplacement: continuing risk of death and severe harm. Introduced to provide increased awareness of the risks with the initial placement of NGT and the steps required to prevent harm. **Due completion 30/11/17**

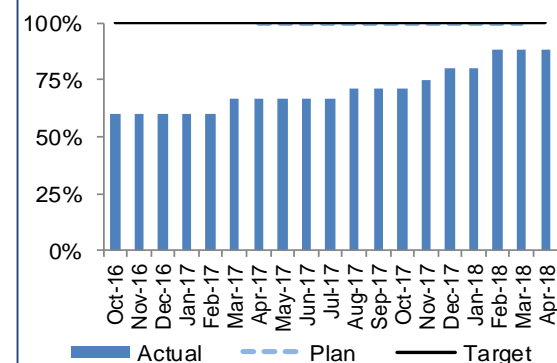
What we are doing about it

With the exception of Secondary Care, all operational divisions have declared compliance. There has been extensive work to improve safety of NGT use, but Secondary Care need to confirm training of clinical staff (both Nursing & Medical).

When we expect to be back on track

Secondary Care, Head Of Secondary Care Office has chased with Leads for each region. We are awaiting response.

% compliance with Welsh Patient Safety - Safety Solutions Wales Alerts (post Apr-14)



Exception Report: Patient Safety Notices

Safe Care	Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
% compliance with Welsh Patient Safety - Safer Patients Notices (post Apr-14)	Monthly	Evan Moore	Yes	-	100%	100%	95.0%	92.0%	Apr-18	↓	-
Number of Patient Safety Solution Wales Notices that were not assured within the agreed timescales	Monthly	Evan Moore	No	0	0.00	-	0	3	Apr-18	→	-

Where we are: Welsh Government (WG) issued 40 Patient Safety Notices (PSN) where compliance due by date is within this reporting period. The Health Board are compliant with 37 Notices, 3 remain open:

PSN030 The safe storage of medicines:

PSN034 Supporting the introduction of the National Safety Standards for Invasive Procedures

PSN041 Risk Of Death And Severe Harm From Failure To Obtain And Continue Flow From Oxygen Cylinders

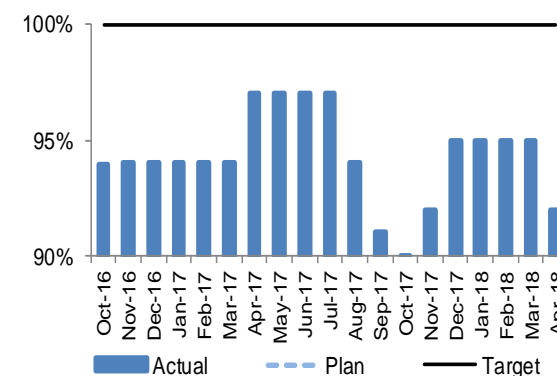
What are we doing about it: **PSN030** Escalated to the Quality & Safety Group. An audit across BCUHB against these standards has now been completed.

PSN034 – Good evidence theatres in BCUHB are compliant, statements for similar areas with high numbers of interventional procedures is awaited. These include labour wards, catheter labs and endoscopy suites. Proposals to address human factors and team training have been agreed with the Secondary Care Medical Director (MD). Details of implementation currently under discussion with Site MDs. Secondary Care have yet to declare compliance. In view of the lack of progress, this is now being escalated.

When we expect to be back on track: **PSN030** – Report received by QSG in January 2018. This outlined current state and work in progress to mitigate risks. QSG keeping under review. **PSN034** – Unclear at this time.

PSN040 – Action plan developed and alert distributed. QSG recommend that Notice is not closed until such time as assurance is given that actions are in place to ensure safety of patients. Review by QSG in June 2018 meeting.

% compliance with Welsh Patient Safety - Safer Patients Notices (post Apr-14)



Exception Report: Complaint Acknowledgement

Safe Care	Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
% of complaints acknowledged within 2 working days	Monthly	Gill Harris	No	-	0%	-	94%	96%	Apr-18	↑	-

Where we are

In the month of April the Concerns Team received 141 compliments & 130 complaints, 96% (125 complaints) were acknowledged within 2 working days. This is up on previous months.

Measures are in place for the divisions to make direct contact with complainants and resolve complaints immediately where appropriate and possible. The risk of a small decline in the compliance rate for acknowledgement was reported to the Board previously due to processes put in place to increase the number of complaints managed successfully on an 'On the Spot' basis. This position is being closely monitored by the Corporate Management team.

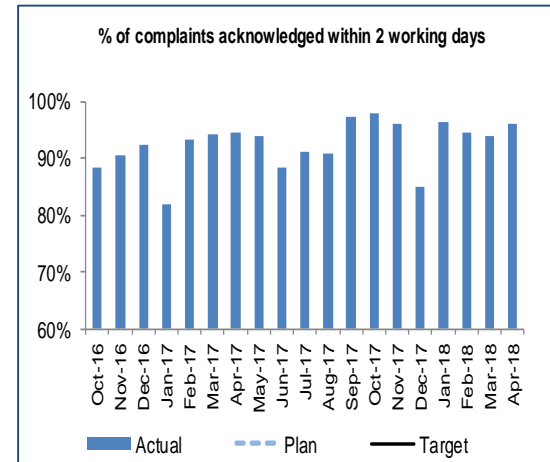
What are we doing about it

The Corporate Team monitor performance as a local KPI and this is reported to the Corporate Concerns Management Team meeting.

Discussions are ongoing and awareness raising so other areas are aware of the need to promptly forward complaints.

When we expect to be back on track

As the margin for change is so small it is difficult to establish a date.



Exception Report: Complaint Response

Safe Care	Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
% of complaints closed within 30 working days	Monthly	Gill Harris	No	-	0.0%	50.0%	40.7%	33.7%	Feb-18	↓	-
% of complaints closed within 6 months	Monthly	Gill Harris	No	-	0.0%	80.0%	97.3%	95.0%	Oct-17	↓	-

Where we are:

As of the 30th April 2018 there are 254 formal Concerns open, 47% (119) of which are overdue, 1% (3) overdue by more than 6 months.

Of the 92 concerns opened in February 34% (31) were closed within the 30 working day target.

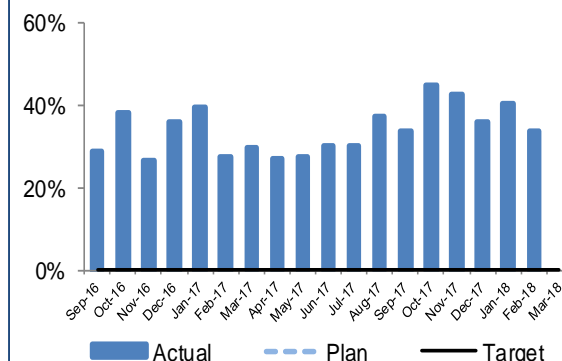
What we are doing about it

- Reduction in overall numbers open and total overdue has plateaued. Revised deadlines and trajectories set; all overdue complaints following deadlines will be required to submit a SBAR to the Director of Quality Assurance for review to understand the issues preventing resolution. These issues are being discussed at the Quality and Safety Group (QSG)
- High-level dashboard for concerns being developed with IT
- Daily, weekly and monthly monitor of performance in place
- New complaints being managed on an OTS basis where appropriate and possible to the satisfaction of the complainant
- PASS in place in YGC

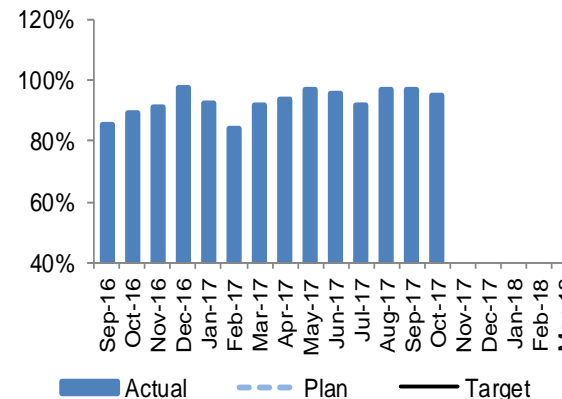
When we expect to be back on track

The QSG will monitor improvement, it is expected that we will be back on track in line with revised deadlines and trajectories by the end of June 2018.

% of complaints closed within 30 working days



% of complaints closed within 6 months



Exception Report: Delays in Transfer from ITU

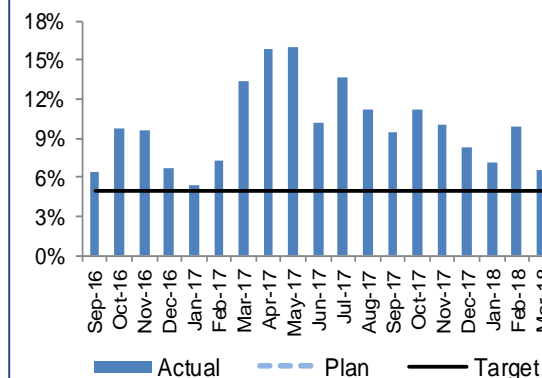
Safe Care	Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
% of hours lost due to Intensive Care Unit delayed transfers	Monthly	Morag Olsen	Yes	5.0%	Not submitted	Not submitted	9.9%	6.6%	Mar-18	↑	-
% of Intensive Care discharges within 4 hours of patient being ready	Monthly	Morag Olsen	Yes	95.0%	Not submitted	Not submitted	41.8%	43.2%	Mar-18	↑	-

Where we are:

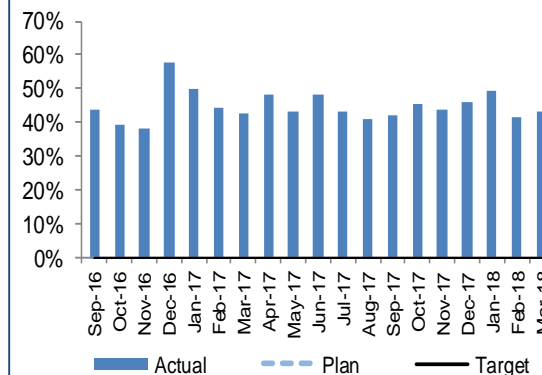
What we are doing about it:

When we expect to be back on track:

% of hours lost due to Intensive Care Unit delayed transfers



% of Intensive Care discharges within 4 hours of patient being ready



Exception Report: Caesarean Section

Safe Care	Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
Maternity : Caesarean Section Rate	Monthly	Gill Harris	No	-	0.0%	-	25.2%	25.6%	Apr-18	↓	-

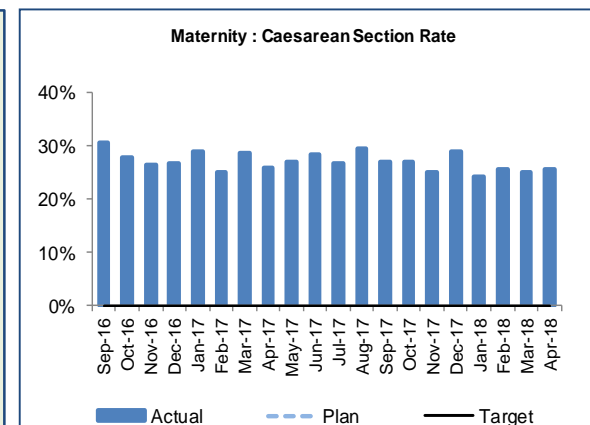
Where we are: The total Caesarean Section rate for April 2018 was slightly above target at 25.57%. This compares to 25.18% in March and 25.55% in February. However, the Elective Caesarean Section (ELCS) rate improved although just above target at 10.4% (10.97% in March). There was a 13% decrease in the number of deliveries (481 compared to 556) and an 18% decrease in the number of ELCS performed in April compared to the previous month (50 compared to 61 in March).

What we are doing about it: West - Our ELCS rate remains relatively static and on target at 10.1%. There were 3 CS for previous section and 3 for failed vaginal birth after caesarean section (VBAC). There was a decrease in the number of women attempting VBAC. We promote VBAC through our clinics to increase the number of women making this choice and continued focus on Cardiotocography (CTG) training and second stage operative vaginal deliveries as obstetricians.

Central - An increase in the number of Elective CS performed at 11.33% compared to 7.47% in March due to the number of CS for previous section (20). We continue to monitor and promote (VBAC) clinics, and more hands-on involvement of consultant obstetricians on the labour ward in order to try and reduce the need for a CS.

East – An improvement in the Elective CS rate which is below the national target at 9.3%. (14.5% in March). It was pleasing to note a 45% decrease in the number of CS performed for previous section (12 compared to 22 in March).

When we expect to be back on track: A plan of action has been drafted to take forward some of the marginal gains with the aim of achieving a reduction in the CS rate locally. The YGC team are in the process of preparing a Business Case which accompanies the plan of action to reduce the CS rates. The Business Case is scheduled to be presented to the Women's Board on the 25th May 2018. However, The Montgomery ruling and the Parliament Bill favouring Elective CS based on maternal choice may lead to an increase the Elective CS rate.



Exception Report: Harms Dashboard

This is a high level summary. More in-depth figures and analysis will be provided in the Quarterly Thematic Review. The Harms Dashboard contains data on Inpatient Wards only and figures will therefore be different for similar measures to those reported elsewhere in this report

Where we are:

50% of BCUHB adult inpatient wards were harm free during April 2018 (an decrease from 55% in March). Acute sites contributed to 82% of all reported harm incidents

(Harm Free: i.e. no falls with harm, no HAPUs grade 3 and above, no catastrophic or major medication errors and no C Diff, MRSA, MSSA or E Coli bacteraemia infections)

Of all incidents that resulted in harm:

- 13 (18%) were infections (C Diff, MRSA, MSSA or E Coli bacteraemia)*
- 32 (45%) were HAPUs (grade 3 and above) **
- and 26 (37%) were falls resulting in harm
- No severe or catastrophic medication incidents reported

Change since March 2018:

- Infection rates have decreased (mostly due to decrease at WMH and YGC)
- HAPU numbers have increased at WMH and YGC, but have decreased at YG
- The number of falls with harm recorded at acute sites have decreased (WMH and YG), but have increased at community and MH sites

What we are doing about it and when we expect to be back on track:

* Please refer to the C.Diff, MRSA and MSSA Exception Reports for details of what is being done to reduce incidences of these and when we expect to be back on track..

** Please refer to the HAPU Exception Report for more detail on what is being done to reduce the number of HAPU and when we expect to be back on track.

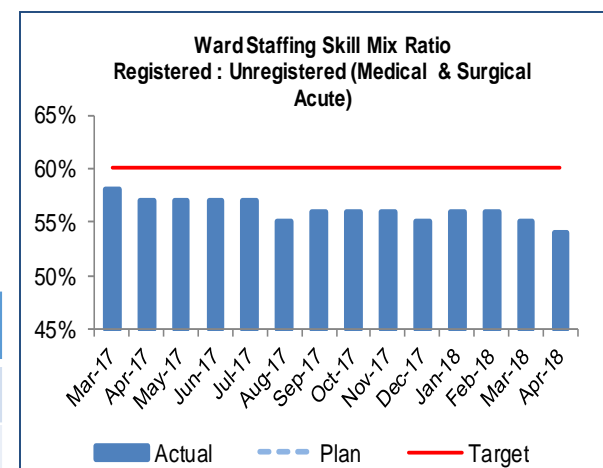
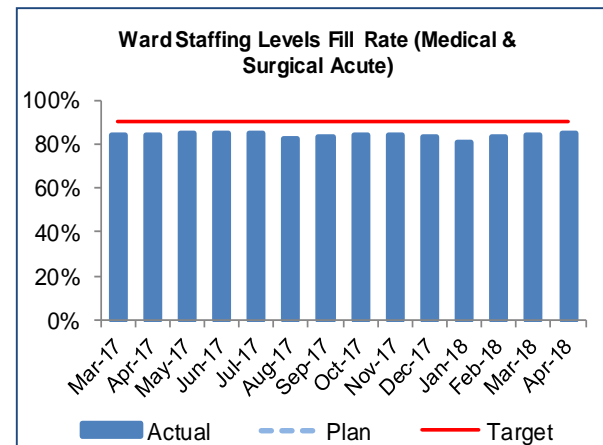
Exception Report: Ward Staffing

Safe Care	Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
Ward Staffing Levels Fill Rate (Medical & Surgical Acute)	Monthly	Gill Harris	Yes	100%	0%	-	84%	85%	Apr-18	↑	-
Ward Staffing Skill Mix Ratio Registered : Unregistered (Medical & Surgical Acute)	Monthly	Gill Harris	Yes	60%	0%	-	55%	54%	Apr-18	↓	-

Where we are: At **85%**, the fill rates remain similar compared to last month. There are currently 230 wte Registered Nurse (RN) and 36 wte Health Care Assistant (HCA) vacancies across Secondary Care which demonstrates a decrease for RNs and increase for HCSW compared to February 2018. Successful RN recruitment drives have occurred, but not in sufficient numbers to close the vacancy gap. RNs remain within the recruitment phase, with graduates appointed to posts that have commenced in May, with further appointments August and September 2018. Each site continues to have escalation beds open although these numbers are reducing.

What are we doing about it: Staffing is reviewed daily and risks to patient safety mitigated by moving staff to support depleted areas, escalated beds and high acuity. Additional bank HCSW and agency RNs are being used. Safe Care (e-roster) is operational in YGC and is being rolled out across YG. Full roll out is anticipated within YG by end of May. Establishment reviews have occurred for the Acute Medical and Surgical Wards defined by the All Wales Nurse Staffing Act (2016), and work is underway to address the recommendations from the Establishment Review. Recruitment drives are continuing and the newly appointed central recruitment team will be beneficial to progressing newly appointed RNs within the recruitment phase.

When we expect to be back on track: April 2018 will see a cohort of graduate nurses commencing, with further improvement in the Autumn of 2018.



Measure	West	Central	East	BCU
% Roster Filled	85%	86%	82%	85%
% Registered Nurses	52%	54%	56%	54%

Our Achievements - Effective Care

I receive the right care & support as locally as possible & I contribute to making that care successful

£2.3m for new hybrid theatre for vascular surgery at Glan Clwyd Hospital

Plans for a new hybrid theatre for vascular surgery at Glan Clwyd Hospital were finalised yesterday as Welsh Government confirmed almost £2.3 million in funding.

The project has also been supported by a legacy of more than £500,000 from the Livsey Trust. The charitable trust, set up in memory of former Rhos-on-Sea residents Robert and Flora Livsey, supports services at Glan Clwyd Hospital.

The funding will convert an existing theatre into a state-of-the-art hybrid theatre capable of performing complex vascular surgery. It will support a new vascular network model centred at Glan Clwyd Hospital and retaining procedures at Ysbyty Gwynedd and Wrexham Maelor Hospital.

The network model for vascular surgery was recommended in an invited review by the Royal College of Surgeons, and will mirror best practice provision across the UK.



The new theatre will allow a full range of procedures to be carried out in a single room. It will be equipped with advanced medical imaging devices, meaning theatre and radiology staff can work together, with patients benefiting from imaging and minimally invasive surgical procedures at the same time and in the same place.

The one site approach will also provide an improvement to surgical training, allowing multi-professional training in one place.

“

This is an exciting development for vascular surgery in the area. There are many patient benefits to centralising complex services on one site; in particular we expect to see faster recovery times as a result of procedures being undertaken using less invasive techniques.

Vaughan Gething AM
Cabinet Secretary for
Health and Social
Services

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Effective Care Overview – National Standards

Effective Care		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM30	Number of health board mental health delayed transfers of care (Rolling 12 months)	Monthly	Morag Olsen	Yes	-	-	-	98	114	Apr-18	↓	-
DM31	Number of health board NON-mental health delayed transfers of care (Rolling 12 months)	Monthly	Morag Olsen	Yes	-	-	-	0	Pending Data	0		-
DM32	Percentage of universal mortality reviews (UMRs) undertaken within 28 days of a death	Monthly	Evan Moore	Yes	95.0%	95%	95%	87.20%	88.3%	Apr-18	↑	1st
DM33	Crude mortality rate of patients under 75 years of age	Monthly	Evan Moore	No	Reduce	0.74%	0.74%	0.78%	0.83%	Mar-18	↓	4th
DM34	Percentage compliance of the completed level 1 Information Governance (Wales) training element of the Core Skills and Training Framework	Monthly	Sue Green	No	-	0	0	0	Pending Data	0		-
DM35	Percentage episodes clinically coded within 1 month of the episode end date	Monthly	Evan Moore	Yes	95.0%	Not submitted	Not submitted	60.5%	63.4%	Feb-18	↑	7th
DM36	Percentage of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	Annually	Evan Moore	No	86.7%	#N/A	-	84.20%	Pending Data	2017/18		7th
DM37	All new medicines recommended by AWMSG and NICE, including interim recommendations for cancer medicines, must be made available where clinically appropriate,	Monthly	Evan Moore	No	100.0%	-	-	95.10%	98.1%	Q3-17/18	↑	2nd
DM38	Number of Health & Care Research Wales clinical research portfolio studies (quarterly Year-To-Date figure)	Quarterly	Evan Moore	No	-	0	80	59	69	Q2-17/18	↑	3rd
DM39	Number of commercially sponsored studies (rolling 4 quarter sum)	Quarterly	Evan Moore	No	-	0	6	6	8	Q3-17/18	↑	4th
DM40	Number of patients recruited into Health & Care Research Wales clinical research portfolio studies (quarterly Year-To-Date figure)	Quarterly	Evan Moore	No	-	0	1,269	802	1,341	Q3-17/18	↑	3rd
DM41	Number of patients recruited into commercially sponsored studies (rolling 4 quarter sum)	Quarterly	Evan Moore	No	-	0	456	65	77	Q3-17/18	↑	4th

The indicators above are monitored at the Quality, Safety & Experience committee
An exception report is included for indicators which are not achieving the standard.

Effective Care Overview – Local Standards

Effective Care	Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
Crude Mortality - rolling 12 months	Monthly	Evan Moore	Yes	-	0.0%	1.6%	1.8%	1.9%	Mar-18	↓	-
Risk Adjusted Mortality Index (Rolling 12 Months) based on RAMI 2017	Monthly	Evan Moore	No	-	0	108	108	96	Nov-17	↑	-
% of procedures undertaken as a daycase	Monthly	Morag Olsen	No	-	0.0%	80.0%	81.4%	81.1%	Dec-17	↓	-
British Association of Day Surgery (BADs) basket of procedures score	Monthly	Morag Olsen	No	-	0.0%	85.0%	91.6%	93.8%	Jan-18	↑	-
Average Length of Stay (Elective Admissions)	Monthly	Morag Olsen	No	-	Not submitted	Not submitted	2.9	2.9	Mar-18	→	-
Average Length of Stay (Emergency Admissions)	Monthly	Morag Olsen	No	-	0.0	10.6	11.5	11.5	Mar-18	→	-
Average Length of Stay - Community Hospitals	Monthly	Morag Olsen	Yes	-	0.0	-	27.3	27.8	Apr-18	↓	-

The Quality, Safety & Experience committee monitors the indicators above.
We have included an exception report for any area not achieving the standard.

Exception Report: Risk Adjusted Mortality

Effective Care		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM32	Percentage of universal mortality reviews (UMRs) undertaken within 28 days of a death	Monthly	Evan Moore	Yes	95.0%	95%	95%	87.20%	88.3%	Apr-18	↑	1st
DM33	Crude mortality rate of patients under 75 years of age	Monthly	Evan Moore	No	Reduce	0.74%	0.74%	0.78%	0.83%	Mar-18	↓	4th
Crude Mortality - rolling 12 months		Monthly	Evan Moore	Yes	-	0.0%	1.6%	1.8%	1.9%	Mar-18	↓	-
Risk Adjusted Mortality Index (Rolling 12 Months) based on RAMI 2017		Monthly	Evan Moore	No	-	0	108	108	96	Nov-17	↑	-

Where we are: RAMI 2017 and (Overall) Crude Mortality have been removed from national reporting requirements of the NHS Wales Delivery Framework for 2018/19 and are now monitored as Local measures. Coding completeness affects these figures and despite improvements, it not yet at the required level and these figures should be considered with caution.

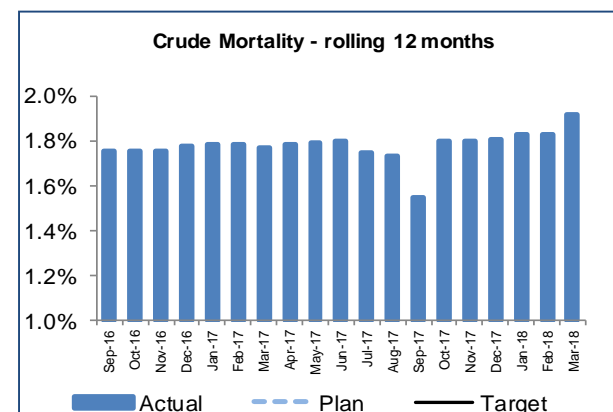
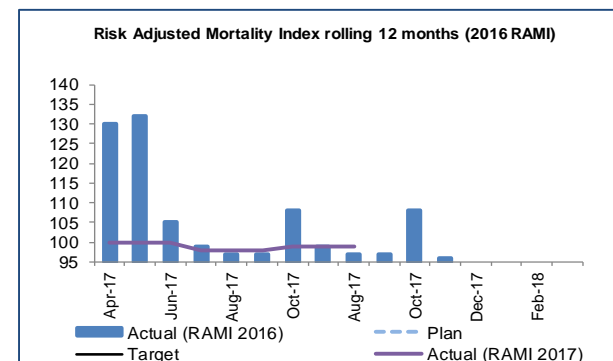
Crude mortality (<75 yoa) reported as a rolling 12 months the mean rate is 0.83% up compared to 0.78% reported in January 2018.

What we are doing about it: The strategy is to reduce avoidable mortality. Updating on actions

- Learning from Deaths policy agreed by QSG
- RRAILS peer review completed and draft received. Action plan will follow
- Acute Kidney Injury (AKI) agreed at RAMC this to be progressed as area of focus
- ED YGC Mortality, Stroke, Fractured Neck of Femur- work in progress

When we expect to be back on track: Further changes will come at a slower pace as they require progressive work in key programme areas listed above.

Due to the arrears in coding and the work required to implement these changes, improvements will not be seen for at least 18 months.



Exception Report: Clinical Coding

Effective Care		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM35	Percentage episodes clinically coded within 1 month of the episode end date	Monthly	Evan Moore	Yes	95.0%	Not submitted	Not submitted	60.5%	63.4%	Feb-18	↑	7th
DM36	Percentage of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	Annually	Evan Moore	No	86.7%	#N/A	-	84.20%	Pending Data	2017/18		7th

Where we are

The current coding backlog to reach the National Welsh Target is currently at 19,012 episodes. This is approximately 1 month behind the predicted trajectory.

The DM35 position is up from 60.5% in January 2018 to 63.4% in February 2018.

The Health Board is currently showing as having 87.9% of activity coded to the one month national target.

What are we doing about it

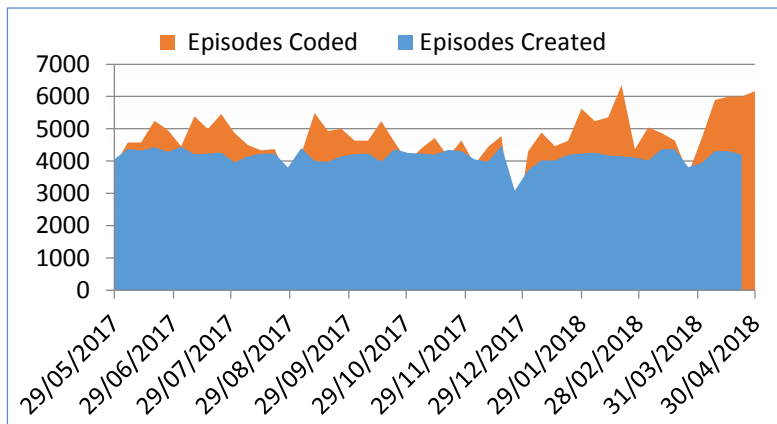
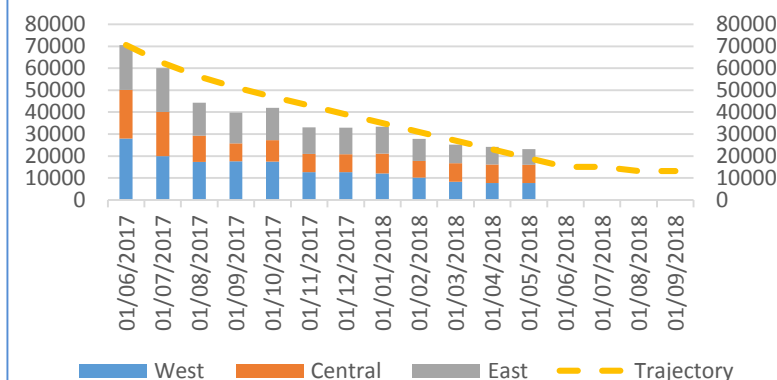
Agency coders are currently being utilised in addition to offering Health Board staff over time. During April 2018 the coding department coded 5,822 more episodes than were created. This is above the predicted backlog reduction for April.

When we expect to be back on track

It is anticipated that the coding completeness will be reaching Welsh Government target by Q2 of 2018/19.

Some areas of service are being coded now real time to improve data availability as the coding backlog clears more areas will follow this model.

Coding Backlog Improvement Trajectory



Exception Report: Community Length of Stay

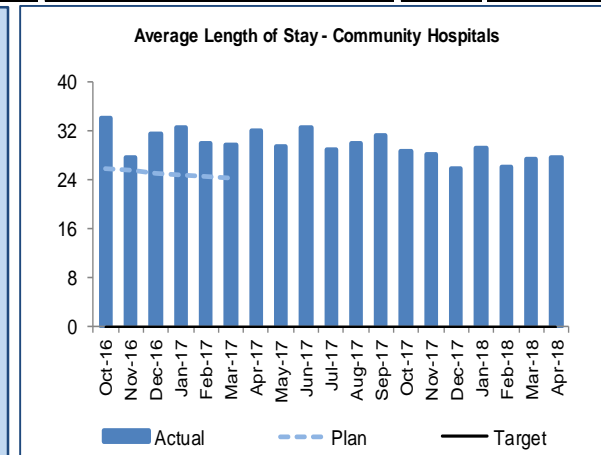
Effective Care	Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
Average Length of Stay - Community Hospitals	Monthly	Morag Olsen	Yes	-	0.0	-	27.3	27.8	Apr-18	↓	-

Where we are: The average length of stay (ALoS) in community hospitals in April 2018 was 27.8 compared to 27.3 days in March 2018. The actions identified in last month's report are continuing and outcomes will be monitored over time to ensure these are effective.

What we are doing about it: Ongoing focus on discharge planning and patient flow to reduce ALoS

- Work continues with hospitals to maximise patient flow and optimise pathways.
- All DToC patients are reviewed daily by discharge teams ensuring issues can be escalated to appropriate service managers in the areas and local authorities.
- Continued introduction of SAFER and Red2Green in community hospitals and community nursing. Targeted training is currently being undertaken to support this.
- Transformational groups with multi-professional involvement across the community hospital sites to lead continuous quality improvement.
- Robust compliance with the discharge and choice policy in community hospitals.
- Support for the #endPJparalysis campaign across all sites with shared learning and roll out of the mobility and hydration bundles.
- Focus on ensuring 100% EDD compliance, and demonstrating that this is based on an MDT decision
- Weekly scrutiny of all patients which is clinically led by the senior health management team and involves the MDT and local authority and a weekly review of all delayed transfers of care to escalate blockages to appropriate managers of services.

When we expect to be back on track: Continued collaboration with multiple agencies to improve ALoS of patients in community hospitals, however, there are issues with the capacity of domiciliary care providers to support timely discharge across counties. Working to identify step down care where appropriate for patients to support discharges. The transformational groups are driving ongoing improvement with engagement across professions.



Our Achievements - Individual Care

I am treated as an individual, with my own needs and responsibilities

Patient interview panels introduced as part of drive to improve mental health care

Patients and carers are playing an active part in the recruitment of new mental health and substance misuse staff in North Wales.

As part of a new initiative, service users and their carers are sitting on interview panels for jobs at Betsi Cadwaladr University Health Board.

The move forms part of ongoing efforts to give people with a lived experience of mental health and substance misuse issues a stronger voice while ensuring that candidates' values align with those of the health board.

Service users and carers are now given the opportunity to sit on interview panels and ask candidates a range of questions to assess their values, behaviours and motives.

A separate panel of healthcare professionals also assess candidates' professional knowledge.

While many health organisations employ a



based approach to interviewing, BCUHB are thought to be amongst the first in the UK to give service users an equal say in the appointment process. Hilary Vaughan from Wrexham is one of a number of service users and carers who have been involved in the interview process. She said:

"I've been a mental health service user since the age of 17 but I've never really engaged in services because it always felt like they just wanted to tick a box.

“

Being part of the interview panels has been a real eye opener and I feel like I'm being really listened to. Before I couldn't be in a room with more than five people and I still suffer from anxiety, but I feel like I've come a long way.

”

Hilary Vaughan

Service user taking part in values based interviews

Individual Care Overview – National Standards

Individual Care		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM77	Evidence of advancing Equality throughout the organisation	BiAnnually	Sue Green	No	QRS	-	-	Yes	Yes	Mar-18		-
DM78	Qualitative report detailing progress against the 5 standards that enable the health and wellbeing of homeless and vulnerable groups to be identified and targeted	Annually	Teresa Owen	No	QRS	-	-	N/A	N/A			-
DM79	Qualitative report detailing the achievements made towards implementation of the all Wales standard for accessible communication and information for people with sensory loss	Annually	Gill Harris	No	QRS	-	-	N/A	N/A			-
DM80	Evidence of promoting and using the Welsh Language throughout the organisation as per the 'more than words' document	BiAnnually	Gary Doherty	No	QRS	-	-	Yes	Yes	Mar-18		-
DM81	Time at home	Annually	#N/A	No	QRS	-	-	N/A	N/A			-
DM82	Number of mental health calls to the 'CALL' helpline	Quarterly	Andy Roach	No	0			214	210.1	Q4-17/18	↓	2nd
DM83	Number of calls relating to dementia to the 'Dementia' helpline	Quarterly	Andy Roach	No	0			11.2	10.6	Q4-17/18	↓	2nd
DM84	Number of calls relating to drugs and alcohol to the 'DAN 24/7' helpline	Quarterly	Andy Roach	No	0			76.9	40.1	Q4-17/18	↓	1st
DM85	% of LHB residents (all ages) to have a valid CTP completed at the end of each month	Monthly	Andy Roach	Yes	90.0%	0.0%	-	85.4%	87.8%	Apr-18	↑	7th
DM86	Service users assessed under part 3 to be sent a copy of the assessment in 10 working days	Monthly	Andy Roach	No	100.0%	0.0%	100.0%	100.0%	100.0%	Mar-18	→	1st

QRS = Qualitative Report Submitted

Where we have not achieved a target, we have included an exception report.

Individual Care Overview – Local Standards

Individual Care	Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
The number of non-mental health bed days lost due to delayed transfers of care in the month	Monthly	Morag Olsen	No	-	0	-	1,690	2,379	Apr-18	↓	-
% of hospitals with arrangements to ensure advocacy available to qualifying patients	Quarterly	Andy Roach	No	100%	0%	100%	100%	100%	Q4-18/19	→	1st
Patients who leave ED without being seen	Monthly	Morag Olsen	Yes	-	0.0%	-	12.4%	10.6%	Apr-18	↑	-
Delayed transfers of Care per 10,000 population, Rolling 12 monthsMental Health	Monthly	Andy Roach	No	2.70	0.00	-	3.01	3.17	Apr-18	↓	5th
Delayed transfers of Care per 10,000 population, rolling 12 monthsNon Mental Health aged over 65	Monthly	Morag Olsen	Yes	129.5	0.0	-	158.3	163.0	Apr-18	↓	5th

The Individual Care domain has shared scrutiny between our Finance & Performance committee and our Quality, Safety & Experience committee. Only the Finance & Performance committee indicators are shown above.

Exception Report: Delayed Transfers of Care

Individual Care	Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
The number of non-mental health bed days lost due to delayed transfers of care in the month	Monthly	Morag Olsen	No	-	0	-	1,690	2,379	Apr-18	↓	-
Delayed transfers of Care per 10,000 population, rolling 12 months Non Mental Health aged over 65	Monthly	Morag Olsen	Yes	129.5	0.0	-	158.3	163.0	Apr-18	↓	5th

Where we are

In April 2018 the number of Non Mental Health delays increased from 98 to 114, this represents the highest month of the past financial year. The rolling target is not being attained.

Behind the increase is a mixed picture across North Wales with the greatest numbers of delayed patients occurring in Wrexham and Gwynedd. Conwy and Denbighshire remain the counties with the lowest numbers of delays. The largest increase in delayed patients occurred in Flintshire with 6 patients.

The codes relating to Patient Placement still make up the largest group. The second largest group relate to Home Care delays and this is continuing to be reported from Local Authorities as a significant challenge.

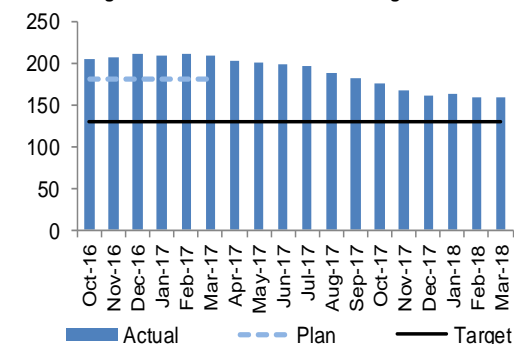
What we are doing about it

Work is ongoing with all 6 local authorities to review patients twice weekly and to act on delays or system blockages. Weekly reports are provided to the Chief Executive Officer.

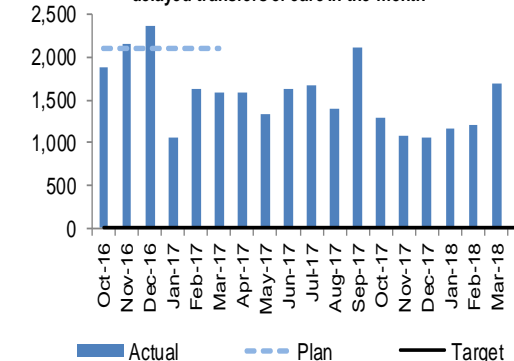
When we expect to be back on track

Ongoing focus and work in collaboration with local authority and placement providers to delays in patient care, however, there are ongoing issues with the capacity of domiciliary care providers to support timely discharge across counties.

Delayed transfers of Care per 10,000 population, rolling 12 months Non Mental Health aged over 65



The number of non-mental health bed days lost due to delayed transfers of care in the month



Exception Report: Care & Treatment Plans

Individual Care		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM85	% of LHB residents (all ages) to have a valid CTP completed at the end of each month	Monthly	Andy Roach	Yes	90.0%	0.0%	-	85.4%	87.8%	Apr-18	↑	7th

Where we are: The Mental Health & Learning Disability (MHLD) are currently non-compliant with the Welsh Government target (90%) and are currently performing at 87.8% (4,972 from 5,664), broken down as follows:-

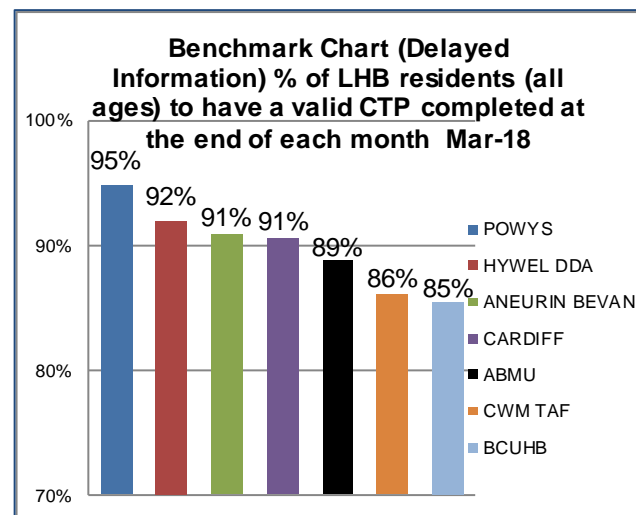
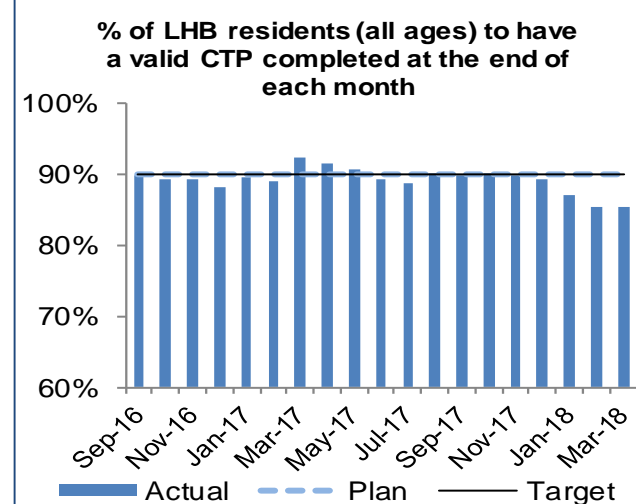
Adult Community Mental Health – 86.4% (3755 of 4345)

OPMH Community Mental Health – 91.7% (1093 of 1192)

Learning Disability Services – 97.6% (124 of 127)

What are we doing about it: April has seen an overall improvement on the performance from the last exception report raising compliance from 85.1% to 87.8%. The largest number of invalid Care and Treatment Plans are with the Conwy Adult team due to a historic waiting list however these are currently being reviewed by local managers. The Division will need to complete 126 Care and Treatment plans to meet the 90% target. Weekly reports are compiled by the Information Team and circulated to Service, County and Team Managers in relation current performance of Parts 1, 2 & 3 of the Mental Health Measure. Reports are then disseminated to individual care coordinators via team Administrators. Service Managers are accountable for developing and implementing local action plans to improve targets. The Mental Health Measure Leads are currently undertaking caseload validation in local teams which may impact the compliance during the validation. It is anticipate this will take 6 months from commencement in January 2018.

When we expect to be back on track: We are currently performing on target in Older People's Services and Learning Disability Services for the percentage of residents with a valid CTP completed. Adult services are non-compliant.



Exception Report: Delayed Transfers of Care Mental Health

Individual Care	Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
Delayed transfers of Care per 10,000 population, Rolling 12 months Mental Health	Monthly	Andy Roach	No	2.70	0.00	-	3.01	3.17	Apr-18	↓	5th

Where we are

In April 2018, the rate of Delayed Transfers of Care in Mental Health was **3.17** per 10,000 population.

What are we doing about it

Strengthened adherence to the DToC procedure.

DTOC processes have been streamlined and have effective high level scrutiny.

Discussion in the daily bed management calls

Scrutiny at weekly locality meetings with accountable managers lead by Heads of Operations

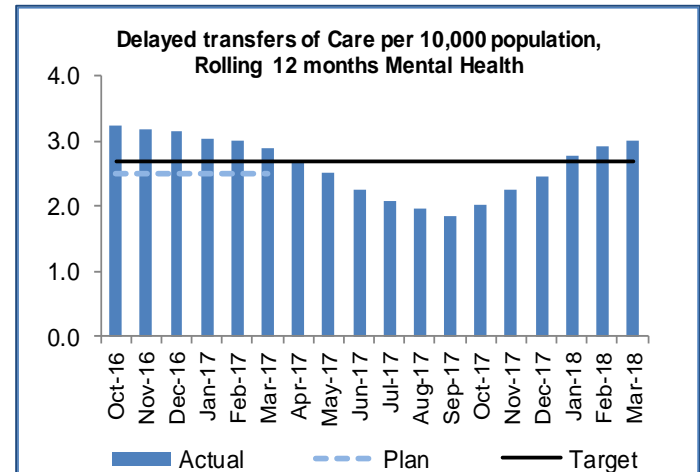
Greater scrutiny and review of patients currently registered as DToC and progress of DToC situations being carried out.

Regular reporting to Divisional Directors on DToC position.

Closer engagement with CHC and local authorities to address delays and improved accuracy of reporting DToC.

When we expect to be back on track

Continued reduction in DTOC with tracked improvement – actions are underway; process is in place to manage.



Exception Report: ED Left Without Being Seen

Individual Care	Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
Patients who leave ED without being seen	Monthly	Morag Olsen	Yes	-	0.0%	-	12.4%	10.6%	Apr-18	↑	-

Where we are

The performance across North Wales improved in April with the most significant improvement in Wrexham where there was a 5.5% reduction in the number of patients who LWBS. YG remained static at 7.0% with YGC seeing a 1% deterioration. Wrexham remains the outlier with the improvement reflected in the overall improvement of the 4hr performance in the month. A data entry issue has been identified with up to 1% of Wrexham patients being wrongly categorised as LWBS. These are patients who were seen by a Clinician but self discharged against medical advice. Clarity is being sought by the information dept. on whether these patients should be excluded. The trend in the number of patients who leave the Emergency departments without being seen by a Clinician (LWBS) is reflected in the overall performance against the 4hr target. When the overall performance improves, the percentage of patients who LWBS reduces.

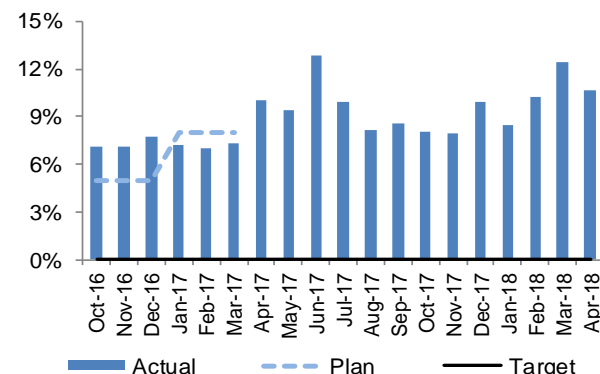
What are we doing about it

Work is continuously ongoing to improve the overall performance against the 4hr target. There are significant challenges to all three sites due to the ward discharges enabling flow from ED to ward beds. Overall performance improvement will see a reduction in the number of patients who LWBS and therefore reduce the potential Clinical risk to these patients. The Wrexham ED Team discuss at monthly Clinical Governance meetings managing the clinical risk to these patients.

When we expect to be back on track

Work is ongoing to improve the overall performance of the 4 hour target which in turn reduces the number of patients who leave without being seen. Further transformational work with Area colleagues due to commence in the coming months is expected to support overall improvements

Patients who leave ED without being seen



Our Achievements - Dignified Care

I am treated with dignity & respect and treat others the same

Patients encouraged to get active as part of national health improvement drive

NHS staff across North Wales are backing a national initiative to improve inpatients' health and wellbeing by encouraging them to stay active while in hospital.

The #endPJParalysis project encourages healthcare staff to get people within their care to engage in physical and cognitive activity.

As part of the celebrations of the 70th birthday of the NHS staff are embarking on a drive to encourage patients to get up, get dressed and get moving.

The concept of PJ paralysis references the degenerative effect on patients who are bedbound for long periods of time.

Research shows that staying in bed for over a week in hospital can cause patients to lose over ten percent of their muscle mass through inactivity, and that 60 per cent of immobile patients had no medical reason that required bed rest.



As part of the movement, staff throughout Betsi Cadwaladr University Health Board are encouraging patients to increase their activity. Initiatives include communal dining and activities at Colwyn Bay Hospital, patients at Denbigh Hospital taking part in a new breakfast club aimed at getting patients up and active, and staff at Wrexham Maelor wearing their pyjamas to help strike up a conversation with patients and families about the issue.

Adrian Thomas, Executive Director of Therapies and Health Sciences, said: "We are embracing the national campaign to end "PJ paralysis", and our staff will be helping patients get out of bed and back on their feet.

“

When patients are immobile in bed for prolonged periods of time they are at risk of a number of health complications, including a deterioration in their mobility, and increased risk of pressure sores and pneumonia

Adrian Thomas
Executive Director of
Therapies and Health
Sciences

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Dignified Care Overview – National Standards

43

Dignified Care		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM42	The average rating given by the public (aged 16+) for the overall satisfaction with health services in Wales	Every 2 Years	Gill Harris	No	0	Not submitted	Not submitted	6.26	Pending Data	2016/17		2nd
DM43	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	Monthly	Morag Olsen	Yes	0	0	0	0	Pending Data	0		-
DM44	Number of patients aged 75 and over with an AEC (Anticholinergic Effect on Condition) of 3 or more for items on active repeat, as a percentage of all patients aged 75 years and over	Quarterly	Evan Moore	No	Reduction	0	0	N/A	7.4%	Q4 17/18	↑	3rd
DM45	Evidence of how NHS organisations are responding to service user experience to improve services	Annual	Gill Harris	No	0	0	0	0	Pending Data	0		-
DM46	The percentage of concerns that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the concern was first received by the organisation	Quarterly	Gill Harris	Yes	75.0%	0	0	0	Pending Data	0		-
DM47	Percentage of people in Wales registered at a GP practice (age 65 or over) who are diagnosed with Dementia	Annual	Morag Olsen	No	0	0	0	51.60%	Pending Data	2016/17		-
DM48	Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP/family doctor	Annual	Gill Harris	No	Improvement	0	0	91.20%	Pending Data	2016/17		1st
DM49	Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS Hospital	Annual	Gill Harris	No	Improvement	0	0	90.60%	Pending Data	2016/17		-
DM50	Percentage of NHS employed staff who come into contact with the public who are trained in an appropriate level of dementia care	Bi Annual	Sue Green	Not	75.0%		-	84.60%	Pending Data	2018/19		-
DM51	Percentage of GP practice teams that have completed mental health Direct Enhanced Services (DES) in dementia care or other directed training	Bi Annual	Sue Green	Not	Improvement	Not submitted	Not submitted	31.20%	Pending Data	2016/17		-

The Finance and Performance committee scrutinises performance within this domain
Where we have not achieved the target, we have included an exception report.

Dignified Care Overview – Local Standards

Dignified Care	Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
Efficiencies: Patient admitted but procedure not carried out	Monthly	Morag Olsen	Yes	-	-	-	2.9%	5.9%	Jan-18	↓	-
Total Cancellations Inpatient (Clinical and Non-Clinical)	Monthly	Morag Olsen	Yes	-	0.0%	5.0%	14.5%	16.1%	Mar-18	↓	-
Total Cancellations for Consultant and Nurse Led Outpatient appointments	Monthly	Morag Olsen	Yes	-	2.1%	-	11.20%	Pending Data	Apr-18		-
% procedures postponed more than once, patient had procedure under 14 days or at their earliest convenience	Monthly	Morag Olsen	Yes	0.0%	0.0%	95.0%	31.3%	Pending Data	Mar-18		5th

The Finance and Performance committee scrutinises performance within this domain.

Where we have not achieved the target, we have included an exception report.

Exception Report: Inpatient Cancellations

Dignified Care		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM43	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	Monthly	Morag Olsen	Yes	0	0	0	0	Pending Data	0	⬇	-
Efficiencies: Patient admitted but procedure not carried out		Monthly	Morag Olsen	Yes	-	-	-	2.9%	5.9%	Jan-18	⬇	-
Total Cancellations Inpatient (Clinical and Non-Clinical)		Monthly	Morag Olsen	Yes	-	0.0%	5.0%	14.5%	16.1%	Mar-18	⬇	-
% procedures postponed more than once, patient had procedure under 14 days or at their earliest convenience		Monthly	Morag Olsen	Yes	0.0%	0.0%	95.0%	31.3%	Pending Data	Mar-18		5th

Where we are

Delivery of the 2018-19 Inpatient and Daycase activity plan is dependant on reducing cancellations to below 5% .

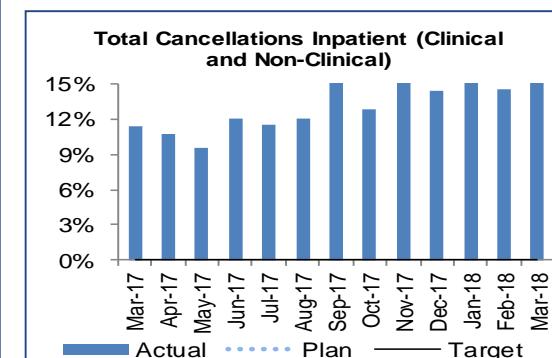
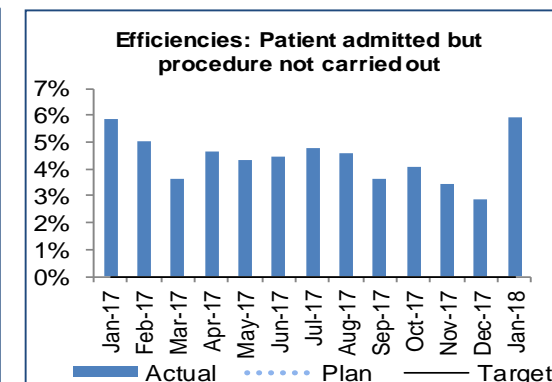
What are we doing about it

A Surgical Patient Pathway Transformation Group has been established that will oversee reduction in Short notice theatre cancellations. The three sites have an agreed improvement trajectory and this is monitored weekly within the recently developed theatre dashboard.

Each site continues to review actions and PDSAs at the local weekly theatre planning cells chaired by theatre managers.

When we expect to be back on track

March 2019 but with agreed quarterly milestones throughout the year



Our Achievements - Timely Care

I have access to services based on clinical need & am actively involved in decisions about my care

New bone density scanner installed at Llandudno Hospital bone unit

A new state-of-the-art bone density (DXA) scanner has been installed at the North Wales Bone Unit at Llandudno Hospital.

The new Vertec DXA scanner will carry out approximately 6,000 scans every year on patients from across North Wales.

The scanner will help to diagnose patients with osteoporosis, a silent condition which develops without obvious symptoms.

The North Wales Bone Unit, one of six dedicated units in Wales, opened in November 2006 and supports patients from across the region living with bone conditions.

It receives referrals for the whole of North Wales and some parts of mid-Wales, a catchment area of almost 700,000 people.

Dr Kirsty Maclean, Consultant in Metabolic Bone Disease, said: "The new scanner is more up to date with advanced technology. As this is the



latest model available, it allows us to carry out vertical fracture analysis and femur scanning. Our bone Densitometrists carry out 20 to 25 scans a day."

According to the National Osteoporosis Society, one in five men and one in two women over the age of 50 will break a bone as a result of poor bone health.

More than 500,000 fragility fractures occur in the UK every year, the equivalent of almost one every minute.

“

The NOS Wales Team (...) is delighted that Betsi Cadwaladr University Health Board has invested in a new DXA scanner - the ability to assess fracture risk accurately is key to optimal patient management.

Debbie Stone

Service Delivery Lead for Wales, National Osteoporosis Society

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Timely Care Overview – National Standards Page 1

Timely Care		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM52	Percentage of people (aged 16+) who found it difficult to make a convenient GP appointment	Annual	Morag Olsen	no	Reduction	0	0	36.10%	Pending Data	2017/18	-	3rd
DM53	% GP practices open during daily core hours or within 1 hour of daily core hours	Quarterly	Morag Olsen	no	-	0.0%	91.0%	69%	95.4%	Q2 17/18	↑	6th
DM54	% GP practices offering appts between 17:00 and 18:30 at least two days a week	Quarterly	Morag Olsen	no	-	0.0%	99.0%	78%	87.9%	Q2 17/18	↑	7th
DM55	Out of Hours : Urgents triaged/assessed within 20 minutes	Monthly	Morag Olsen	Yes	98.0%	0.0%	-	64.0%	73.0%	Apr-18	↑	6th
DM56	Out of Hours : Non-urgents triaged/assessed within 60 minutes	Monthly	Morag Olsen	Yes	98.0%	0.0%	-	68.0%	79.0%	Apr-18	↑	7th
DM57	Percentage of the health board population regularly accessing NHS primary dental care	Monthly	Morag Olsen	Yes	54.7%	0.0%	52.0%	49.4%	49.5%	Mar-18	↑	6th
DM58	% of patients waiting less than 26 weeks for treatment	Monthly	Morag Olsen	Yes	95.0%	0.0%	-	84.6%	84.5%	Apr-18	↓	7th
DM59	Number of 36 week breaches- all specialties	Monthly	Morag Olsen	Yes	0	0	-	5,714	6,404	Apr-18	↓	7th
DM60	The number of patients waiting more than 8 weeks for a specified diagnostic test	Monthly	Morag Olsen	Yes	0	0	0	472	817	Apr-18	↓	6th
DM61	The number of patients waiting more than 14 weeks for a specified therapy	Monthly	Morag Olsen	No	0	0	-	0	0	Apr-18	→	-
DM62	All patients overdue their target date on the Follow Up Waiting List	Monthly	Morag Olsen	Yes	-	0	-	81,021	78,232	Apr-18	↑	6th
DM63	% of stroke patients who have a direct admission to an acute stroke unit within 4 hours	Monthly	Morag Olsen	Yes	45%	0	0	31.0%	37.2%	Apr-18	↑	5th
DM64	Thrombolysed patients with a door to needle time <= 45 minutes	Monthly	Morag Olsen	Yes	Improve	-	-	10.00%	23.10%	Apr-18	↑	4th
DM65	% of stroke patients who receive a CT scan within 12 hours	Monthly	Morag Olsen	Yes	95%	95%	1	95.0%	97.8%	Apr-18	↑	6th

Timely Care Overview – National Standards Page 2

Timely Care		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM66	Percentage of patients with suspected stroke seen a stroke specialist consultant physician within 24 Hours	Monthly	Morag Olsen	Yes	81.9%	0	0	73%	79.0%	Apr-18	↑	5th
DM67	% of red 1 call responses within 8 minutes	Monthly	Morag Olsen	No	65.0%	0.0%	-	73.9%	79.5%	Apr-18	↑	4th
DM68	Number of ambulance handovers over one hour	Monthly	Morag Olsen	Yes	0	0	-	1,172	835	Apr-18	↑	6th
DM69	% of new patients spend no longer than 4 hours in A&E (inc Minor Injury Units)	Monthly	Morag Olsen	Yes	95.0%	0.0%	-	67.8%	73.6%	Apr-18	↑	7th
DM70	Number of patients spending 12 hours or more in A&E	Monthly	Morag Olsen	Yes	0	0	-	2,063	1,522	Apr-18	↑	7th
DM71	% of patients newly diagnosed with cancer not via the USC pathway, treated within 31 days of diagnosis	Monthly	Morag Olsen	No	98.0%	0.0%	98.0%	99.3%	98.5%	Mar-18	↓	3rd
DM72	% of patients referred via the USC pathway definitively treated within 62 days of referral	Monthly	Morag Olsen	Yes	95.0%	0.0%	95.0%	86.6%	86.7%	Mar-18	↑	6th
DM73	Percentage of survival within 30 days of emergency admission for a hip fracture	Monthly	Morag Olsen	No	-	-	-		Pending Data	Apr-18		3rd
DM74	% of assessment by the LPMHSS undertaken within 28 days of the date of referral	Monthly	Andy Roach	No	80.0%	0.0%	80.0%	76.4%	76.2%	Mar-18	↓	6th
DM75	% of therapeutic interventions started within 28 days following an assessment by LPMHSS	Monthly	Andy Roach	No	80.0%	0.0%	80.0%	78.5%	79.0%	Mar-18	↑	5th
DM76	% of hospitals with arrangements to ensure advocacy available to qualifying patients	Quarterly	Andy Roach	No	100%	0%	100%	100%	100%	Q4-18/19	→	1st

Timely Care Overview – Local Standards

Timely Care	Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
The number of patients waiting more than 52 weeks for treatment	Monthly	Morag Olsen	Yes	0	0	0	2,344	2,359	Apr-18	↓	-
Admission on day of surgery	Monthly	Morag Olsen	Not	75.0%	0.0%	95.0%	67.3%	84.0%	Jan-18	↑	-
% of all strokes thrombolysed	Monthly	Morag Olsen	No	-	0.0%	-	10.0%	14.6%	Apr-18	↑	-
% of all eligible patients thrombolysed	Monthly	Morag Olsen	No	-	0.0%	-	90.0%	92.3%	Apr-18	↑	-
% of assessment by the LPMHSS undertaken within 28 days of referral - Adult Services	Monthly	Andy Roach	Yes	80.0%	0.0%	80.0%	78.6%	75.2%	Mar-18	↓	-
% of therapeutic interventions started within 28 days following an assessment - Adult Mental Health Services	Monthly	Andy Roach	No	80.0%	0.0%	80.0%	77.5%	88.5%	Mar-18	↑	-
% of assessment by the LPMHSS undertaken within 28 days of referral - Child Adolescent Mental Health Services	Monthly	Morag Olsen	Yes	80.0%	0.0%	100.0%	70.6%	81.8%	Mar-18	↑	-
% of therapeutic interventions started within 28 days following an assessment - Child and Adolescent Mental Health Services	Monthly	Morag Olsen	Yes	80.0%	0.0%	100.0%	80.7%	53.1%	Mar-18	↓	-
Number of patients who are waiting to start ADHD or ASD neurodevelopment assessment <= 11 weeks (84 days)	Monthly	Morag Olsen	Yes			-	157	191	Apr-18	↓	-
Number of patients who are waiting to start ADHD or ASD neurodevelopment assessment 12 to 17 Weeks (>= 85 days and <= 126 days)	Monthly	Morag Olsen	Yes			-	101	74	Apr-18	↑	-
Number of patients who are waiting to start ADHD or ASD neurodevelopment assessment 18 to 25 weeks (>= 127 days and <= 185 days)	Monthly	Morag Olsen	Yes			-	112	126	Apr-18	↓	-
Number of patients who are waiting to start ADHD or ASD neurodevelopment assessment 26 to 35 weeks (>= 186 days and <= 252 days)	Monthly	Morag Olsen	No		-	0	152	117	Apr-18	↑	-
Number of patients who are waiting to start ADHD or ASD neurodevelopment assessment 36 to 51 weeks (>= 253 days and <= 365 days)	Monthly	Morag Olsen	Yes			0	287	278	Apr-18	↑	-
Number of patients who are waiting to start ADHD or ASD neurodevelopment assessment >= 52 weeks (> 365 days)	Monthly	Morag Olsen	Yes			0	212	258	Apr-18	↓	-

Where we have not achieved a target, we have included an exception report. Please note, the Follow-Up Waiting List figure is inflated due to a data quality issue, following the implementation of WPAS. This requires validation and the correct figure will be published when this is completed.

Exception Report: Mental Health Measure - CAMHS

Timely Care	Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
% of assessment by the LPMHSS undertaken within 28 days of referral - Child Adolescent Mental Health Services	Monthly	Morag Olsen	Yes	80.0%	0.0%	100.0%	70.6%	81.8%	Mar-18	↑	-
% of therapeutic interventions started within 28 days following an assessment - Child and Adolescent Mental Health Services	Monthly	Morag Olsen	Yes	80.0%	0.0%	100.0%	80.7%	53.1%	Mar-18	↓	-

Where we are: In March 2018, 81.25% (78) children were assessed within 28 days of referral and 151.56% (33) children started therapeutic interventions within 28 days of being assessed.

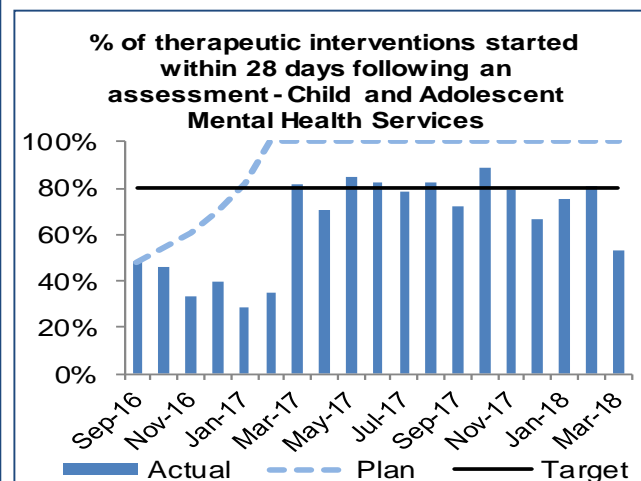
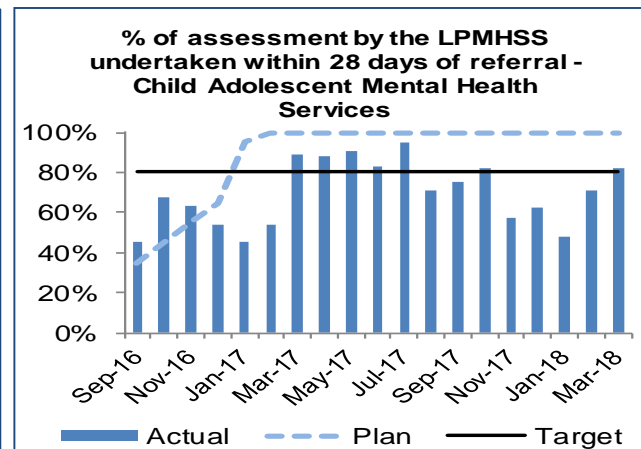
All teams apart from the Wrexham team delivered on the assessment target with the Flintshire team and the Central teams also delivering on the intervention target.

What we are doing about it:

- Regular review of job plans and activity
- Review of Crisis Services being undertaken including pathway and capacity
- Regular caseload reviews and DNA/CNA reviews with necessary action
- Review and amendment of suite of letters with Service User input
- Regular reviews of closures to ensure cases are closed in a timely manner
- Full implementation of CAPA (Choice and Partnership Approach) service model. Central and East teams have implemented with the West team going live on 1st June 2018
- Waiting list blitz to be undertaken in the West team in preparation for CAPA.
- Recruitment to vacancies being prioritized.

When we expect to be back on track:

It is forecast that by implementing the above actions and provided capacity and demand remain at manageable levels all teams will meet the assessment targets by the end of June 2018 and the intervention targets by the end of August 2018. CAMHS services are awaiting their allocation of the additional All Wales Mental Health funding to ensure targets are met and maintained.



Exception Report: Referral To Treatment

Timely Care		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM58	% of patients waiting less than 26 weeks for treatment	Monthly	Morag Olsen	Yes	95.0%	0.0%	-	84.6%	84.5%	Apr-18	↓	7th
DM59	Number of 36 week breaches- all specialties	Monthly	Morag Olsen	Yes	0	0	-	5,714	6,404	Apr-18	↓	7th
The number of patients waiting more than 52 weeks for treatment		Monthly	Morag Olsen	Yes	0	0	0	2,344	2,359	Apr-18	↓	-

Where we are: In April 2018, the number of patients experiencing waits of over 36 weeks was 6,336 approximately 600 higher than reported at the end of March 2018. The Health Board continues to review progress towards RTT weekly, and has committed to a quarterly delivery plan with Welsh Government. A control total of no more than 4,237 patients waiting over 36 weeks has been set for quarter 1 of 2018/19. Given the level of risk to delivery, performance is reviewed at site and specialty level at twice weekly access meetings.

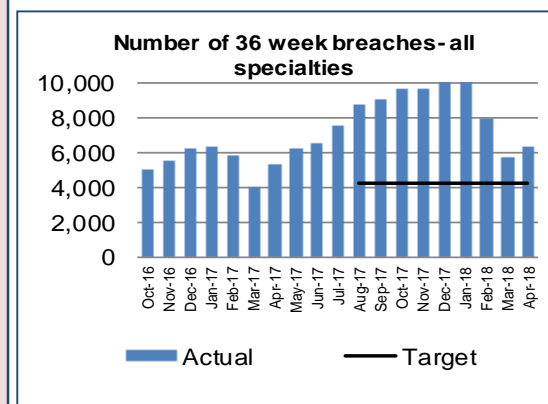
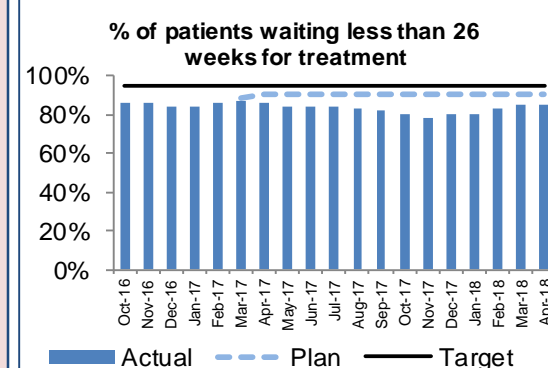
What are we doing about it:

Given continued cancer and urgent care pressures, there is still significant risk involved in delivering the 4,237 plan for quarter 1. Current areas of concern include Orthopaedics, Urology, ENT and Gastroenterology. All teams continue to maximise opportunities internally for delivery within the agreed financial budget. In addition to monitoring progress of RTT delivery, equal focus is placed on management of planned care activity levels, including efficiency and productivity to maximise internal capacity.

The Health Board is continuing to outsource patients to the NHS in the North West of England and also maximising in-sourcing solutions where appropriate. The delivery of additional schemes funded through the agreed Welsh Government (WG) funding continues to be tracked through the access meetings.

When we expect to be back on track:

A number of actions are being pursued to close the current RTT control total shortfall for quarter 1 of 2018/19, and all sites continue to work towards delivery of the 4,237 target for quarter 1.



Exception Report: Diagnostic Waiting Times

Timely Care		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM60	The number of patients waiting more than 8 weeks for a specified diagnostic test	Monthly	Morag Olsen	Yes	0	0	0	472	817	Apr-18	↓	6th

Where we are

In April 2018, 817 from 13,930 patients experienced waits of 8 weeks or more for their diagnostic tests.

What are we doing about it

Additional CT, MRI capacity has been put in place through a framework contract with RMS which we anticipate will recover the position for these modalities by June. We still have a significant shortfall in capacity of around 200 cases per week in non obstetric ultrasound. We are looking to establish additional capacity through insourcing contracts with DHS. We expect this to be in place in June, but we still do not have a confirmed schedule from the supplier. We are continuing to run additional sessions which covers some of the shortfall, but it is likely that the number breaching in US will continue to rise through May and June.

Each site is working to increase endoscopy capacity to meet routine, urgent and cancer pressures. Urgent review of Urgent Suspected Cancers to Endoscopy continues on each site, these are facilitated via joint clinical discussions between Colorectal and Gastroenterology teams. Patients are transferred internally to align capacity with demand. Pressures continue in Central for Cystoscopy diagnostics.

When we expect to be back on track

Endoscopy capacity continues to be prioritised to ensure patients with suspicion of cancer are treated in shorter times

Exception Report: Four Hour Target

Timely Care		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM69	% of new patients spend no longer than 4 hours in A&E (inc Minor Injury Units)	Monthly	Morag Olsen	Yes	95.0%	0.0%	-	67.8%	73.6%	Apr-18	↑	7th

BCU is in targeted intervention for USC performance overall and considerable senior focus is given to improving performance on a day by day basis.

Where we are: The Health Board end of April performance of 73.6%, failing the 80% target but an improved position against the March end performance .

All 3 sites saw a improvement from the March performance with West at 79.3%,

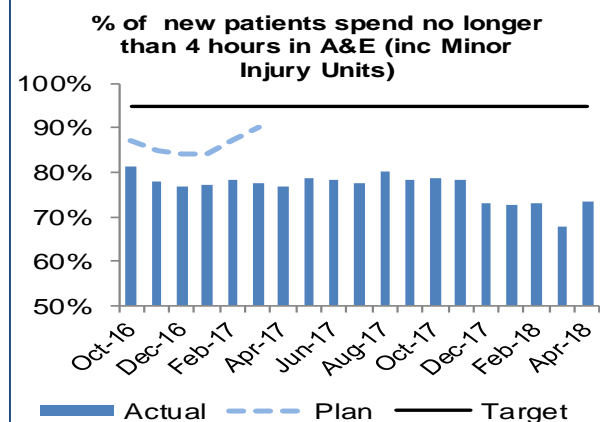
Centre at 74.8% and East at 66%

Demand was broadly consistent with March demand which saw 2,000 more patients presenting to our EDs than in February. BCU remains the HB with the highest number of ED attendances of all HB in Wales, this is also true for adjusted figures per 100,000 population.

In addition to continued increased attendances, all three EDs saw a continuing shift in patient acuity with more yellows and orange category patients than in the previous month.

What we are doing about it: PWC have continued their supportive role at YGC, and at the time of reporting the work to date appears now to be having an impact on the escalation levels and ambulance handover performance. Work is ongoing to embed changes to impact on the 4 hour performance, and this work is rolling out across YG and YWM over the coming weeks.

When will we be back on track: The impact of the actions taken are being tracked to assess which actions and interventions are having greatest performance gain. This work is in progress, and the greatest impact changes are being rolled out across BCU. New trajectories for 18/19 have been agreed and submitted to WG.



Exception Report: Twelve Hour Target

Timely Care		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM70	Number of patients spending 12 hours or more in A&E	Monthly	Morag Olsen	Yes	0	0	-	2,063	1,522	Apr-18	↑	7th

Where we are:

The HB saw an improved position against this target the March performance of 2068 patients waiting in our EDs for 12 hours or more. The improvement was seen at all three sites with the greatest improvement at YG (from 808 in March to 644 in April). The April position saw 1,522 patients waiting in our EDs for 12 hours or more, 525 patients fewer than in March.

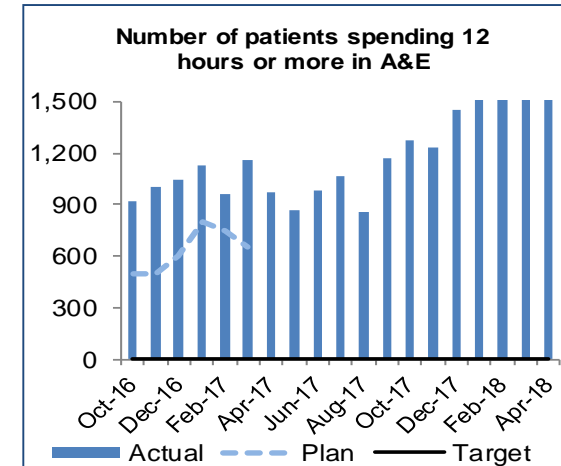
What we are doing about it:

The PWC work at YGC is having a positive impact on flow and we did see a sustained reduction in the number of patients delayed for 12 hours or more at YGC throughout April.

The interventions with greatest impact are now being rolled out to YG and YWM. A HB review of bed requirements is continuing on the back of the YGC bed calculation recently completed. This will support the HBs future plans to improve

When will we be back on track:

The outcome from the additional actions and the winter resilience plan are intended to improve current performance. Trajectories for 18/19 have been agreed and presented to WG.



Exception Report: Ambulance Handover Times

Timely Care		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM68	Number of ambulance handovers over one hour	Monthly	Morag Olsen	Yes	0	0	-	1,172	835	Apr-18	↑	6th

Where we are:

The Health Board has sustained the reduction in the number of patients being held outside our Emergency Departments (ED) for 60 minutes or more, throughout the month of April.

81 fewer patients were delayed in April 2018 compared to March 2018 despite ambulance conveyance rates being broadly the same as March.

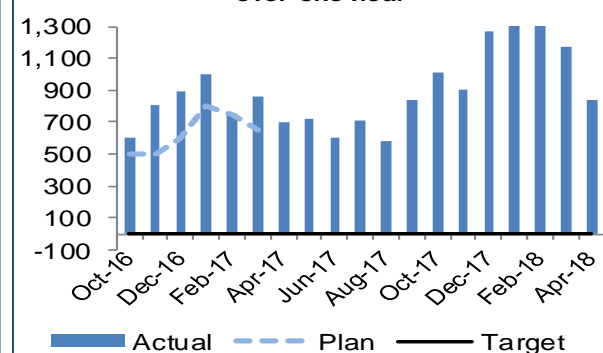
What are we doing about it:

We are continuing with the work that has already delivered an improved position on ambulance handover, with whole system rollout across Secondary Care of the wider improvement initiatives being delivered at YGC.

When will we be back on track:

We are seeking to continue to improve this performance month on month. 2018/19 improvement trajectories have been agreed and shared with WG.

Number of ambulance handovers over one hour



Exception Report: Cancer Treatment (62)

Timely Care		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM72	% of patients referred via the USC pathway definitively treated within 62 days of referral	Monthly	Morag Olsen	Yes	95.0%	0.0%	95.0%	86.6%	86.7%	Mar-18	↑	6th

Where we are

86.7% (124 out of 143) Urgent Suspected Cancer (USC) patients (ie those referred urgently with symptoms suggestive of cancer) were treated within 62 days of referral in March 2018. 4 of the 19 breach patients were on complex diagnostic pathways.

What are we doing about it

The remaining breaches have been reviewed and the following themes identified and actions taken:

Delays to endoscopy – USC waiting times are a challenge across the Health Board, in particular due to the loss of physical capacity in Wrexham and increasing demand on all sites. Two mobile units have been operational in Wrexham since mid-January in order to restore lost capacity. In addition weekend working is in place in Central and weekend lists have been reinstated in West prior to the third endoscopy room opening in June

Delays to first appointment – delays in gastroenterology in East and urology in Central. Additional gastroenterology clinics held in East and a divert of urology patients from Central agreed in order to ensure reduced waiting times.

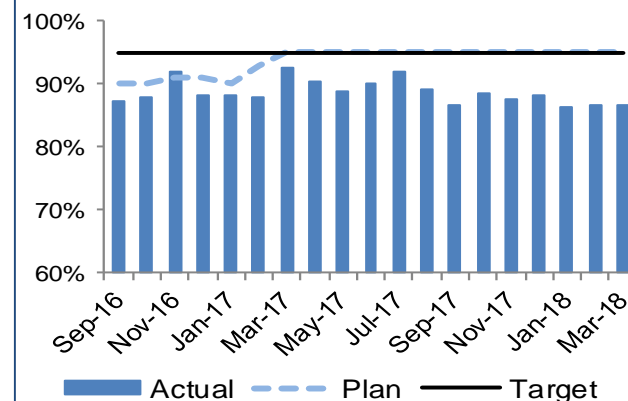
Delays to urology diagnostics in Central – middle grade vacancies have reduced capacity. A North Wales wide solution is currently being developed.

Delays to oncology appointments – medical vacancies have reduced capacity but contingency plans are now in place.

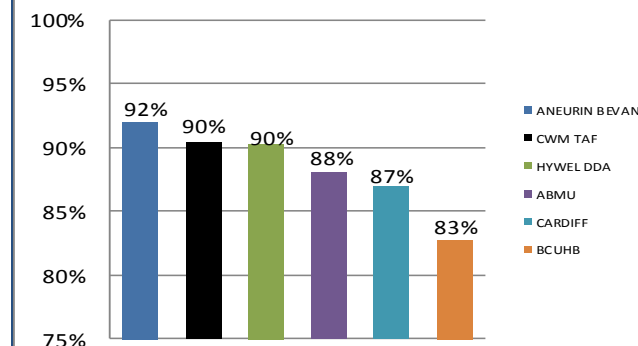
When we expect to be back on track

There remains a significant risk to achievement in particular due to the pressures within endoscopy services across the Health Board.

% of patients referred via the USC pathway definitively treated within 62 days of referral



Benchmark Chart (Delayed Information) % of patients referred as urgent suspected cancer seen within 62 days Mar-18



Exception Report: Primary Care Dental Access

Timely Care		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM57	Percentage of the health board population regularly accessing NHS primary dental care	Monthly	Morag Olsen	Yes	54.7%	0.0%	52.0%	49.4%	49.5%	Mar-18	↑	6th

Where we are

Last 3 months performance:

Jan – 49.4% (343,619 Patients)

Feb – 49.4% (343,810 Patients)

Mar – 49.5% (344,442 Patients)

The above figures do not include Health Board residents who attend out-of-area practices.

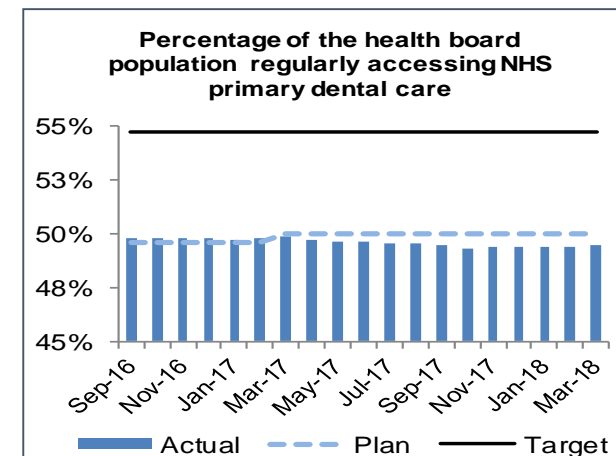
What we are doing about it

The Health Board:

is implementing the outcome of its dental tender exercise increasing levels of service provision in areas identified with low dental access and/or high oral health needs in 2018/19. This includes a new contractor in the Dolgellau area. has invited applications for additional service provision in 2018/19 from those contractors who consider they have the capacity to deliver increased activity has secured additional “urgent care” access sessions to provide some short term cover following the closures of the Dolgellau and Llangollen practices is in discussions with the practice owner regarding the recommissioning of services in Llangollen

When we expect to be back on track

A gradual recovery in access levels is expected from April 2018 when services commissioned as part of the current tender process are anticipated to begin to come on stream. The closure of Llangollen dental practice in January will have a negative impact on the rate of recovery until services are recommissioned.



Exception Report: Rapid Stroke Care National

Timely Care		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM63	% of stroke patients who have a direct admission to an acute stroke unit within 4 hours	Monthly	Morag Olsen	Yes	45%	0	0	31.0%	37.2%	Apr-18	↑	5th
DM64	Thrombolysed patients with a door to needle time <= 45 minutes	Monthly	Morag Olsen	Yes	Improve	-	-	10.00%	23.10%	Apr-18	↑	4th
DM65	% of stroke patients who receive a CT scan within 12 hours	Monthly	Morag Olsen	Yes	95%	95%	1	95.0%	97.8%	Apr-18	↑	6th
DM66	Percentage of patients with suspected stroke seen a stroke specialist consultant physician within 24 Hours	Monthly	Morag Olsen	Yes	81.9%	0	0	73%	79.0%	Apr-18	↑	5th

Local

Timely Care		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
% of all strokes thrombolysed		Monthly	Morag Olsen	No	-	0.0%	-	10.0%	14.6%	Apr-18	↑	-
% of all eligible patients thrombolysed		Monthly	Morag Olsen	No	-	0.0%	-	90.0%	92.3%	Apr-18	↑	-

Exception Report: Rapid Stroke Care

Where we are

All three Sites are performing well against 4 of the 6 Stroke Targets above. The most challenging area remains admission to the Acute Stroke Unit however there was a 10% improvement in month within the BCU overall performance. The under performance is primarily linked to the ability to retain ring fenced beds on the ASU. This is increasingly difficult on all sites due to bed capacity issues and the pressures on the Medical Teams to be able to clerk patients in a timely manner prior to admission. The deterioration reflects the poor overall USC performance in March on the 3 DGHs.

What are we doing about it

All sites have improvement plans in place regarding patient flow but it is increasingly difficult to see improvement due to exit block from the Hospitals as a whole. Work is ongoing with the Area Team and Local Authorities to reduce delays for patients and improve discharges. Each site has received the initial feedback from the RCP Peer Review and will be using this to drive the required improvements needed in the overall Stroke Pathway, specifically Thrombolysis. Each site will develop an improvement plan against the recommendations made. A BCU Collaborative is now in place.

When we expect to be back on track

The improvement has continued in May however, it is not expected that there will be significant improvement in the Access to the ASU within 4 hours until considerable improvement is made in the Exit block from the Hospital. There is expected to be progressive improvement month on month with regard to the Thrombolysis target

Introduction Report: Neurodevelopment Waiting Times

Timely Care	Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
Number of patients who are waiting to start ADHD or ASD neurodevelopment assessment <= 11 weeks (84 days)	Monthly	Morag Olsen	Yes			-	157	191	Apr-18	↓	-
Number of patients who are waiting to start ADHD or ASD neurodevelopment assessment 12 to 17 Weeks (>= 85 days and <= 126 days)	Monthly	Morag Olsen	Yes			-	101	74	Apr-18	↑	-
Number of patients who are waiting to start ADHD or ASD neurodevelopment assessment 18 to 25 weeks (>= 127 days and <= 185 days)	Monthly	Morag Olsen	Yes			-	112	126	Apr-18	↓	-
Number of patients who are waiting to start ADHD or ASD neurodevelopment assessment 26 to 35 weeks (>= 186 days and <= 252 days)	Monthly	Morag Olsen	No		-	0	152	117	Apr-18	↑	-
Number of patients who are waiting to start ADHD or ASD neurodevelopment assessment 36 to 51 weeks (>= 253 days and <= 365 days)	Monthly	Morag Olsen	Yes			0	287	278	Apr-18	↑	-
Number of patients who are waiting to start ADHD or ASD neurodevelopment assessment >= 52 weeks (> 365 days)	Monthly	Morag Olsen	Yes			0	212	258	Apr-18	↓	-

Where we are: Priority Area 8 of the Welsh Government's Together for Mental Health Delivery Plan 2016-2019 includes the following requirement:

8.1 To enable people experiencing neurodevelopmental (ND) conditions such as autistic spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) to access timely assessment and treatment that supports their continued social and personal development.

There are 2 ND targets which are anticipated to be effective from 1 April 2018:

Target 1 - 80% of assessments to commence within 26 weeks and Target 2 - 80% of assessments to be completed within 52 weeks

What we are doing about it: Each area ND team has completed a trajectory to show the requirements for delivery against the 26 week assessment target by March 2019. The baseline for the trajectory was numbers waiting (total and over 26 weeks) at the end of Feb 2018. The demand figures used are the YTD 2017/8 average monthly additions to the WL. The capacity figures used are based on full ND staffing establishment delivering in line with job plans. The trajectories are refreshed each month with actual demand and waiting list figures. The additional capacity required to deliver the target assumes demand remains at 2017/18 level. The 52 week target for completion of assessment will be deliverable when the 26 week target is achieved. A detailed recovery plan has been submitted and a risk assessment completed. The inability to deliver this target is on the risk registers in all 3 areas.

When we expect to be back on track: In order to deliver the targets by March 2019, additional funding as outlined in the regional recovery plan is required utilising additional WG MH monies and WG Integrated Autism Funding.

Exception Report: Out of Hours GP Service

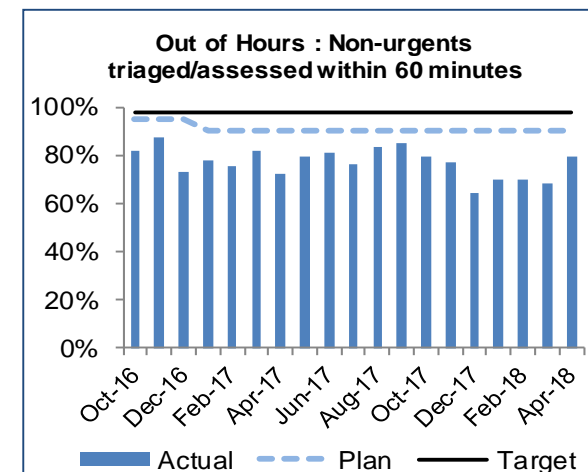
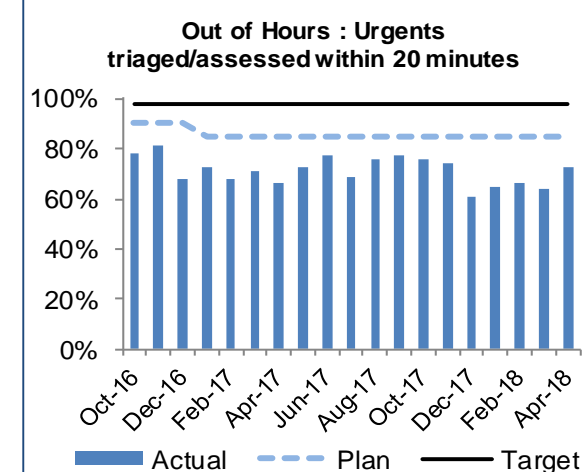
Timely Care		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM55	Out of Hours : Urgents triaged/assessed within 20 minutes	Monthly	Morag Olsen	Yes	98.0%	0.0%	-	64.0%	73.0%	Apr-18	↑	6th
DM56	Out of Hours : Non-urgents triaged/assessed within 60 minutes	Monthly	Morag Olsen	Yes	98.0%	0.0%	-	68.0%	79.0%	Apr-18	↑	7th

Where we are: The GPOOH service received 11,715 calls in April 2018 compared to 13,952 calls in April 2017 (a **decrease** of 16% or 2,237 calls). Between May 2017 and April 2018 the service received 139,184 calls, compared to 137,468 calls between May 2016 and April 2017 (an **increase** of 1.2% or 1,716 calls). 97% of Triage Nurse shifts were filled in April 2018 compared to 96% in March 2018. Performance against the Welsh Government requirement of 98% achievement against both standards has **improved** this month with:

- 73 % of URGENT calls triaged within 20 minutes (compared to 64% in March 2018).
- 79 % of ROUTINE calls triaged within 60 minutes (compared to 68% in March 2018).

What are we doing about it: This month on month increase in activity continues to impact on our ability to achieve and maintain the Welsh Government Standards. The 6 triage nurses that started their training in March 2018 are now working autonomously. We have just appointed another 35.5 hours per week of Triage Nurses and pre-employment checks have commenced. The continued increase in activity and the increase in patients with more complex medical needs will continue to prove quite challenging. Operational Managers, Senior Nurses and Medical Advisers regularly review the rotas against this increased level of activity and where necessary, will propose changes to divisional staffing rotas to the respective Quality, Safety and Patient Experience groups.

When we expect to be back on track: With this in mind we continue to work on improving current performance levels month on month with a view to achieving the 98% requirement for both standards as soon as possible.



Our Achievements - Our Staff and Resources

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I can find information about how the NHS is open & transparent on its use of resources & I can make careful use of them

Emergency Department staff stay hydrated thanks to UNISON donation

Staff in Glan Clwyd Hospital's Emergency Department have been given a helping hand to stay hydrated while on shift thanks to a donation from UNISON.

The trade union provided free refillable water bottles for 65 staff in the department to help them keep on top of their fluids at work.

Ruth Millward, Matron for the Emergency Department, said: "The water bottles have been really well received by all of our team.

"It's important that NHS staff take the time to care for themselves while on shift, and making sure they drink enough while here in the department is a small thing which can be easily forgotten.

"Hopefully the bottles will help bring it to the forefront of everyone's minds."

Jan Tomlinson and James May from UNISON said: "UNISON North Wales Health Branch is



proud to be able to help ED staff in a small way by donating their own re-usable water bottle.

"Hydration for the staff is extremely important and given the pressure they face day in day out in the ED sometimes foregoing their breaks to ensuring patient care is at the forefront in everything they do. We were pleased with the response from staff and we will be visiting EDs in Wrexham and Bangor in the coming weeks.

"It is also our intention to purchase bottles for other staff areas across Betsi as staff well being is important to us in UNISON."

“

As healthcare providers, it's really important that our staff show a good example by looking after their own nutrition and hydration

”

Sue Brierley-Hobson
Head of Dietetics

Staff & Resources Overview – National Standards

Staff and Resources		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM87	The Percentage of patients who did not attend a GP appointment	Monthly	Morag Olsen	No	Reduce	0	0	N/A	N/A	2018/19		-
DM88	New Outpatient DNA rates for selected specialties	Monthly	Morag Olsen	No	0.0%	0.0%	4.7%	5.7%	6.0%	Mar-18	↓	4th
DM89	Follow up Outpatient DNA rates for selected specialties	Monthly	Morag Olsen	No	0.0%	0.0%	6.6%	7.4%	6.6%	Mar-18	↑	4th
DM90	Biosimilar medicines prescribed as a percentage of total 'reference' product plus biosimilar	Quarterly	Morag Olsen	No	0	#N/A	-	8.70%	Pending Data	Q2-17/18		3rd
DM91	Number of Procedures carried out that fall in the NICE Do Not Do category (Procedures of Limited Clinical Effectiveness)	Monthly	Morag Olsen	No	0	#N/A	-	0	11	Feb-18	↓	7th
DM92	% Rate of Elective Casearean sections carried out	Annual	Gill Harris	No	10%	10%	10%	12.80%	10.4%	Apr-18	↑	4th
DM93	% of staff (non-medical) undertaking an appraisal - PADR	Monthly	Sue Green	No	0%	0%	90%	62%	62%	Mar-18	→	4th
DM94	Percentage of staff who have had a performance appraisal who agree it helps them feel valued and improves how they do the job	Annual	Sue Green	No	Improve	Not submitted	Not submitted	51.60%	-	-		6th
DM95	Overall Staff engagement score - scale score method	Annual	Sue Green	No	Improve	#N/A	-	3.51	-	-		7th
DM96	Mandatory Training Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	Monthly	Sue Green	No	85%	0%	90%	82%	82%	Mar-18	→	1st
DM97	% staff absence due to sickness (rolling 12mths)	Monthly	Sue Green	No	4.55%	0.00%	4.55%	4.97%	4.93%	Mar-18	↑	3rd
DM98	Percentage of staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	Annual	Sue Green	No	Improve	Not submitted	Not submitted	61%	-	-		7th

The Finance & Performance committee scrutinises the indicators in the Staff & Resources domain. Where we are not achieving the required standard, we have included an exception report. The **statutory duty** to financially break even has been included to the national template.

Staff & Resources Overview – Local Standards

Staff and Resources	Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
% of total medical staff undertaking appraisals	Monthly	Evan Moore	No	-	0.0%	-	99.1%	98.1%	Apr-18	↓	-
Finance - % variance against budget	Monthly	Russ Favager	Yes	0.0%	2.2%	2.2%	0.0%	0.5%	Apr-18	↓	-
Agency & Locum Spend in £000's	Monthly	Russ Favager	Yes	-	Not submitted	Not submitted	1,100	2,300	Apr-18	↓	-
Theatre lists finishing 30 or more minutes before the scheduled end time	Monthly	Morag Olsen	Yes	-	0.0%	-	34.7%	30.5%	Apr-18	↑	-
Theatre lists starting 15 or more minutes after scheduled start time	Monthly	Morag Olsen	Yes	-	0.0%	-	61.3%	49.7%	Apr-18	↑	-

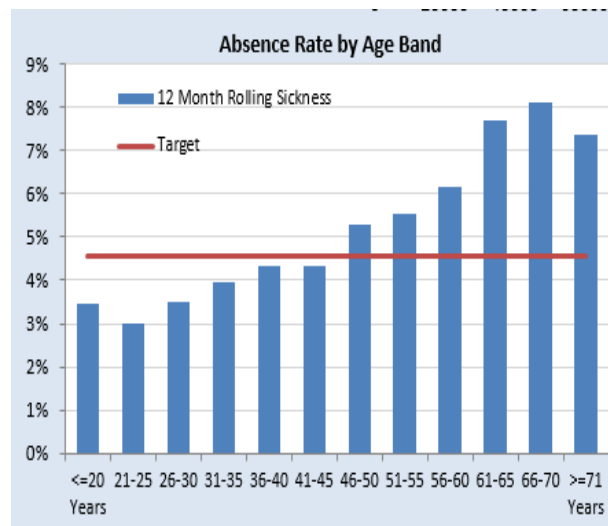
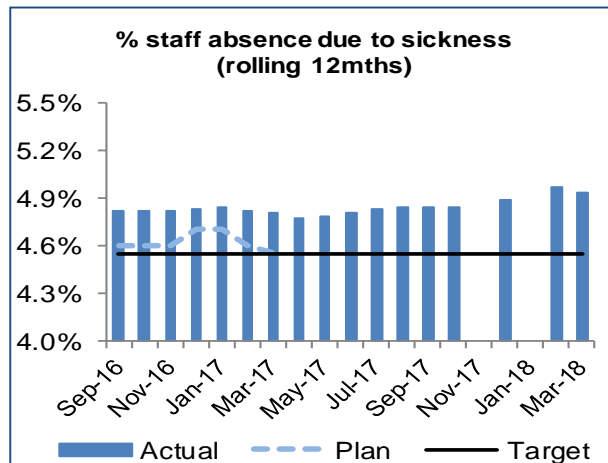
Exception Report: Staff Sickness Rate

Staff and Resources		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM97	% staff absence due to sickness (rolling 12mths)	Monthly	Sue Green	No	4.55%	0.00%	4.55%	4.97%	4.93%	Mar-18	↑	3rd

Where we are: Absence levels have fallen to 4.53% for the month of March 2018. This has returned BCU to within Welsh Governments target for the month. Recent information provided by stats Wales has confirmed that BCU for the quarter ending 31st December 2017 was the best performing of the Welsh Integrated Service Health Boards with a sickness level of 5.2%. Only Powis, Public Health Wales and Velindre performed better.

What are we doing about it: Workforce continues to promote early intervention in the management of sickness absence. Particular emphasis needs to be placed on the management of sickness absence with the return of unsocial hours enhancements. Occupational health is concentrating on mental health illnesses and fast tracking cases through to counselling. Research has demonstrated that the use of adjusted duties to allow an earlier return prevents the onset of depression and other mental health issues. Workforce are supporting managers with long term sickness reviews and advocating a case management approach to the management of sickness. Working in partnership with trade unions and managers, workforce will continue to support staff to stay in work while managing their ongoing health conditions. The link between sickness and age continues to be explored through working groups, to this end the Sickness Absence Task and Finish Group and the Working Longer Review Group are being merged.

When we expect to be back on track: Absence levels are traditionally cyclical with a rise during winter months. Careful management of absence over the spring and summer months should set the organisation on course for remaining on target for 2018/19.



Exception Report: Staff Appraisal

Staff and Resources		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM93	% of staff (non-medical) undertaking an appraisal - PADR	Monthly	Sue Green	No	0%	0%	90%	62%	62%	Mar-18	→	4th
DM94	Percentage of staff who have had a performance appraisal who agree it helps them feel valued and improves how they do the job	Annual	Sue Green	No	Improve	Not submitted	Not submitted	51.60%	-	-		6th

Where we are

The March PADR rate is 62%, this equates to 10,364 PADR's completed between 1/4/17 – 31/3/18

What are we doing about it

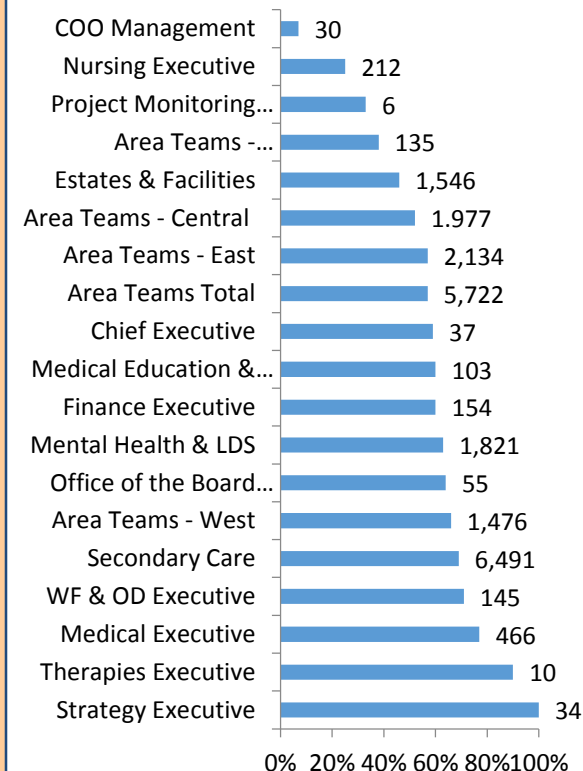
PADR audits which are now carried out on a quarterly basis have identified common themes in terms of barriers people face. These include difficulties in accessing ESR as well as inaccurate hierarchies within the system. As a result staff from WOD have been working with Head of Nursing and Matrons in the Emergency Department in YGC and the Ablett unit to provide guidance, support and working on more sustainable solutions. These include assigning proxy access to ESR, identifying individuals without NHS email addresses and signposting to the process to obtain an NHS email address.

During the face to face sessions the emphasis is placed on Managers taking ownership for updating their hierarchies and data on ESR. Business Intelligence reports are also showcased by highlighting the benefits of using monthly reporting to determine the performance and compliance of the ward / department.

When we expect to be back on track

Each Director is responsible to discuss PADR within Accountability meetings and to take action with their local teams.

PADR % Compliance 1st April 2017 to 31st March 2018



Exception Report: Financial Balance

Staff and Resources	Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
Finance - % variance against budget	Monthly	Russ Favager	Yes	0.0%	2.2%	2.2%	0.0%	0.5%	Apr-18	↓	-

Where we are:

The Health Board 2018/19 Financial Plan includes a planned deficit of £35m for the financial year and the planned monthly deficit for April is £2.9 million. The financial position for April is £0.6 million above plan giving a total deficit of £3.5 million for the month.

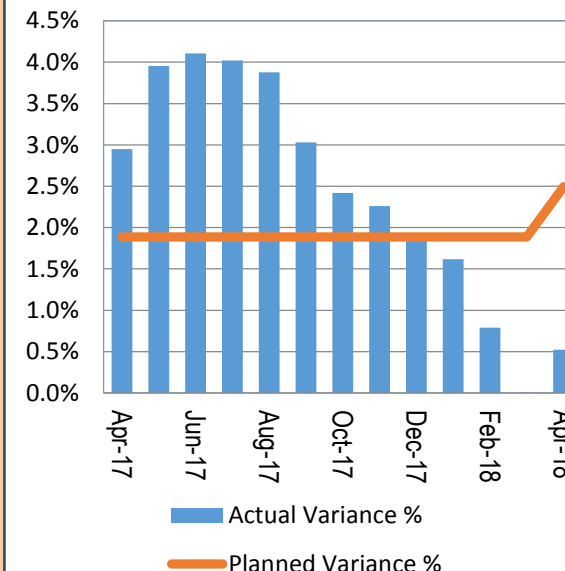
What we are doing about it:

The Health Board's financial plan for 2018/19 includes a savings target of £45.0m and the detailed savings plans are being finalised. £31.4 million of saving schemes have been identified to date but £4.6million of these have a high risk rate of delivery. 1/12th of the savings targets for secondary care and the area teams are reflected in the April position but some of the savings won't be delivered until later in the financial year.

When we expect to be back on track:

Delivery of the Health Board's 2018/19 Financial Plan is dependent on the delivery of the savings target. Further details on the financial position are contained in the Director of Finance Reports.

Finance - % variance against budget



Exception Report: Outpatient DNA

Staff and Resources		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM88	New Outpatient DNA rates for selected specialties	Monthly	Morag Olsen	No	0.0%	0.0%	4.7%	5.7%	6.0%	Mar-18	↓	4th
DM89	Follow up Outpatient DNA rates for selected specialties	Monthly	Morag Olsen	No	0.0%	0.0%	6.6%	7.4%	6.6%	Mar-18	↑	4th

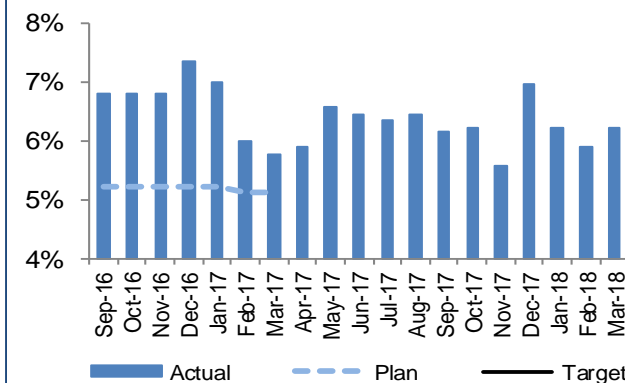
Where we are: The reduction in DNA's has been identified as one of the NHS Benchmarking Network Improvement Opportunities with the UK mean DNA rate across all specialties being **8.5%**. Data from all Health Boards involved has been collected and comparisons have been made across Wales. The graph opposite shows BCUHC's DNA rate compared to the National average (BCU is referred to as Trust on the graph). DNA rates are on average slightly lower in Wales (8.0%) than in England (8.5%) but there remains variation in performance between UHB's and across specialties.

What are we doing about it: There is scrutiny and focus across all sites to understand which specialties have a higher number of DNA's and the reasons why, although the issues with data quality continues to impact on the ability to extract accurate information.

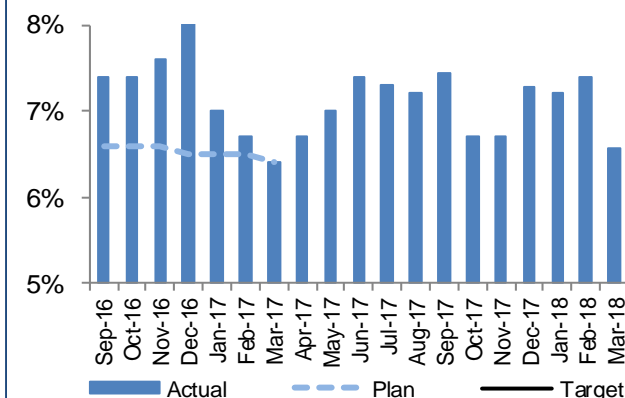
The Outpatient Improvement programme is working with colleagues across the sites to understand if there are any processes or ways of working within the organisation that negatively impact on patient DNA's and is aiming to have a set of standardised DNA codes within the PAS systems that are fit for purpose and provide clarity to reduce incidences of miscoding. Patients incorrectly coded as DNA who should have been 'DNA and referred back to GP' will sit on follow up backlog unless they are recoded and the previous entry removed. There is also targeted work in Ophthalmology in the West to reduce the number of miscoded DNA's. The programme is also liaising with the Communication and Information Governance teams to look at potential for a BCUHB online DNA questionnaire.

When we expect to be back on track: This is an extensive programme of work which will require a continuation of site and specialty specific targeted approach.

New Outpatient DNA rates for selected specialties



Follow up Outpatient DNA rates for selected specialties



Exception Report: Theatres

Staff and Resources	Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
Theatre lists finishing 30 or more minutes before the scheduled end time	Monthly	Morag Olsen	Yes	-	0.0%	-	34.7%	30.5%	Apr-18	↑	-
Theatre lists starting 15 or more minutes after scheduled start time	Monthly	Morag Olsen	Yes	-	0.0%	-	61.3%	49.7%	Apr-18	↑	-

Where we are

Average Theatre Utilisation for period 2/4/18 to 23/4/18 was 81.3%, this is in line with monthly improvement profiles for BCU Theatres.

What are we doing about it

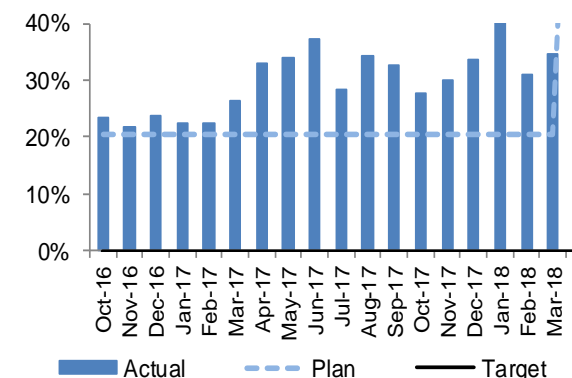
A Surgical Patient Pathway Transformation Group has been established to oversee further improvements to a number of key priorities including late starts, early finishes. Revised information streams have been agreed and performance is monitored via performance dashboard.

A Transformation Project Manager has been appointed to support improvements and monthly meetings are chaired by the North Wales Elective Planned Care Lead. Sites are continuing to implement changes at local level, with PDSA cycles and other projects being pursued including review of POAC, ESAU and Length of Stay. Further work is being undertaken to improve access to daily theatre performance.

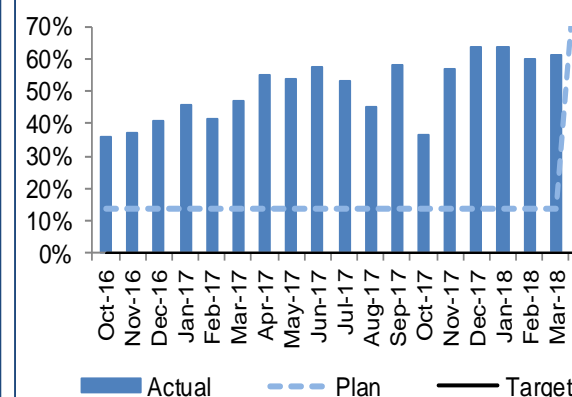
When we expect to be back on track

Quarterly improvement targets have been set across the three sites. The Transformation Group is working towards the delivery of 83% utilization by the end of Quarter 1, 2018/19.

Theatre lists finishing 30 or more minutes before the scheduled end time



Theatre lists starting 15 or more minutes after scheduled start time



Exception Report: Staff Training

Staff and Resources		Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
DM96	Mandatory Training Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	Monthly	Sue Green	No	85%	0%	90%	82%	82%	Mar-18	→	1st

Where we are

During March 2018 Mandatory Training compliance was as follows:

Level 1 compliance at 82% Level 2 compliance at 72%

It is important to note that this is the fourth month we have captured figures for Mental Capacity training which currently is 65%. Mental Capacity has increased by 8% over the last four months with an increase of 3% for March 2018.

Level 2 training increased by 1% for March, this consisted of a 3% increase for Infection Prevention, 1% for Patient Handling & Safeguarding Children.

These figures continue to reflect the All Wales position of reporting compliance without Bank Staff figures.

Training related to Violence Against Women, Domestic Abuse and Sexual Violence Training

(VAWDASV) has now entered the compliance matrix. Although Mandatory and identified within WP30 this course within the compliance report will be reported fully in 5 months.

What are we doing about it

We continue to monitor and report non-attendance figures with,

Manual Handling /Violence & Aggression training & Resuscitation in April 2018 all identifying their first lowest figures for non-attendance for 2019 which are as follows:

Manual Handling/Violence & Aggression at 20%

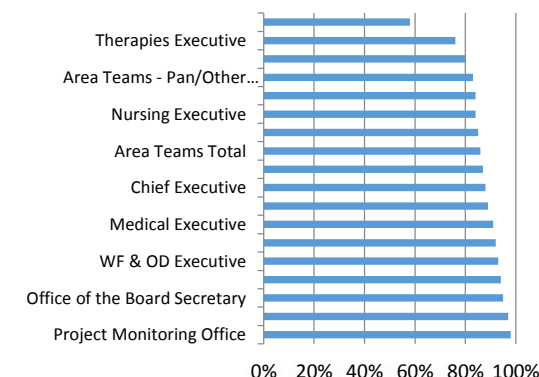
Resuscitation department at 19%.

These figures of non-attendance will be displayed across the board

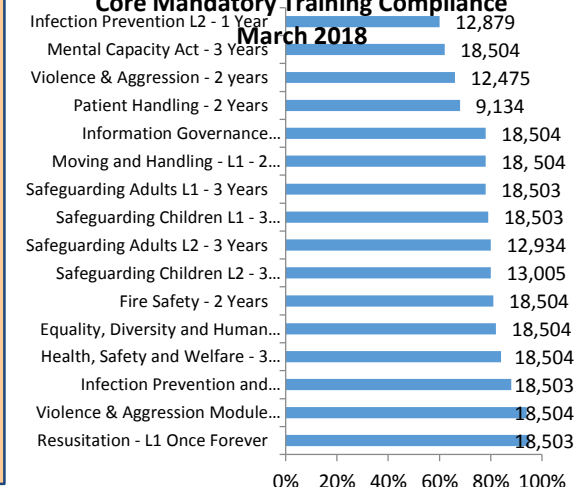
When we expect to be back on track

Considering the collation of Mental Capacity training and the average 1% increase bi-monthly we anticipate being within the 85% target within the Second financial quarter of 2018. Each Director remains responsible for progressing this action within their teams.

Overall March Compliance by Division



Core Mandatory Training Compliance March 2018



Exception Report: Agency and Locum Spend

Staff and Resources	Reporting Frequency	Executive Lead	Exception Report?	National Target	March 19 Plan	Current Plan	Previous	Current	Month	Arrow	Welsh Benchmark
Agency & Locum Spend in £000's	Monthly	Russ Favager	Yes	-	Not submitted	Not submitted	1,100	2,300	Apr-18	↓	-

Where we are

The total agency costs for April was £2.3m which is £0.5m lower than the average monthly expenditure of £2.8m in the last financial year. The April agency expenditure for the 3 hospital sites was £1.2m during the month. The reported costs for medical agency have increased from £0.9m in March to £1.1m in April. Agency Nursing spend is £1.0m in April £0.1m higher than in March.

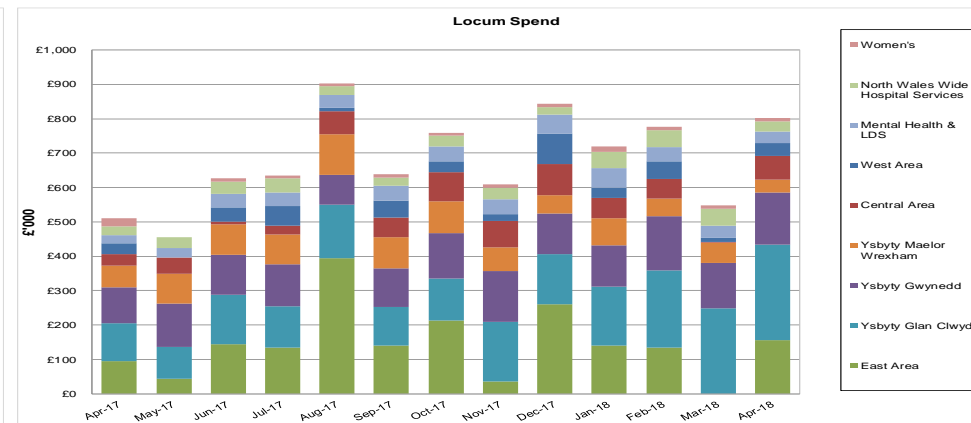
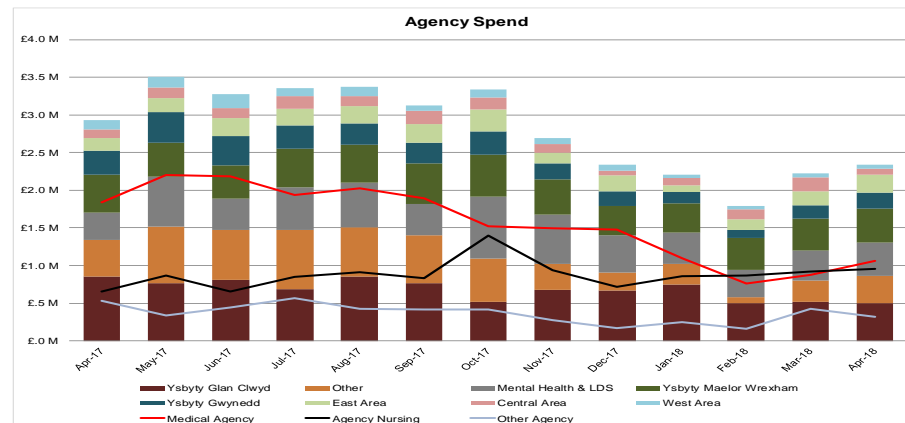
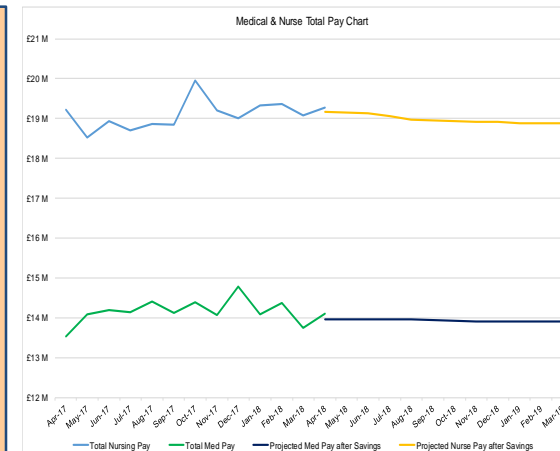
Locums are paid via the Health Board's payroll and the total costs for April are £811k or 1.4% of total pay, an increase of £263k from March.

What are we doing about it

The operational teams are working with the financial leads to reduce agency and locum costs, recruit to funded posts and fully utilise bank staff at reduced costs where available. This action is being progressed by the Nursing and Medical Director.

When we expect to be back on track

The return to lower rates of expenditure is dependent on the success of actions outlined above.



Activity vs Plan: April to February 2017/18

Activity Versus Plan Year to Date - April 2017 to March 2018

	2016/17				2017/18			
	Plan	Actual	Diff	% Diff	Plan	Actual	Diff	% Diff
Emergency Inpatients	90,313	90,828	515	0.57%	82,335	85,872	3,537	4.30%
Elective Daycases	33,287	32,914	-373	-1.12%	29,062	27,651	-1,411	-4.85%
Elective Inpatients	18,048	18,524	476	2.64%	13,994	14,939	945	6.75%
Endoscopies	21,495	19,774	-1,721	-8.01%	18,463	15,226	-3,237	-17.53%
MOPS (Cleansed DC)	2,009	1,939	-70	-3.48%	2,003	1,532	-471	-23.51%
Regular Day Attenders	47,890	46,050	-1,840	-3.84%	43,665	41,014	-2,651	-6.07%
Well Baby					5,030	5,025	-5	-0.10%
New Outpatients	200,894	185,595	-15,299	-7.62%	233,770	244,923	11,153	4.77%
Review Outpatients	380,743	397,897	17,154	4.51%	480,531	483,702	3,171	0.66%
Pre-Op Assessment					28,721	27,848	-873	-3.04%
New ED Attendances	213,999	215,985	1,986	0.93%	197,657	204,961	7,304	3.70%
Review ED Attendances	12,254	8,287	-3,967	-32.37%	7,793	6,054	-1,739	-22.31%
Grand Total	1,020,932	1,017,793	-3,139	-0.31%	1,143,023	1,158,747	15,724	1.38%

Please: note that due to issues resulting from the implementation of WPAS it is recommended that Central's New Outpatients, Review Outpatients and Pre-Op Assessments are analysed as a total figure rather than independently. Work is ongoing to correct Activity Type for Central Outpatients

NHS England Contracted Activity – January 2018

Provider	Provider Code	Total Contract Value (£'000)	Data Month	Elective Inpatient & Daycase (inc. Endoscopy)	Emergency Inpatient (inc. Maternity)	New Outpatient	Follow Up Outpatient
Countess of Chester NHS Foundation Trust	RJR	26,432	Jan	565	684	1,459	3,750
Robert Jones & Agnes Hunt NHS Foundation Trust	RL1	13,295	Jan	210	1	609	1,478
Hywel Dda LHB	7A2	4,078	Jan	83	88	104	217
Royal Liverpool and Broadgreen University Hospitals NHS Trust	RQ6	5,016	Dec	75	13	100	437
Wirral University Teaching Hospital NHS Trust	RBL	2,591	Dec	63	9	35	119
Shrewsbury & Telford Hospitals NHS Trust	RXW	1,455	Jan	7	10	172	316
Aintree University Hospital NHS Foundation Trust	REM	3,150	Jan	35	9	52	181
The Clatterbridge Cancer Centre NHS Foundation Trust	REN	2,187	Dec	6	5	31	755
University Hospital of North Midlands NHS Trust	RJE	3,096	Jan	1	19	22	38
University Hospital of South Manchester NHS Trust	RM2	752	Sep	11	5	19	120
Liverpool Women's NHS Foundation Trust	REP	891	Jan	5	9	52	120
Shropshire Community Health NHS Trust	RID	255	Jan	0	0	1	0

Appendix A – Further Information

Further detailed information is available

- Further information is available from the office of the Chief Operating Officer which includes:
 - performance reference tables
 - tolerances for red, amber and green
 - the Welsh benchmark information which we have presented
- Further information on our performance can be found online at:
 - Our website www.pbc.cymru.nhs.uk
www.bcu.wales.nhs.uk
 - Stats Wales www.statswales.wales.gov.uk
- We also post regular updates on what we are doing to improve healthcare services for patients on social media:



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Title:	Finance Report Month 1 2018/19																
Author:	Mr Peter Lewis, Head of Financial Services																
Responsible Director:	Mr Russell Favager, Executive Director of Finance																
Public or In Committee	Public																
Strategic Goals	<table><tr><td>1. Improve health and wellbeing for all and reduce health inequalities</td><td></td></tr><tr><td>2. Work in partnership to design and deliver more care closer to home</td><td></td></tr><tr><td>3. Improve the safety and outcomes of care to match the NHS' best</td><td></td></tr><tr><td>4. Respect individuals and maintain dignity in care</td><td></td></tr><tr><td>5. Listen to and learn from the experiences of individuals</td><td></td></tr><tr><td>6. Use resources wisely, transforming services through innovation and research</td><td>✓</td></tr><tr><td>7. Support, train and develop our staff to excel.</td><td></td></tr></table>			1. Improve health and wellbeing for all and reduce health inequalities		2. Work in partnership to design and deliver more care closer to home		3. Improve the safety and outcomes of care to match the NHS' best		4. Respect individuals and maintain dignity in care		5. Listen to and learn from the experiences of individuals		6. Use resources wisely, transforming services through innovation and research	✓	7. Support, train and develop our staff to excel.	
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5. Listen to and learn from the experiences of individuals																	
6. Use resources wisely, transforming services through innovation and research	✓																
7. Support, train and develop our staff to excel.																	
Approval / Scrutiny Route	This report is subject to scrutiny by the Finance and Performance Committee prior to submission to the Board.																
Purpose:	The purpose of this report is to provide a briefing on the financial performance and position of the Health Board for the year.																
Significant issues and risks	<p>The Health Board approved an Interim Financial Plan on the 28th March 2018 which acknowledged a deficit budget of £35.0m after delivery of £45.0m savings.</p> <p>As at Month 1, there is an adverse variance against plan of £0.6m (£3.5m deficit) which is 0.52% of the Health Board's resource allocation for month 1. The variance relates to under-delivery of savings and continued overspending within Secondary Care and Mental Health & Learning Disability Division (MHLDD) due to unscheduled care pressures and individual packages of care.</p> <p>Achievement of the forecast deficit of £35.0m will be challenging and is dependent on the delivery of savings as well as the continued implementation of enhanced controls introduced in 2017/2018 across the Health Board.</p>																

Special Measures Improvement Framework Theme/ Expectation addressed by this paper	Costs associated with implementing improvements arising from Special Measures are included within departmental budgets.
Equality Impact Assessment	Not applicable
Recommendation/ Action required by the Board	The Board is asked that the report is noted, including the forecast outturn of £35.0m and recognising the risks to the financial position.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Executive Director of Finance Report Month 1 2018/19

Russell Favager

Executive Director of Finance
Betsi Cadwaladr University Health Board

1. Executive Summary

1.1 Purpose

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

1.2 Context

- The table below sets out the Health Board's revenue performance against the breakeven duty for the first, second and third rolling three year period.
- On the 28th March 2018, the Board acknowledged the 2018/19 budget of a deficit of £35.0m, after delivery of £45.0m savings. The focus for the year is on financial stability; reducing the Health Board's underlying deficit from £49.1m to £35.0m

Year	2014/15	2015/16	2016/17	2017/18 (draft)	2018/19 (budget)
£'m	26.6	19.5	29.8	38.8	35.0
First rolling three year period			75.9		
Second rolling three year period				88.1	
Third rolling three year period					103.6

- The Minister for Health and Social Services placed the Health Board in Special Measures in June 2015. The implementation of the Special Measures Improvement Framework has resulted in additional costs for the Health Board necessitated to address longstanding areas of concern. The Health Board received a specific allocation in 2015/16 and 2016/17 to support the additional costs incurred as part of Special Measures. Many of these costs still remain and are currently funded through the Health Board's general revenue allocation.

1.3 Summary of key financial targets

Key Target		Annual Target	Year to Date Target	Year to Date Actual	Forecast Risk
Achievement against Revenue Resource Limit	£'000	(35,000)	(2,917)	(3,531)	
Performance against savings and recovery plans	£'000	45,000	1,924	1,790	
Achievement against Capital Resource Limit	£'000	35,691	See note	See note	
Compliance with Public Sector Payment Policy (PSPP) target	%	95.0	95.0	93.5	
Cash balance at month-end	£'000	7,300	7,300	6,604	

Note: Spend against the CRL is not reported for Month 1.

1.4 Revenue position

- At Month 1, the Health Board is overspent by £3.5m. Of this, £2.9m relates to the Health Board's planned budget deficit and £0.6m represents an adverse variance against the financial plan.
- The adverse variance reflects activity and cost pressures within Mental Health and Learning Disabilities (MHLD) and Secondary Care Division. These were areas of particular concern in 2017/18 and continue to be in 2018/19 and therefore require continued managerial focus going forward.
- Agency expenditure in 2017/18 totalled £33.8m, an average of £2.8m per month. Significant work was undertaken to reduce agency spend during the year, Medical Agency in particular saw a substantial reduction in costs in the latter months of 2017/18. In Month 1, total agency costs were £2.3m, although lower than the overall run rate for 2017/18, this is higher than the monthly costs for the last quarter of the prior year, this is a significant concern thus so focused work needs to continue in this area.

1.5 Cash releasing efficiency savings

- The Health Board set itself an initial ambitious savings target of £45.0m (4.5%) in March 2018, which was a combination of cost containment and cash releasing requirements. Savings plans of £33.7m have so far been identified and worked up, with a further £3.1m of savings in the Pipeline and £8.2m savings identified as part of the Deficit Reduction Programme. The Board has agreed the Deficit Reduction Programme savings would be phased from August onward.
- The Health Board has recorded savings of £1.8m for Month 1, which is a £0.1m underachievement against the plan to date.

1.6 Balance sheet

- The Health Board is required to pay 95.0% of non-NHS invoices within 30 days of receipt of a valid invoice. The Health Board paid 93.5% of its non-NHS invoices within 30 days and action continues to be taken to address areas of known non-compliance.
- The closing Month 1 cash balance was £6.6m, including £2.7m of cash held for capital purposes. The cash balance is within the internal target set by the Health Board of £7.3m.

1.7 Key actions

- Maintaining the momentum and focus on the reduction on run rates across a number of budget headings remains a key financial challenge and risk for 2018/19. Expenditure on Packages of Care across the Divisions continues to be a significant cause for concern as does spend on Nurse Agency, particularly given unscheduled care pressures and the high level of vacancies.
- The underlying financial deficit position for the Health Board has been assessed as part of the planning cycle and development of the 3 Year Plan and detailed plans to address this remains a significant risk.
- The work of the newly appointed Turnaround Director will be critical to the delivery of the financial plan in 2018/19 with an emphasis on identifying and delivering recurrent savings for 2018/19 and for future years.

2. Revenue position

2.1 Financial performance by division

The table below provides an analysis of the Month 1 budget to actual position for the Health Board's operating divisions.

Variances	West	Centre	East	North Wales	Total
	£m	£m	£m	£m	£m
Area Teams	0.0	0.0	0.0	(0.1)	(0.1)
Contracts				0.0	0.0
Provider Income				0.0	0.0
Secondary Care	0.1	0.2	0.2	0.1	0.6
Mental Health				0.4	0.4
Corporate				0.0	0.0
Other				(0.2)	(0.2)
Variance from Plan	0.1	0.2	0.2	0.2	0.6
Planned Deficit					2.9
Total	0.1	0.2	0.2	0.2	3.5

Red: represents adverse variances in excess of 0.5%

Amber: represents adverse variances equal to, or less than, 0.5%



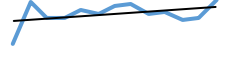


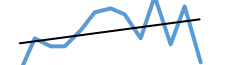

Green: represents favourable variances






2.1.1 Commentary by division

- The Area teams reported a favourable variance of £0.1m primarily due to underspends on Out of Area CAMHS due to a reduced number of placements, and Out of Area Neonatal placements due to the opening of the SuRNICC. CHC and Medicines Management are key risk areas for 2018/19 due to volatility in activity and cost.
- Contracts and Provider Income have reported balanced positions for the month.
- The Secondary Care Division has a total overspend of £0.6m due to undelivered savings and cost pressures mainly within pay related expenditure, particularly within unscheduled care. The continued opening of unfunded escalation beds and consequential increasing use of Nurse Agency remains a significant factor.
- Mental Health and Learning Disabilities (MHLD) overspent by £0.4m for the month due to individual packages of care within CHC, both in relation to activity and costs. This remains a key risk area for 2018/19 and plans to manage this budget need to be implemented at pace.
- A detailed commentary by division is provided within Appendix 1.

2. Revenue position

2.2 Cumulative revenue position by expenditure category

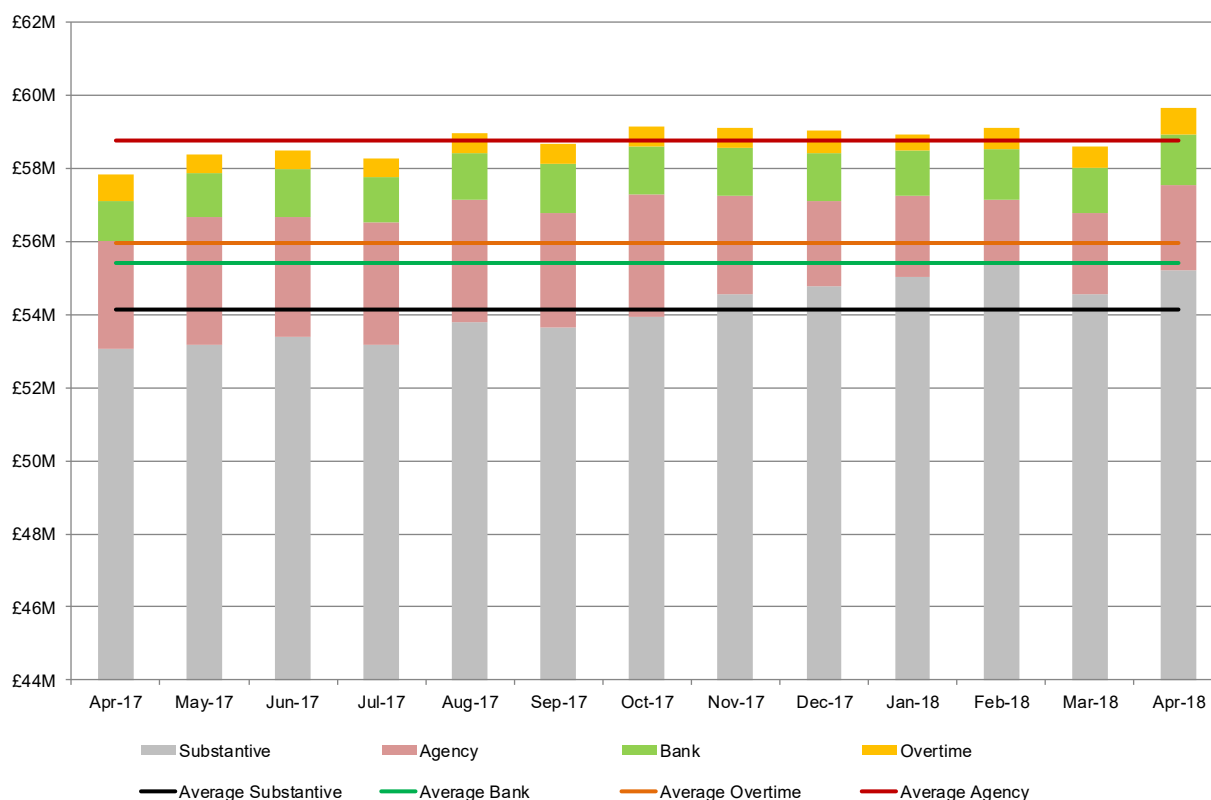
Subjective trend analysis	Spend YTD £'m	Variance YTD £'m	In month variance £'m	13 Month Trend	Narrative
Primary Care	16.6	(0.3)	(0.3)		Underspends within dental, therapies and area management are offsetting overspends in other areas.
Primary Care Drugs	8.4	0.2	0.2		Prescribing costs remain a cost pressure for the Health Board, with a year to date overspend of £0.2m
Pay (Health Board provided services excluding out of hours)	58.1	0.9	0.9		The year to date variance reflects significant use of agency staff due to vacancies which is most notable within Medical and Dental and Nursing staff groups. The year to date variance also includes non delivery of savings schemes. Further analysis is provided within section 2.2.1
Clinical Supplies (excluding drugs)	5.2	(0.2)	(0.2)		Action continues to be taken across the Health Board to manage non pay expenditure.
General Services & Supplies	0.6	(1.0)	(1.0)		
Clinical Supplies - drugs	5.0	(0.3)	(0.3)		In 2017/18 the Health Board experienced significant cost pressures within this area of expenditure including high cost cancer drugs, rheumatology, care of the elderly and sexual health drugs. This continues to be an area of focus to ensure that costs are managed whilst maintaining clinical value.
Other non pay	6.5	0.6	0.6		This covers a range of expenditure headings including premises costs, utilities, travel costs and losses. Significant management action is taken to identify opportunities to manage costs.

Subjective trend analysis	Spend YTD £'m	Variance YTD £'m	In month variance £'m	13 Month Trend	Narrative
Commissioned Services	20.5	(0.1)	(0.1)		This area of expenditure includes services with other NHS bodies including WHSSC as well as out of area placements for Mental Health and Learning Disability patients. Expenditure has remained relatively consistent over the last financial year and into 2018/19.
Care Packages	8.2	0.3	0.3		This is a key area of expenditure for the Health Board and is subject to significant activity and cost pressures. The variance mainly relates to Mental Health and Learning Disabilities schemes. Action is being taken to manage costs although this remains a key risk area.
Other Income	(10.4)	0.5	0.5		The level of income received by the Health Board includes additional income from other public sector bodies including HMP Berwyn.
Cost of Capital	2.4	(0.0)	(0.0)		This includes the annual depreciation and impairment charges. Depreciation is charged in equal instalments over the financial year whilst impairments are recorded as a single annual exercise.
WG Allocation	(117.7)	0.0	0.0		Welsh Government allocations are generally reflected in 1/12ths apart from impairment funding which is recorded as impairments arise.
Budget Deficit	0.0	2.9	2.9		The Health Board has a planned year to date budget deficit of £2.9m.
Total	3.5	3.5	3.5		The Health Board has a month end adverse variance of £3.5m against the planned variance of £2.9m.

2. Revenue position

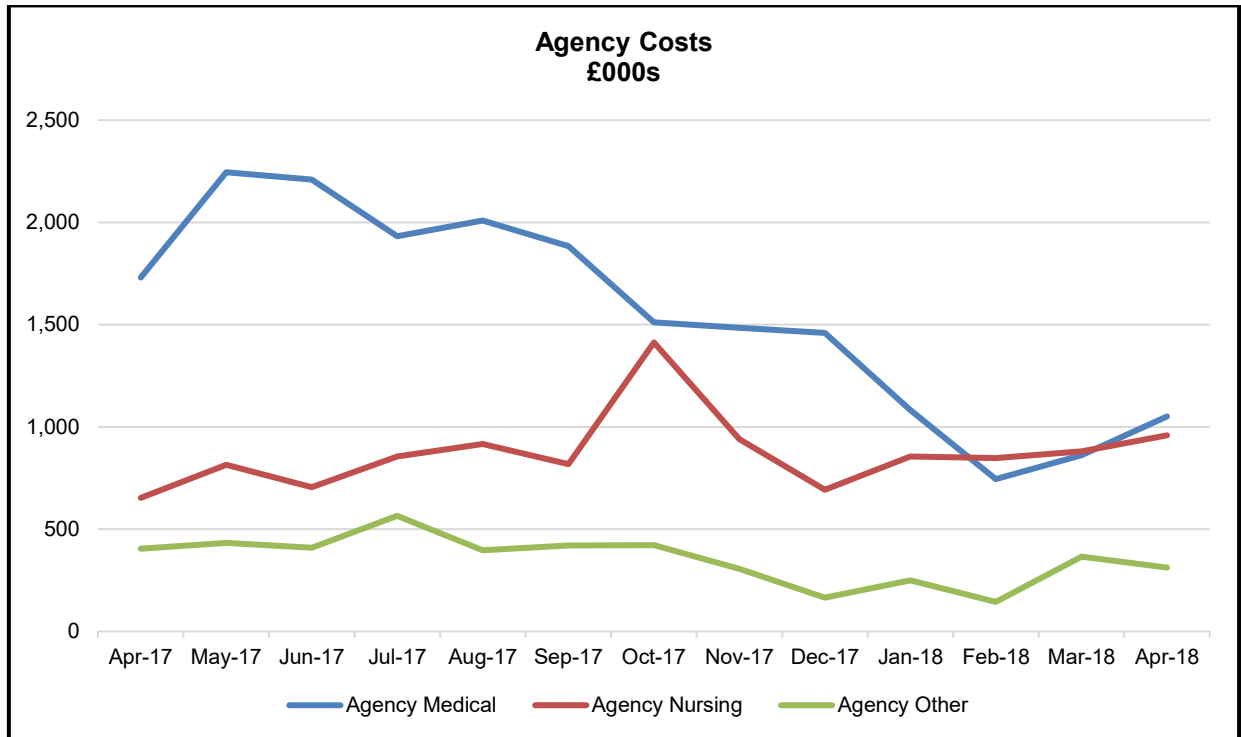
2.2.1 Pay

- Payroll expenditure for the month is £58.0m, which is an adverse variance against plan of £0.9m.
- Total pay including Health Board delivered Primary Care functions, incorporating Managed Practices and the Out of Hours service is £59.6m.



- Agency expenditure in 2017/18 totalled £33.8m, an average of £2.8m per month. Significant work was undertaken during the year to reduce agency spend, Medical Agency particularly saw a substantial reduction in costs with a total of £19.2m in 2017/18, a fall of 35.8% on 2016/17. Unfortunately at the same time Nursing Agency expenditure rose by 4.1% to £10.4m in 2017/18.
- The expenditure on agency staff for Month 1 totals £2.3m, representing 4.0% of total pay. Although lower than the overall run rate for 2017/18, this is higher than the monthly costs for the last quarter of the prior year and so focused work needs to continue in this area.
- The table overleaf shows the trend on agency costs for the previous thirteen months and demonstrates the variability in this area of expenditure. Medical and Dental pay (excluding Primary Care services) is £0.1m overspent for the year, which reflects the cost pressures arising from agency doctors, offset by vacancies.
- Nurse agency costs totalled £1.0m for the month, which is a 9% rise on the Month 12 2017/18 figures due to ongoing pressures arising from unscheduled care and a

significant number of vacancies particularly in secondary care. However targeted actions overseen by the Executive Director of Nursing are being undertaken in areas of high usage to focus on reducing the costs whilst maintaining quality and safety of patients. This involves the review of nursing rota management to ensure the effective use of substantive staff, increased scrutiny of agency requests and recruitment drives for Registered Nurses and Health Care Support Workers.



3. Savings Requirement

3.1 Savings/Recovery Plan Requirement

- The Health Board set itself a challenging savings target of £45.0m for 2018/19 to achieve a deficit budget of £35.0m. This includes £21.8m for cash releasing savings and a further £23.2m for cost containment schemes.
- All schemes identified have a Lead Director, an Accountable Officer, Finance and PMO lead and a project initiation document (PID), which includes the need to undertake a quality impact assessment to ensure that quality and safety are appropriately considered.
- Delivery of the savings plans are managed using a PMO methodology.

3.2 Identified Savings/Plans

- The total value of identified schemes for the year to date is £33.7m. An additional £3.1m of savings are recorded as in the Pipeline along with £8.2m of savings which have been identified as part of the Deficit Reduction Programme. The Board approved the Deficit Reduction Programme savings to be phased into the budget from Month 5. The savings plans by type and there risk rating are shown in the table below:

Source	Total Savings Target	Plans Being Developed / Implemented	Low	Medium	High	Pipeline
1% transactional	10.0	10.6	2.8	6.5	1.3	(0.6)
Reducing Input Costs						
Medicines Management	6.0	6.1	2.4	3.2	0.6	(0.1)
Procurement	4.0	2.6	0.2	2.4		1.4
Total of Reducing Input Costs Schemes	10.0	8.7	2.6	5.6	0.6	1.3
Improved Deployment of Resources						
Workforce	5.0	3.4	1.1	1.8	0.4	1.6
Total of Improved deployment of resources	5.0	3.4	1.1	1.8	0.4	1.6
Improved Utilisation of Resources						
Theatre efficiency	1.0	0.0				1.0
Acute Length of Stay	1.0	0.0				1.0
Community hospitals	2.0	0.7		0.1	0.6	1.3
Outpatients	2.0	0.0		0.0		2.0
Clinical variation: primary care	2.0	0.1	0.1			2.0
Clinical variation: secondary care	2.0	0.5		0.2	0.3	1.5
Total of Improved Utilisation of Resources Schemes	10.0	1.2	0.1	0.3	0.9	8.8
Service Transformation						
CHC	5.0	3.1		1.9	0.4	1.9
MHLD	4.0	4.6		4.6		(0.6)
Estates	1.0	2.0		0.4	1.1	(1.0)
Total of Service Transformation Schemes	10.0	9.8	0.0	6.9	1.5	0.3
Total Value of Schemes	45.0	33.7	7.9	21.2	4.6	11.3
Percentage		75%	16%	68%	16%	

- The year to date savings achievement is £1.8m against a plan of £1.9m.
- The risk profile and anticipated delivery of schemes will continue to be critically reviewed. Assurance arrangements are in place through the PMO Steering Group which oversees planning and delivery of savings.

4. Revenue Forecast Position

4.1 Financial year forecast revenue position

- The current full year forecast of £35.0m reflects the interim financial plan deficit budget approved by the Board. The table below outlines the key risks to achieving this forecast.

	Risks £'m	Risk level	Explanation
Unidentified/under delivery of savings	11.3		To achieve the forecast deficit the Health Board will be required to deliver the challenging savings target. This risk relates to schemes that are still to be fully developed.
Continuing Healthcare Packages (CHC)	4.0		The Health Board is experiencing significant ongoing pressures in relation to both the underlying number and cost of care packages.
Change in tariff methodology in England (HRG4+) and risks to the WHSSC contract	4.0		The issue of the potential significant financial impact of HRG4+ on WHSSC commissioned services has not been concluded.

- The Continuing Healthcare (CHC) expenditure values do not include any potential impact of the Funded Nursing Care (FNC) Supreme Court Judgement (SCJ) in the reported position. The result of the FNC SCJ ruling means that a further legal opinion has been sought with regards to CHC fees.

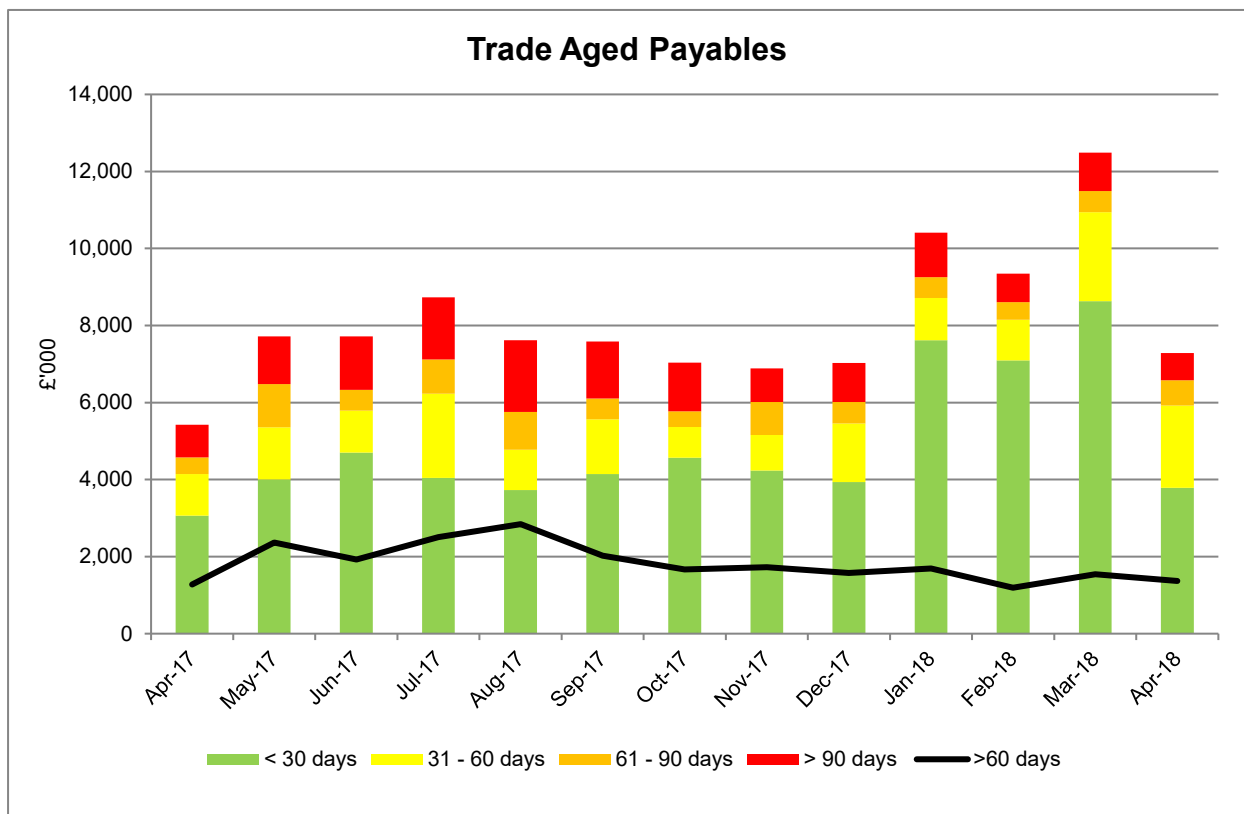
5. Balance Sheet

5.1 Cash

- The closing cash balance was £6.6m which includes £2.7m of cash held for capital expenditure. The revenue balance is within the internal target set by the Health Board
- The Health Board has set a deficit budget and therefore the full year cash requirement will exceed its cash allocation. The management of cash remains a key priority.

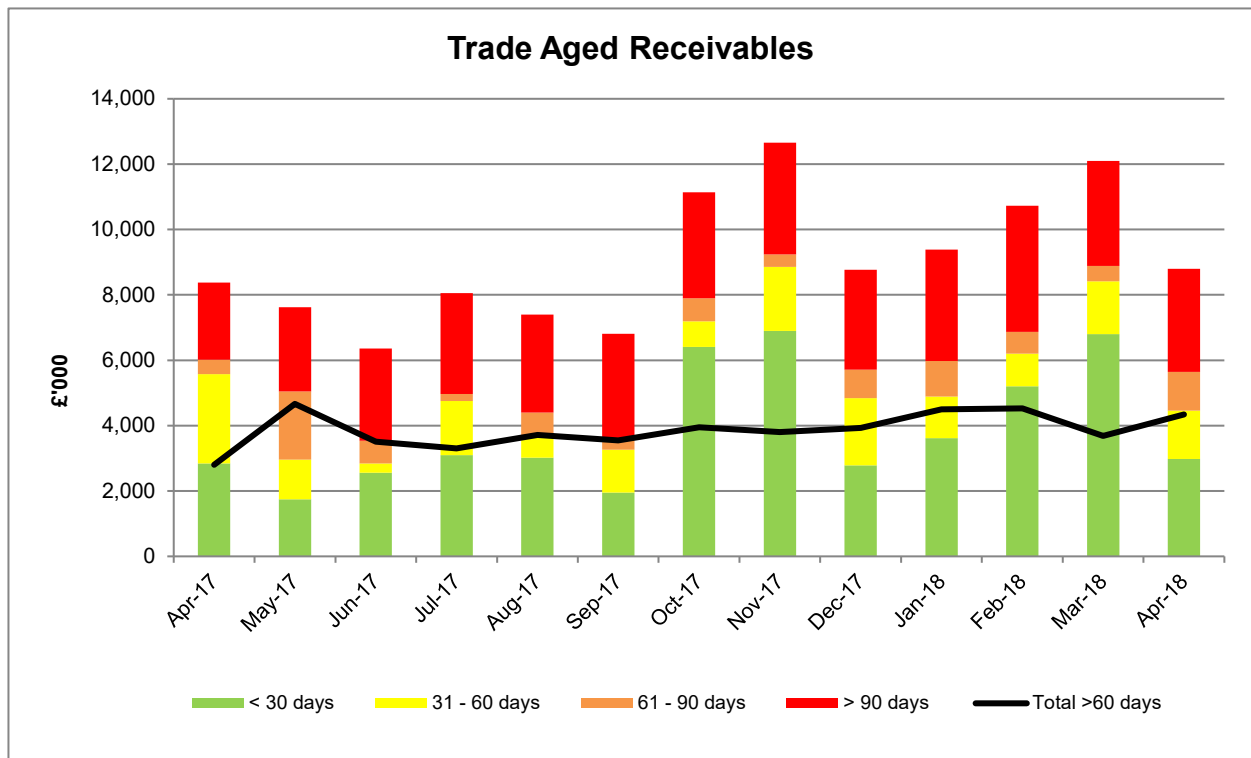
5.1.1 Accounts Payable

- The Health Board is required to pay 95.0% of non-NHS invoices within 30 days of receipt of a valid invoice. For Month 1, the Health Board paid 93.5% of its non-NHS invoices within 30 days. This is below target due to the ongoing delays in the processing and authorising of nurse agency invoices, following the introduction of the All Wales Framework. Focused work is continuing to address weaknesses and to improve performance whilst ensuring that all necessary checks are completed.



5.1.2 Accounts Receivable

- The management of amounts due to the Health Board is a key focus, particularly to aid cash management. Monthly monitoring of amounts outstanding is undertaken to ensure that effective debt recovery is in place. Debts over 90 days are a particular focus and include staff salary overpayments for which instalment payments are agreed if required.



5.2 Capital expenditure

- The Capital Resource Limit at Month 1 is £35.7m. There is significant investment in a number of key projects including the YGC redevelopment, the SuRNICC, the redevelopment of the Emergency Department in YG and the Substance Misuse Elms development. In addition, the Health Board has received a number of allocations for upgrades across the Health Board estate and IT.
- The Health Board is forecasting to achieve its Capital Resource Limit, subject to risks associated with any funding adjustments.

6.1 Conclusions

- The Health Board's full year forecast at Month 1 is a deficit of £35.0m, which is in line with the interim financial plan set, and has been notified to Welsh Government.
- Month 1 has been a disappointing start to the financial year with a higher than forecast deficit spend. The areas of overspend are Mental Health & Learning Disabilities and Secondary Care. Both these divisions continue to fail to address the financial challenges set by the Board due to non delivery of savings plans and the management of operational pressures.
- Achievement of the forecast is dependent on savings plans being identified and delivered. It also requires action across the Health Board to reduce the underlying run rate. There are a number of known risks to achieving the forecast position, as outlined in Section 4.
- The issue of the potential significant financial impact of HRG4+ on WHSSC commissioned services has not been concluded and remains a financial risk for 2018/19.
- Continuing Health Care (CHC) expenditure values do not include any potential impact of the Funded Nursing Care (FNC) Supreme Court Judgement (SCJ) in our reported CHC position. The result of the FNC SCJ ruling means that a further legal opinion has been sought with regards to CHC fees.
- Achieving the financial plan, whilst not compromising the quality and safety of services, is an important element in developing trust with Welsh Government, Wales Audit Office, Health Inspectorate Wales and the public.
- The Board has recently approved its turnaround approach and has appointed a Turnaround Director who will take up the role in mid-May. This methodology and approach is critical to delivering the financial challenge in both the current year and future years
- Following the improvement in the run rate seen in the last 6 months of 2017/18, for 2018/19 management focus needs to continue to be on maintaining adherence to the controls and processes that flow through the organisation including compliance with the entire budget and not only on known areas of pressure. This includes the clear scheme of financial delegation through Standing Financial Instructions (SFIs) that need to be robustly observed.

6.2 Recommendation

- It is asked that the report is noted, including the forecast outturn of £35.0m and recognising the significant risks to the financial position.

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

Title:	Welsh Language Services Annual Monitoring Report 2017-2018																
Author:	Mrs Eleri Hughes-Jones, Head of Welsh Language Services																
Responsible Director:	Mr Gary Doherty, Chief Executive																
Public or In Committee	Public																
Strategic Goals	<i>(Indicate how the subject matter of this paper supports the achievement of BCUHB’s strategic goals –tick all that apply)</i> <table><tr><td>1. Improve health and wellbeing for all and reduce health inequalities</td><td>✓</td></tr><tr><td>2. Work in partnership to design and deliver more care closer to home</td><td></td></tr><tr><td>3. Improve the safety and outcomes of care to match the NHS’ best</td><td>✓</td></tr><tr><td>4. Respect individuals and maintain dignity in care</td><td>✓</td></tr><tr><td>5. Listen to and learn from the experiences of individuals</td><td>✓</td></tr><tr><td>6. Use resources wisely, transforming services through innovation and research</td><td>✓</td></tr><tr><td>7. Support, train and develop our staff to excel.</td><td>✓</td></tr></table>			1. Improve health and wellbeing for all and reduce health inequalities	✓	2. Work in partnership to design and deliver more care closer to home		3. Improve the safety and outcomes of care to match the NHS’ best	✓	4. Respect individuals and maintain dignity in care	✓	5. Listen to and learn from the experiences of individuals	✓	6. Use resources wisely, transforming services through innovation and research	✓	7. Support, train and develop our staff to excel.	✓
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6. Use resources wisely, transforming services through innovation and research	✓																
7. Support, train and develop our staff to excel.	✓																
Approval / Scrutiny Route	This report has been approved by the Strategy, Partnership and Population Health Committee. The Board is asked to approve the report for submission to the Welsh Language Commissioner.																
Purpose:	The Welsh Language Services Annual Monitoring Report for 2017-2018 provides an overview of delivery against key performance indicators, giving assurance that legislative requirements are being met.																
Significant issues and risks	This report demonstrates the Health Board’s compliance with its Welsh Language Scheme under the Welsh Language Act 1993 and details progress made and initiatives implemented during the last reporting year. The legislative risks associated with implementation are being managed and mitigated.																

Special Measures Improvement Framework Theme/ Expectation addressed by this paper	Leadership and Governance
Equality Impact Assessment	No equality impact assessment is considered necessary for this report.
Recommendation/ Action required by the Board	The Board is asked to note the report ahead of submission to the Welsh Language Commissioner.

Disclosure:

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



WELSH LANGUAGE SERVICES

ANNUAL MONITORING REPORT

2017-2018

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Executive Summary

This report addresses the statutory duty of Betsi Cadwaladr University Health Board (the Health Board) to provide an annual account to the Welsh Language Commissioner on compliance with its Welsh Language Scheme. The Health Board continues to make progress in implementing its Welsh Language Scheme, however, focus has now progressed to the implementation of the Welsh Language Standards under the Welsh Language (Wales) Measure 2011.

The report reflects the format and content included in the guidance produced by the Welsh Language Commissioner and details compliance against performance indicators within the eleven domains outlined in the Health Board's Welsh Language Scheme:

- Policy Impact Assessment
- Services provided by others
- Workforce Planning
- Information Technology
- Recruitment
- Language Skills
- Training to improve Welsh language skills
- Language awareness training
- Complaints
- Publicity

It gives an overview of general progress including key achievements and good practice as well as areas for development. The report also takes into account the feedback received from the Welsh Language Commissioner following submission of the 2016-2017 Annual Monitoring Report.

This report reflects work undertaken to progress the *Bilingual Skills Strategy*, implementation of *More than just words* and the 'Active Offer' principle, meaning the provision of a Welsh medium service without the service user having to request it. The work undertaken by the Health Board also incorporates Welsh Government's Strategy *Cymraeg 2050: A million Welsh speakers*. A Strategic Plan and associated Work Programme are in place to ensure comprehensive delivery and monitoring of these requirements.

This report builds on the Health Board's previous annual reports, reflecting improvements and progress made during this reporting year.

April 2018

Foreword

This report not only reflects the Health Board's progress against performance indicators, it also demonstrates how we have planned our services to address the needs of our population. We have listened to what the public and patients have told us and have used the feedback to strengthen our services accordingly.

Understanding our population needs

Understanding population needs is essential to inform our ability to design and deliver services in North Wales. Gwynedd has the highest proportion of Welsh speakers, 65 per cent, although we know that this can be much higher in some areas of the county. Elsewhere in North Wales, 57 per cent of residents on the Isle of Anglesey speak Welsh, 27 per cent in Conwy and 25 per cent in Denbighshire. The proportion of Welsh speakers in Flintshire (13.2 per cent) and Wrexham (12.9 per cent) is lower in comparison, however, the demand for Welsh medium services is prominent, taking into account rural Welsh speaking areas that access services delivered in the east region of North Wales.

In terms of day to day usage of the language, the *North Wales Population Needs Assessment* demonstrates that just over half (53 per cent) of Welsh speakers in North Wales are fluent in the language and 63 per cent speak Welsh on a daily basis. In Gwynedd, 78 per cent of Welsh speaking residents are fluent and 85 per cent speak Welsh every day. The level of Welsh spoken, particularly in the north west of the region, influences the number of people choosing to access services in Welsh. In Gwynedd, 37 per cent of people attempt to use the Welsh language at all times when contacting public services. This information has assisted the Health Board in identifying the need for Welsh medium services and has enabled us to plan based on meeting this demand.

Long term vision

Developing a clear strategy enables us to achieve our objectives and our *Welsh Language Strategic Plan for 2016-2019*, has enabled us to focus through our dimensions of Behavioural Change, Strategic Intervention and Governance & Performance. The *Well-being of Future Generations (Wales) Act 2015* requires us to think more about the long-term, with a focus on a Wales of vibrant culture and thriving Welsh language being one of its seven well-being goals. This drives us to work better with people, communities and other organisations, as well as directing us to adopt a more joined-up approach. As such, Welsh language requirements has been mainstreamed into our strategy for the future, *Living Healthier, Staying Well*, with short term goals and commitment having been established in our Three Year Plan. This has allowed us to unite our requirements in delivering the Welsh Language Standards and *More than just words*, as well as having a clear focus on developing our *Bilingual Skills Strategy*, leading on delivering a comprehensive Translation Service and facilitating Primary Care developments as part of our cluster planning.

Governance and Performance

Our Welsh Language Strategic Forum, chaired by our Chief Executive, establishes our internal governance arrangements. The Terms of Reference steers our strategic approach, with membership consisting of senior and active leaders who are able to drive forward our requirements. Our Welsh Language Risk Register ensures that we are aware of possible challenges and concerns and ensures that we have actions in place to mitigate any complex issues.

Patient and Public Engagement

Engaging with patients and the public has been one of the Health Board's key priorities as part of the Special Measures Improvement Framework with numerous groups and communities as part of its *Engagement Strategy*. We have taken this opportunity to gain feedback on Welsh medium provision, and have also made best use of Welsh medium platforms such as the Eisteddfod Genedlaethol and individual audits to establish a baseline of expectations and actual services provided. This report details further on the findings and what we have done following feedback.

This report therefore brings together strategic planning and operational activities during the 2017-2018 reporting period, and reflects the work undertaken to address the indicators as set by the Welsh Language Scheme and the Welsh Language Standards under the Welsh Language (Wales) Measure 2011.

Welsh Language Standards

The Health Board has stepped up its actions to prepare the organisation for the forthcoming Welsh Language Standards over the past reporting year.

Our *Welsh Language Standards Work Programme* has been developed to ensure delivery, focusing on our three key dimensions:

- Behavioural Change in the form of Training, Corporate Identity and Communicating Key Messages;
- Strategic Intervention in the form of Workforce Planning, Service Delivery and incorporating requirements into ICT Systems;
- Securing Performance in the form of Frontline Provision, Governance and Identifying Good Practice;

Specific workstreams have been identified, setting out actions required at both a strategic and operational level to ensure organisation-wide ownership and implementation. In order to ensure a seamless approach to Welsh language service delivery across the Health Board, all the workstreams have been cross-referenced with the objectives set out within the Welsh Government's Follow-on Strategic Framework for Health, Social Services and Social Care, *More than just words*.

A Welsh Language Standards Project Management Group has been established to lead and drive the Health Board's approach to the delivery of the Welsh Language Standards. The Group's membership includes representatives from the three Area

Management Teams, along with influential managerial staff from a number of Services and Divisions, who are primarily responsible for leading and co-ordinating the introduction and implementation of the Welsh Language Standards across the Health Board. The Welsh Language Standards Compliance Officer has been working alongside members to roll out the objectives established within the Work Programme. This is currently being rolled out, with local action plans initiated across Services and Divisions. The establishment of the Group has been central to executing the Welsh Language Standards Work Programme and this approach will be a priority going forward.

Health Board Wide Procedure: Using Welsh Internally

A Procedure on using Welsh internally has been produced in line with requirements within the Operational Standards. The Procedure has been a natural progression for the Health Board in increasing and advancing Welsh language within its operational arrangements.

The Procedure focuses on the following areas:

- telephone communication
- meetings of the Health Board and its committees
- internal communication including translation services
- signage
- IT packages
- policies
- raising concerns
- disciplinary cases/ grievances / dignity at work
- training
- bilingual skills – recruitment
- Electronic Staff Record

The Procedure has been approved by the Strategy, Planning and Population Health Committee and will now be publicised and rolled out throughout the Health Board. This is a proactive achievement for the Health Board, demonstrating work already undertaken to address the Standards and beyond.

‘More than just words’

The Health Board has continued to achieve the outcomes established within year two of the Welsh Government’s Follow-on Strategic Framework for Welsh Language Services in Health, Social Services and Social Care, ‘More than just words’. The targets and objectives have allowed the Health Board to build on its successes and achievements of the previous year.

One of the key achievements in ensuring successful delivery of the Strategic Framework was recognised at last year’s national *More than just words Showcase Event* in Cardiff. The Health Board was commended for leading on establishing a

pan North Wales Forum with the main aim of facilitating the delivery of objectives noted within the 2016-19 *More than just words* Strategic Framework.

The Forum brings together representatives from a number of relevant organisations (including all six local authorities, *Social Care Wales*, the *Wales Ambulance Service NHS Trust* and *Bangor University's School of Healthcare Sciences*) on a quarterly basis, in order to facilitate the implementation of *More than just words* across North Wales. The Forum is a stage for sharing information and examples of good practice, and the prudence of following a collaborative approach in order to ensure the delivery of specific actions has become increasingly apparent during the past year.

It's clear that each member organisation continues to benefit from the now established process of agreeing on pertinent short-term targets at every meeting. This ensures the achievements of the objectives noted within the 2016-19 *More than just words* Action Plan within agreed timescales.

Further work outlined within this report addresses the core objectives of *More than just words*:

- Objective 1 – Leadership
- Objective 2 – Mapping, Auditing, Data Collection and Research
- Objective 3 – Service Planning, Commissioning, Contracting and Workforce Planning
- Objective 4 - Promotion and Engagement
- Objective 5 – Professional Education
- Objective 6 – Welsh in the Workplace

As the Health Board's Welsh Language Strategic Plan has been developed to incorporate all Welsh language requirements, the report reflects this dual approach.

Welsh Language Training Programme

Welsh language training has been identified as a key priority within the Health Board to ensure sufficient capacity to deliver services bilingually. Providing staff with the opportunity to develop their Welsh language skills is an organisational need and last year a full time Welsh Language Tutor was recruited to meet the demands. The work undertaken by the Tutor has been exceptional in terms of the content of courses that have been delivered, the number of attendees, and the effect this has had on our staff in being able to deliver services in Welsh. This report will highlight key achievements and the subsequent effect on patient care.

Tailor-made courses

Courses have been innovatively tailored for staff in each department, on a language level and the type of work they undertake on a day to day basis. Courses have already been held and tailored for specific staff groups:

- Adult Mental Health
- Pharmacy
- Medical Undergraduates/Postgraduate students
- Reception Fast Track courses
- Primary Care and Care Homes
- Audiology
- Speech and Language Therapy
- Child and Adolescent Mental Health Service (CAMHS)
- HMP Berwyn Pharmacy and Substance Misuse Services
- Dementia Care Workers and Dementia Specialist Nurses

Being able to embrace the Welsh language for the benefit of patients and staff is brilliant
Speech and Language Therapist

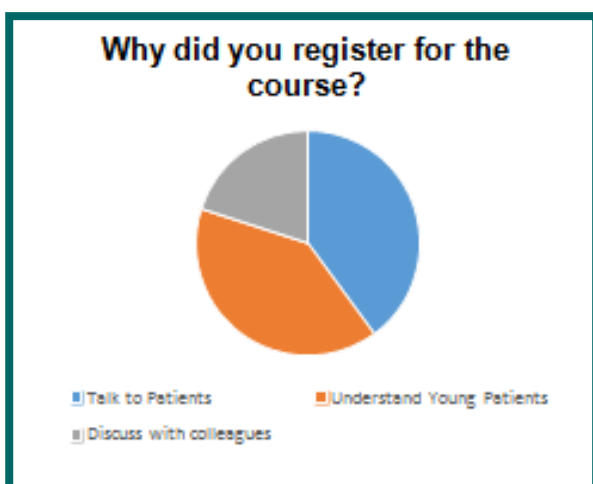
Although the courses address the specific needs of each department, the Tutor has ensured that the achieving levels coincide with the Common European Framework of Reference for Languages: Learning, Teaching, Assessment and the National Curriculum For Learning Welsh For Adults, focusing mainly on the following levels:

I'm new to Wales and unable to speak any Welsh; having gained a new job it is very helpful for myself and for the service.
CAMHS Support Worker

- Beginners – Entry 1
- Beginners – Entry 2 or Beginners +
- Foundation 1
- Foundation 2
- Intermediate 1
- Intermediate 2
- Further higher and Welsh grammar courses

Feedback from staff

The Tutor routinely gathers feedback from staff to ensure that the courses meet their needs and to examine whether any amendments are required to reflect service needs. Feedback has been positive in terms of the Tutor's approachability and course value.



Working with the Work Welsh programme, National Centre For Learning Welsh

Work Welsh is an initiative funded by the Welsh Government and is ran by the National Centre For Learning Welsh. We have been working with the Centre to develop national courses, and to establish a unique partnership in further supporting our current training provision in the workplace. *Work Welsh* consists of three elements that the Health Board has utilised to maximise opportunities for staff:

- Online welcome/reception courses
- Intensive courses
- Tailored residential courses to improve confidence

Since its commencement, 48 members of staff have attended residential courses to Nant Gwrtheyrn and over 131 members of staff have enrolled onto the 10 hour online welcome/reception Welsh language taster course.

Present and future projects:

- *Welsh Language Course and Communication Pack* for staff that work with dementia patients in collaboration with the *Alzheimer's Society* and *Bangor University, Coleg Cymraeg Cenedlaethol* and *Social Care Wales*
- Recording Speech and Language and Audiology Assessments giving Welsh speaking staff the confidence to assess their patients through the medium of Welsh
- Working in collaboration with the *National Centre For Learning Welsh*, developing an online Welsh training programme specifically for the health sector, as well as two entry and two intermediate residential courses for 60 members of staff at *Nant Gwrtheyrn*
- Working in collaboration with *Agored Cymru* so that we're able to accredit staff that attend Welsh Language Training Courses

Case Studies

The Tutor has been working with individuals and groups of staff to measure the impact that the courses have had on their ability to deliver service through the medium of Welsh.

The following case studies demonstrate the difference attending these courses have made with marked improvement and increased confidence.

Case Study	Evidence
Individual Case Study: Dr John Clifford – Clinical Psychologist at Wrexham Maelor Hospital.	Dr John Clifford had previously learnt Welsh at school as a second language, but had entirely lost his confidence to use his Welsh. In August 2018, he joined the Welsh Language Training programme at Tŷ Derbyn, Wrexham Maelor Hospital. He gained a lot of confidence to use his Welsh and has become an advocate for the Welsh language within Mental Health Services at Wrexham Maelor. He has noticed a difference in his patients now that he can converse with them in Welsh, noting that they

	<p>immediately relax and feel a lot more at ease. He says that this has increased and improved patient care:</p> <p><i>"I thought that I needed to be fluent in Welsh in order to converse in Welsh with patients, but now I realise that that isn't the case. Being able to greet patients in their chosen language increases patient rapport".</i></p>
<p>Group Case Study:</p> <p>Denbighshire Child Development Centre, Hyfrydle</p>	<p>We worked closely with the Child Development Centre to develop a Welsh language training course that was tailored to their specific needs.</p> <p>Staff at the Centre provide diagnostic and follow-up services for children of pre-school age with emerging disabilities or developmental problems. Services include Autistic Spectrum Disorder assessment, Speech and Language provision and advice and training for parents. An evaluation was undertaken with staff members, and the impact on their ability to provide services in Welsh was very positive, with 73 per cent saying that the course had improved their confidence to speak Welsh.</p>

Primary Care Services

The Welsh Language Team has been proactive in encouraging primary care contractors to provide bilingual services, despite there being no statutory requirement for them to comply with the Health Board's Welsh Language Scheme. The Health Board has therefore gone above and beyond with the level of support provided to contractors. Significant work has been undertaken to raise awareness of the importance of providing bilingual services for patients, with the Welsh Language Team providing a well-attended Protected Educational Time event in September engaging with staff and portraying key messages in terms of the benefits for patients. It provided an opportunity for individual practices to ask questions and to voice any concerns they had about the Welsh language. Access has been provided to the service provided by the Health Board's Translation Team and the Welsh Language Tutor so that individual practices are able to send any documents to be translated, or take advantage of the Health Board's Welsh language training programme. Resources were also distributed to enable the surgeries to make the Welsh language more visible, and to build on the staff members' current Welsh language skills.

Individual practices continue to be targeted, with numerous GP Practices benefitting from direct support and guidance from the Welsh Language Team. Meddygfa Rhydbach in Botwnnog is an exceptional example where the Practice has welcomed

the support, and has reported that the Welsh language is now more visible since receiving lanyards, posters and signage, creating a welcoming, bilingual environment.

Partnership working has also continued with *Menter Iaith Bangor*, with joint priorities identified. As part of this work, pharmacies, opticians and GP surgeries in three specific areas were targeted; Bangor, Y Felinheli and Bethesda. Support in the form of translation work, training provision and visual aids has led to enhancing and strengthening bilingual provision. The Welsh Language Team are members of *Menter Iaith Bangor* and *Menter Iaith Dinbych*, which has proved an excellent channel for sustaining collaboration, and will ensure that the Health Board has wider opportunities to establish partnerships with other organisations and within the community. Collaborative working with *Hunaniaith* has also focused upon the Primary Care sector, and pharmacies in particular. As part of this work *Using your Welsh in the Pharmacy* phrase cards have been created, and the Welsh Language Team shared its expert knowledge regarding terms and key phrases that had already been developed through the Welsh Language Tutor's pharmacy training programme. Aimed at pharmacists and associated staff, patients who visit the pharmacy will benefit leading to increased opportunities for the public to use the Welsh language. This is only the initial stage of the project, with further work planned ensuring that this collaboration project will strengthen bilingual provision within local pharmacies.

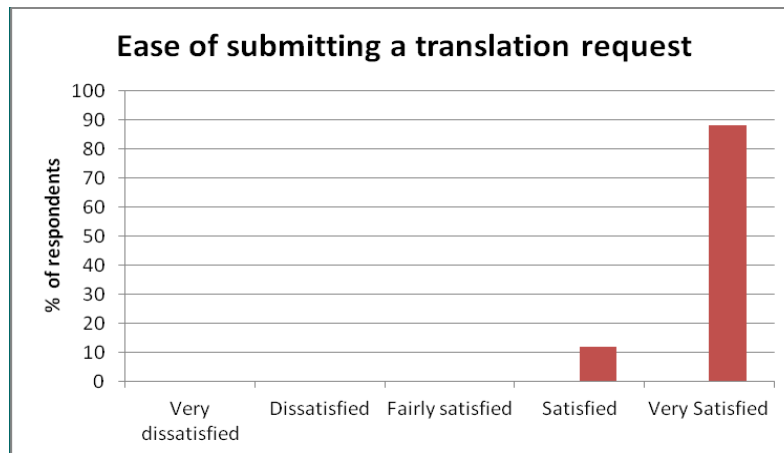


The Translation Service

The Health Board has a team of translators providing translation services across the organisation. The Team also extends its services to independent primary care contractors to enhance their provision. The recent investment in the translation team has increased capacity, productivity and has led to a marked improvement in turnaround times. This in turn has allowed us to extend our services to translate internal publications in line with our *Health Board Wide Protocol on Using Welsh Internally*, ensuring compliance with the Welsh Language Standards.

In order to facilitate the operational element of our translation service, we have developed the networking of our translation memory programmes investment, *Wordfast*, leading to streamlining our internal process. The Health Board's Translation Service is continually promoted to staff and the team will shortly be visiting community sites and managed practices in order to advance and expand the service.

The Translation Service recently held a customer satisfaction survey to analyse and evaluate the service provided to staff. Feedback was sought on the process of requesting translations, ease of contacting the service and overall satisfaction. As demonstrated below, service satisfaction level was very high.

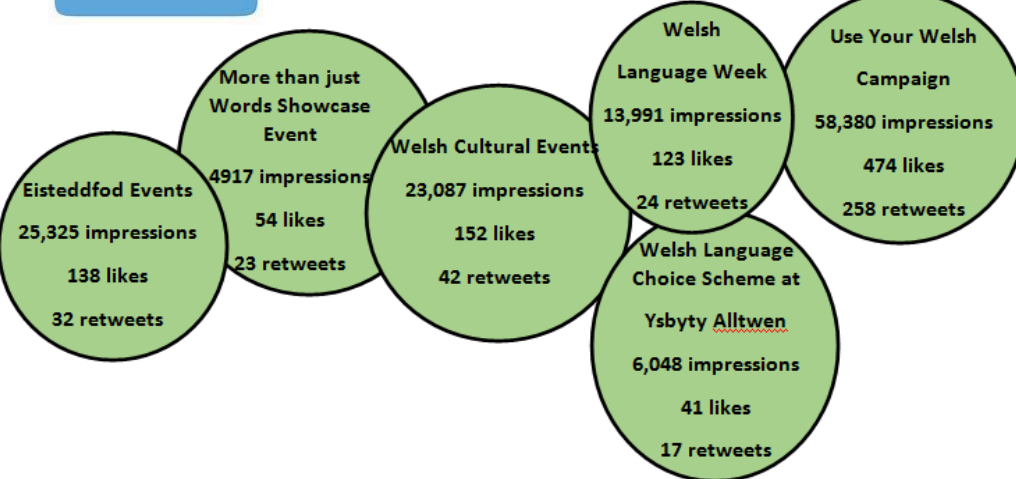


The feedback received clearly reflected the marked improvement in turnaround times. The survey results will now be used to evaluate systems and streamline the process further.

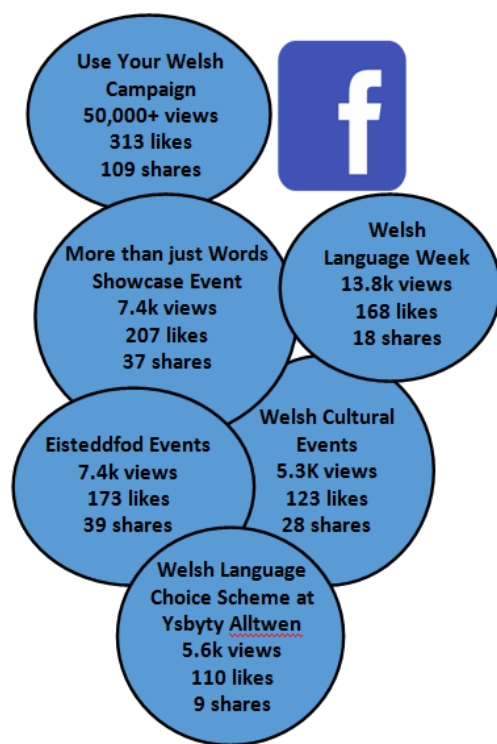
We have recently developed working partnerships with public sector organisations across North Wales to share learning and best practice, and have held meetings with cross-sector heads of translation services. Following this collaboration, we have innovatively established a pan North Wales network of partners from public sector organisations, meeting for the first time in April 2018. The aim of the network is to identify learning and cross-sector working, recognise training needs and arrange collaborative training opportunities. This is a unique development across Wales and will lead to progress within this specialised area. We have recently actively collaborated with partners in North Wales Police to facilitate simultaneous translation training for the translation team. Along with the introduction of the *Health Board Wide Protocol on Using Welsh Internally*, this training will be used to develop and enhance the services we offer.

Raising Awareness of Welsh Language Services

The Health Board has been proactive in raising awareness of latest developments and the interest and response by the public and the press has been immense. There has also been a high presence on the Health Board's social media channels, and consequently a significant number of our population and our patients have had access to information about initiatives, activities undertaken and the bilingual services that are provided.



These good news stories which have featured on the Health Board's social media pages are varied in nature. Some of the stories shared include information on the Health's Board's first ever *Welsh Language Week*, the *Use Your Welsh Campaign*, the various activities held at the National Eisteddfod to promote the Welsh language, the *More than just Words Showcase Event*, along with information regarding some of the initiatives implemented by staff.



Furthermore, the Welsh Language Team's work programme has also been highlighted and praised in the local media, with diverse articles featuring in various local newspapers; the *Daily Post*, the *Cambrian News*, the *Wrexham Leader*, the *Caernarfon Herald*, the *Bangor and Anglesey Mail*, the *Rhyl Journal*, and *Y Cymro*. All of these papers cover a vast geographical area, and have a large audience of readers. We have also featured on *Newyddion 9* and *BBC Wales Online* as part of our *Use your Welsh* campaign.

This ensures that awareness is raised of the services that we provide in Welsh as well as encouraging the public to use Welsh when accessing our services.

Service Developments and Key Achievements

The Health Board has progressed its services even further this year with a number of developments and activities undertaken across the organisation. This section provides a brief overview of some of the most pioneering initiatives we have seen across Wales.

Language Choice Scheme

Since initial implementation of the Language Choice Scheme on Ward Glaslyn in Ysbyty Gwynedd, it has now been rolled out and introduced on all wards at Ysbyty Gwynedd, as well as in community hospitals across North Wales. The scheme has been well received by staff and patients alike as it allows the ward to plan its workforce and provides Welsh speaking patients with the 'Active Offer'.

One community hospital that has seen the effects of its success has been Ysbyty Alltwn, where it has been implemented for the past twelve months. The hospital, as

well as the patients, have fully embraced the scheme with 100 per cent uptake from Welsh speaking patients. A case study was undertaken with hospital staff who implement the scheme, and patients who have opted-in to the scheme, in order to monitor its success and its effect on the wider workforce. The positive changes as a result of the Scheme include:

- facilitation of rostering and improvement in staff allocation
- seamless formalisation of the process
- ability to pair Welsh speaking staff with Welsh speaking patients
- changing working practices
- enabling staff to be immediately aware of the patient's language choice
- avoiding having to repeat the question of whether patients are Welsh speakers
- the whole Multi-Disciplinary Team are made aware of the patient's language choice
- improved relationship between the healthcare professional and the patient

A recurrent theme which has been clearly identified as a result of the Scheme is that patients are able to explain and discuss their symptoms and thoughts with ease in their mother tongue. Another theme highlighted that staff are more aware of patient's language choice, and the importance of acting on this information to the best of their ability.

"During my stay at Ysbyty Alltwen I opted in for the language scheme and the staff placed the magnetic 'Cymraeg' sticker above me so they knew I preferred to speak in Welsh.

"It's a great idea and it allows the staff to communicate better with those patients who prefer to speak in Welsh which helps provides even better care."

**Eirlys Margaret Stumpp,
a patient from Harlech**

Defnyddiwch eich Cymraeg / Use your Welsh!

On 1 February 2018, the Welsh Language Team launched a new and innovative campaign, *Defnyddiwch eich Cymraeg / Use Your Welsh*, which will be a permanent and rolling campaign within the Health Board. A sentence that is often used by our staff is that they aren't confident enough to speak Welsh in the workplace, or that their Welsh isn't good enough, therefore the purpose of the campaign is to encourage staff members to use any Welsh they have in the workplace in every aspect of providing care for patients, service users, and their families. It also aims to encourage staff members to use Welsh with their colleagues, and endeavour to practice



Welsh with learners within their team. It targets fluent Welsh speakers, learners, and individuals who can only say some basic greetings, as patient feedback emphasises that they appreciate any effort made to converse with them in Welsh. By introducing this campaign across the three main hospital sites, it has raised awareness of the Welsh language internally among staff and its importance within the health sector, leading to behavioural change, where staff feel more able to use any Welsh they have in the workplace, and increasing the opportunities patients have to use the language.

Promotional material were developed to promote and advertise the campaign, as well as questionnaires to measure how staff use the language, and to monitor if this has increased since the launch. Furthermore, as part of the campaign the Welsh Language Team held stalls to promote the campaign, as well as visiting wards and departments to involve and encourage clinical staff.



Supporting resources such as 'Siarad Cymraeg' lanyards and badges, various Welsh language phrase cards and CDs were widely distributed to staff. These events were also an opportunity to share information about various Welsh language training, and to raise further awareness of the internal training programme. The campaign was welcomed with optimism and enthusiasm, and offered further opportunities to engage with staff, and to influence their linguistic practices.



During the build up to the launch, a series of videos of staff members discussing their experiences of learning and using Welsh in the workplace were created to share with the public on the Health Board's social media channels. These were viewed by a high number of social media users, with over 50,000 views. Our posts promoting the awareness campaign reached over 59,000 individuals, and we received over 7,000 positive reactions to our posts and tweets.

Electronically Identifying Welsh Speaking Staff

An initiative to identify whether staff can speak Welsh on the Outlook E-mail System was launched last year so that individuals are able to identify Welsh speakers before corresponding with them. This encourages the use of Welsh internally, both via e-mail and over the phone. The number of the workforce who have completed this information has increased by 84.5 per cent over the past year:

The total number of Active E-mail Users who have updated their language details are 12,831 which equates to 68 per cent of total users. This is the breakdown of language ability:

- *Non Welsh Speaker*- 7484 users (58 per cent)
- *Speaks Some Welsh / Siarad rhywfaint o Gymraeg* - 1592 users (12 per cent)
- *Welsh Learner / Dysgu Cymraeg* - 1115 users (9 per cent)
- *Welsh Speaker / Siarad Cymraeg*- 2640 users (21 per cent)

Over the next few months, the Information and Workforce Teams will be working to establish a parallel between the Outlook Directory, ESR and the Informatics Portal. This will allow more accurate management of User accounts based on employed users within the organisation leading to all users either updating or confirming their details.

Welsh Language Week

The first ever *Betsi Cadwaladr University Health Board Welsh Language Week* was held between 26 February and 2 March 2018 to coincide with St David's Day. Various events and activities were arranged, specifically in order to promote the use of the Welsh language and to emphasise the importance of bilingual service provision within the health sector. As part of the celebrations, the Health Board's new Welsh language services mascot, *Macsen y Meddyg*, visited the children's wards in Ysbyty Gwynedd and Wrexham Maelor Hospital, launching a new range of bilingual certificates and stickers created for our younger patients.



A series of events were held in collaboration with *Social Care Wales*, the *Coleg Cymraeg Cenedlaethol* and *Careers Wales* at local Welsh medium secondary schools and at Coleg Cambria's Yale College in Wrexham. These events promoted the Welsh language as a valuable employment skill, and encouraged youngsters who may be considering careers within the health or social care sectors to make the most of their bilingualism. The winner of the

Health Board's Welsh Language Quiz for staff was also announced during the week, and the first issue of the Welsh Language Team's new newsletter was also

launched. Following the success of this event, *Welsh Language Week* will now become an annual event to promote services offered and initiatives delivered.

Public Engagement and Service User Feedback

Last year we set out to gather patient feedback on how we are doing in terms of Welsh language provision. During August 2017 at the National Eisteddfod in Anglesey, we undertook a baseline audit to set the scene, asking the public what their expectations were when accessing our services in North Wales. We had 23 respondents in total, all of whom were fluent Welsh speakers. We asked them what aspects of service was most important to them.

Which aspect of Welsh-medium healthcare service provision is most important to you?	Total
All aspects of Welsh-medium provision are equally important.	86.4%
Clinical services (e.g. consultations; nursing provision)	50%
Face to face provisions (e.g. reception services)	45.5%
Telephone services	72.7%
Written services (e.g. appointment letters)	72.7%
Online services	68.2%
Information leaflets / posters	77.3%
Signage	77.3%

We also asked whether they had accessed services over the past 12 months, and whether it was provided in Welsh. The main services utilised by respondents included Cardiac, Chiropody, General Surgery, Gynaecology, Intensive Care, Maternity, Ophthalmology and Urology. These services were accessed across North Wales, with 59.1 per cent having received some aspect of their care in Welsh.

General comments and themes included:

- the importance of supporting staff to learn or improve their Welsh language skills
- prioritising specific vulnerable groups, e.g. children and the elderly
- the important role of senior managers in leading by example
- the importance of bilingual signage to create an environment where the public are encouraged and feel welcome to use the language

We have taken these comments into account in developing our services over the past year, as demonstrated within this report. Prioritisation areas have included working with the elderly, especially actively offering dementia patients a service in Welsh, providing Welsh language training and support for staff as well as monitoring the use of bilingual signage across the organisation.

It has also been important for us to engage directly with patients accessing our services on a day to day basis. An initial Patient Satisfaction Survey has been

undertaken at the Outpatients Department in Ysbyty Gwynedd as a high number of patients visit the Outpatient Clinics on a daily basis, all with varying health needs.

Patients were asked a number of questions in relation to bilingual environment, face to face services and consideration to linguistic needs.

Question	Total	
	Yes	No
Do you feel that there is a Welsh atmosphere in the hospital? (This referred to posters, signage, and whether Welsh was being heard in the department)	100%	0%
Were you greeted bilingually at the reception?	91.9%	8.1%
Was the correspondence that was sent to you bilingual?	100%	0%
Do you feel that Health Board staff consider your linguistic needs in terms of Welsh language?	94.6%	5.4%
Does receiving (or not receiving) a Welsh-medium services make a difference to your experience when you are within the hospital setting?	83.8%	16.2%
Did you receive your consultation (or part of it) through the medium of Welsh?	40.5%	59.5%

Further comments and themes included:

- the importance of providing a bilingual service as part of care packages
- identifying Welsh speaking staff within departments (via 'Working Welsh' badges on uniforms or by wearing lanyards)
- up-skill the current workforce so that they are able to hold a basic conversation in Welsh

This survey is currently being conducted in the Outpatients Department at both Ysbyty Glan Clwyd and Wrexham Maelor Hospital. The findings will enable us to highlight areas of good practice as well as identifying gaps in services. This will allow us to target the support where it is most needed as we move forward to further strengthen our services.

Awards and Recognition

The Health Board received national recognition this year at the *More than just words Showcase Event* held in Cardiff in October. The event celebrates the importance of Welsh language provision in health, social services and social care, along with the exceptional achievements of individuals and teams. The Health Board was the only organisation in Wales to be celebrated in all three categories.



The Health Board won the 'Active Offer' category for the implementation of its Language Choice Scheme making a vast difference to patients and their families.

The Health Board also received special recognition in the other two categories. In the "Innovation" category, the Health Board was acknowledged for investing in their workforce following the appointment of our full time Welsh Language Tutor to increase capacity to deliver services bilingually. The Health Board was also given special commendation in the "Leadership" category for establishing the *More than*



just Words North Wales Forum, which brings together representatives from a number of relevant organisations operating in North Wales. This collaboration has already led to shared learning and joint working in implementing the *More than just words* Framework, putting strategy into practice.

Provision through the medium of Welsh continues to be celebrated at the Health Board's annual Staff Achievement Awards. This year saw numerous nominations in the "Welsh Language Award" category, including the Outpatients Department at Ysbyty Dolgellau for their work in improving services for day patients, and Siwan Owen, an inspiring Haematology Clinical Nurse Specialist at

Ysbyty Glan Clwyd who ensures that Welsh speakers are able to access services in their preferred language. However, the winner was Edwin Humphreys, a Mental Health and Learning Disabilities Staff Nurse, for his work in raising awareness of early onset dementia, conveying the key message that language is an integral part of care provision.

Performance Indicators Data

Performance indicators have been set by the Welsh Language Commissioner and are directly related to the Health Board's Welsh Language Scheme requirements.

Policy Impact Assessment

- ***Number and percentage of policies (including those that were reviewed or revised) where consideration was given to the effects the policy would have on the use of the Welsh language***

All new policies and initiatives produced by the Health Board are subject to an Equality Impact Assessment, which includes language impact assessment.

During 2017/18, 43 policies were produced or revised with 100 per cent scrutinised for language impact assessment. Of these, six policies (14 per cent) made specific reference to the Welsh language, where the policy would have an effect on the use of the Welsh language as part of the organisation's service delivery. Policies which did not require reference to the Welsh language ranged from clinical policies (e.g. *Cardiopulmonary Resuscitation Policy, Guidelines for the safe use of Phentonin in Adults*), Finance policies (e.g. *Petty cash Procedure and Debit and Credit Card Procedure*) to Medical Devices Policies (e.g. *Procedure for the Maintenance and Repair of Medical Devices*), where the policy, as part of the robust impact assessments, had been identified that it would not have an effect on a patient's ability to receive services through the medium of Welsh.

2017 / 2018 Data:

43 policies were produced or revised, of which 100 per cent were scrutinised for effects on the Welsh language, with six of these (14 per cent) including references to the use of the Welsh language.

2016 / 2017 Data:

In total there are 291 policies and procedures, of which 100 per cent have been assessed, with 35 of these (12 per cent) including references to the use of the Welsh language.

- ***Example of an assessment deemed to have an impact on the use of the Welsh language and details of how the policy was amended as a result***

The Health Board's policy impact assessment procedures allow for the consideration of how certain policies will affect service provision. One example is the Health Board's *Policy for the Management of Policies* which has been amended recently to include reference to the Welsh Language Standards in accordance with the *Policy Making Standards*:

Welsh Language

The Welsh Language (Wales) Measure 2011 has given the Welsh language official status in Wales by placing Welsh Language Standards on organisations. The duties deriving from the standards mean that the Health Board and all of its staff should not treat the Welsh language less favourably than the English language, together with promoting and facilitating the use of the Welsh language. In the conduct of public business, our aim is to provide an 'Active Offer', meaning services should be provided in Welsh without the service user having to ask for it. Enabling our patients and the public to receive high-quality, language appropriate care is paramount to the way we

provide and plan our services, as well as encouraging other users and providers to use and promote the Welsh language in the health sector.

We have a clear vision – everyone who comes into contact with our services should be treated with dignity and respect by receiving a safe and responsive service that is accessible in their language of choice'

Item 1 - [Policy for the Management of Policies](#)

Another example is *Guidance Production of Informed Procedure 'Specific Consent Form'* where it states that '*consideration must be given to patients whose first language is Welsh*' within the consent process. It also states that standardisation of evidence based information should meet Welsh language requirements. The consent documents are available in both Welsh and English and both versions are included within the policy.

Item 2 - [Guidance: Production of Procedure Specific Consent Forms](#)

A Policy Working Group was established in July 2017 for the purpose of reviewing the overall arrangements within the Health Board for the creation, cascading, accessing and storage of policies, guidance documents, protocols and standard operating procedures, and to propose and implement improvements across the Health Board to ultimately support patient safety arrangements. It is chaired by the Deputy Board Secretary and members include the Head of Transforming Nursing Care, Head of Informatics, Performance and Improvement Lead, Digital Media Officer as well as the Welsh Language Standards Compliance Officer. This provides the Welsh Language Team with the opportunity to further scrutinise policies for opportunities to include Welsh Language requirements.

Services Provided By Others

- ***Number and percentage of third party agreements monitored to ensure they comply with the relevant requirements of the Welsh Language Scheme***

2017 / 2018 Data:

Number: 290 contract reviews (this is a mix of formal contract reviews, site visits and annual due diligence checks / self-assessment returns)

Percentage: 61 per cent (of 470 healthcare contracts excluding Welsh public bodies who report separately to the Commissioner)

2016 / 2017 Data:

Number: 231 contract reviews (this is a mix of formal contract reviews, site visits and annual due diligence checks / self assessment returns)

Percentage: 54 per cent (of 431 healthcare contracts excluding Welsh public bodies who report separately to the Commissioner)

- ***Example of monitoring work undertaken to assess whether or not a third party agreement complied with the relevant requirements of the Welsh Language Scheme and details of any action taken as a result of the monitoring work***

The majority of formal monitoring of Welsh Language Compliance indicate independent providers are working to the requirements built into the contract, and have not resulted in any further action.

Within our monitoring regime we do have specific Welsh Language Compliance questions, but also the Health Care Contracting Team will notice weaknesses when measuring compliance in other areas.

As an example, in a recent site visit to a nursing home, through the formal Welsh Language compliance question it transpired the Welsh Language Policy was not available for review by staff, patients and relatives, but through the Complaints Policy Compliance question it was found the Complaints policy was only clearly displayed in English. The home has been asked to address these issues, and the Health Care Contracting Team will follow up to ensure these are addressed.

Workforce Planning

- ***An update on progress made to adopt/implement the organisation's Welsh language/bilingual skills strategy***

The Bilingual Skills Strategy is designed to enable effective workforce planning and the recruitment of staff to ensure the delivery of bilingual services through the medium of Welsh and English, according to individual choice and the needs of the population in the area. The vision is to provide a service that satisfies the needs of Welsh speakers and their families or carers, by ensuring that they are able to receive services in their own language through the care process. To deliver this, the Bilingual Skills Strategy has four key workstream areas to support the goal of ensuring that appropriate Welsh language skills are available within the workforce to deliver a bilingual service:

- Audit of current workforce Welsh language skills
- Assessment of the Welsh/bilingual service needs

- Identifying skills gaps
- Workforce planning and recruitment

Work continues to increase the data held on the Welsh language ability of staff. Data compliance has been included in the Integrated Quality and Performance report to the Board, with a target of 2 per cent increase per quarter. This has ensured progression during the reporting year, which is reflected in the increased figures outlined below.

2017 / 2018 Data:

83.77 per cent of the entire workforce had recorded their Welsh language skills on ESR.

2016 / 2017 Data:

75.96 per cent of the entire workforce had recorded their Welsh language skills on ESR.

- ***Number and percentage of the organisation's employees:***
 - ***whose Welsh language skills have been assessed;***
 - ***that has Welsh language skills (per skill level)***

Across the organisation

Count of Employee Number	2016/17		2017/18	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	5785	32.41	7165	38.57
1 - Entry/ Mynediad	2134	11.96	2336	12.57
2 - Foundation / Sylfaen	1081	6.06	1171	6.30
3 - Intermediate / Canolradd	1104	6.18	1203	6.48
4 - Higher / Uwch	1558	8.73	1546	8.32
5 - Proficiency / Hyfedredd	1896	10.62	2141	11.53
Total	13,558	75.96%	15,562	83.77%
Total number of staff	17,850		18,577	

- ***Number and percentage of employees working in the following priority group services, whose Welsh language skills have been assessed, per skill level:***
 - Paediatrics
 - School nursing
 - Health visiting

- Elderly care medicine
- Mental health services:
 - Child and Adolescent
 - Adult
 - Community
 - Older People

Paediatrics

Count of Employee Number	2017/18	
Individual Proficiency Level	Total	%
0 - No Skills / Dim Sgiliau	211	34.70
1 - Entry/ Mynediad	85	13.98
2 - Foundation / Sylfaen	32	5.26
3 - Intermediate / Canolradd	27	4.44
4 - Higher / Uwch	34	5.59
5 - Proficiency / Hyfedredd	88	14.47
Total	477	78.44%
Total number of staff	608	

School Nurses

Count of Employee Number	2017/18	
Individual Proficiency Level	Total	%
0 - No Skills / Dim Sgiliau	49	33.56
1 - Entry/ Mynediad	11	7.53
2 - Foundation / Sylfaen	3	2.05
3 - Intermediate / Canolradd	5	3.42
4 - Higher / Uwch	28	19.18
5 - Proficiency / Hyfedredd	30	20.55
Total	126	86.29%
Total number of staff	146	

Health Visiting

Count of Employee Number	2017/18	
Individual Proficiency Level	Total	%
0 - No Skills / Dim Sgiliau	93	31.85
1 - Entry/ Mynediad	40	13.70
2 - Foundation / Sylfaen	18	6.16
3 - Intermediate / Canolradd	19	6.51
4 - Higher / Uwch	34	11.64
5 - Proficiency / Hyfedredd	41	14.04
Total	245	83.9%
Total number of staff	292	

Elderly Care Medicine

Count of Employee Number	2017/18	
Individual Proficiency Level	Total	%
0 - No Skills / Dim Sgiliau	99	23.91
1 - Entry/ Mynediad	49	11.84
2 - Foundation / Sylfaen	32	7.73
3 - Intermediate / Canolradd	39	9.42
4 - Higher / Uwch	81	19.57
5 - Proficiency / Hyfedredd	49	11.84
Total	349	84.31%
Total number of staff	414	

Speech and Language Therapy

Count of Employee Number	2017/18	
Individual Proficiency Level	Total	%
0 - No Skills / Dim Sgiliau	58	37.66
1 - Entry/ Mynediad	18	11.69
2 - Foundation / Sylfaen	7	4.55
3 - Intermediate / Canolradd	14	9.09
4 - Higher / Uwch	23	14.94
5 - Proficiency / Hyfedredd	30	19.48
Total	150	97.41%
Total number of staff	154	

Learning Disabilities

Count of Employee Number	2017/18	
Individual Proficiency Level	Total	%
0 - No Skills / Dim Sgiliau	97	30.5
1 - Entry/ Mynediad	62	19.5
2 - Foundation / Sylfaen	29	9.12
3 - Intermediate / Canolradd	25	7.86
4 - Higher / Uwch	30	9.43
5 - Proficiency / Hyfedredd	54	16.98
Total	297	93.39%
Total Number of staff	318	

Mental Health Services - overall

Count of Employee Number	2017/18	
Individual Proficiency Level	Total	%
0 - No Skills / Dim Sgiliau	718	36.90
1 - Entry/ Mynediad	289	14.85
2 - Foundation / Sylfaen	157	8.07
3 - Intermediate / Canolradd	183	9.40
4 - Higher / Uwch	166	8.53
5 - Proficiency / Hyfedredd	227	11.66
Total	1740	89.41%
Total number of staff	1946	

Mental Health Services - Community

Count of Employee Number	2017/18	
Individual Proficiency Level	Total	%
0 - No Skills / Dim Sgiliau	76	34.86
1 - Entry/ Mynediad	35	16.06
2 - Foundation / Sylfaen	13	5.96
3 - Intermediate / Canolradd	24	11.01
4 - Higher / Uwch	17	7.80
5 - Proficiency / Hyfedredd	32	14.68
Total	197	90.36%
Total number of staff	218	

Mental Health Services - Adult

Count of Employee Number	2017/18	
Individual Proficiency Level	Total	%
0 - No Skills / Dim Sgiliau	251	36.43
1 - Entry/ Mynediad	96	13.93
2 - Foundation / Sylfaen	60	8.71
3 - Intermediate / Canolradd	72	10.45
4 - Higher / Uwch	45	6.53
5 - Proficiency / Hyfedredd	89	12.92
Total	613	88.97%
Total number of staff	689	

Mental Health Services - Elderly

Count of Employee Number	2017/18	
Individual Proficiency Level	Total	%
0 - No Skills / Dim Sgiliau	95	37.70
1 - Entry/ Mynediad	39	15.48
2 - Foundation / Sylfaen	13	5.16
3 - Intermediate / Canolradd	21	8.33
4 - Higher / Uwch	19	7.54
5 - Proficiency / Hyfedredd	25	9.92
Total	212	84.13%
Total number of staff	252	

Mental Health Services - Other

Count of Employee Number	2017/18	
Individual Proficiency Level	Total	%
0 - No Skills / Dim Sgiliau	296	37.61
1 - Entry/ Mynediad	119	15.12
2 - Foundation / Sylfaen	71	9.02
3 - Intermediate / Canolradd	66	8.39
4 - Higher / Uwch	85	10.80
5 - Proficiency / Hyfedredd	81	10.29
Total	718	91.23%
Total number of staff	787	

Training to Improve Welsh Language Skills

As already outlined within the report, we have seen considerable progress in Welsh language training provision within the Health Board. The following data demonstrates significant increase in the number of staff accessing training, reflecting the positive outcomes of this innovative role within the health sector.

Training provided by the Health Board's Welsh Language Tutor

Courses and attendance	Total
Complete Beginners	93
Beginners +	18
Foundation Course	13
Adult Mental Health	39
Denbigh Childrens Centre	12
Pharmacy	25
Audiology	4
Speech and Language Therapy	0 (course to start in April)
Grammar Course	6
Undergraduate Courses	76
Postgraduate Courses	30
Reception Fast Track	18
Subtotal	334

Training provided in collaboration with the National Centre for Learning Welsh

Courses and attendance	Total
Gaining Confidence Course (Nant Gwrtheyrn)	30
Entry Level Course (Nant Gwrtheyrn)	18
10 hour online Taster Course	131
Subtotal	179

- *Number and percentage of the organisation's workforce that received training to improve their Welsh skills to a specific qualification level*

2017 / 2018 Data:

Number of the organisation's workforce that received training to improve their Welsh skills to a specific qualification: 513

This total equates to 2.8 per cent of the Health Board's current workforce.

2016 / 2017 Data:

Number of the organisation's workforce that received training to improve their Welsh skills to a specific qualification: 90

This total equates to 0.5 per cent of the Health Board's current workforce.

Recruitment

- *Number and percentage of new and vacant posts advertised with the requirement that:*

2017 / 2018 Data:

- **Welsh language skills are essential** - 53 (1.9 per cent)
- **Welsh language skills are desirable** - 2845 (98.3 per cent)
- **Welsh language skills not required** - 0

2016 / 2017 Data:

- **Welsh language skills are essential** - 20 (1 per cent)
- **Welsh language skills are desirable** - 2066 (99 per cent)
- **Welsh language skills not required** - 0

- *Example of an assessment which shows how a decision was taken to advertise the post :*

- Welsh Language skills are essential;
- Welsh language skills are desirable;
- Welsh language skills are not required.

The Workforce and Organisational Development Team have added a Welsh language skills requirements assessment to the Health Board's position request form. This assists managers to determine whether posts should be advertised as Welsh Essential or Welsh Desirable. The tool ensures that recruiting managers follow set formulae, looking at language needs of the population, current skill mix and skills gap within the team. This allows services to recruit individuals with the required level of Welsh language ability to ensure a comprehensive bilingual service is available.

Follow link to an example of an assessment undertaken that determined Welsh language skills were essential for a post:

Item 3 - [Assistant Practitioner Assessment](#)

Follow link to an example of an assessment undertaken that determined Welsh language skills were desirable for a post:

Item 4 - [Community Nurse Assessment](#)

All posts advertised require either Welsh language as an essential skill or Welsh language as a desirable skill. The Health Board undertook the innovative decision to ensure no post was advertised stating that Welsh language skills are not required.

A new 'Welsh Language Requirements' section has been included in the Personal Specification, ensuring Welsh language skills, whether essential or desirable for a post, are noted prominently.

- ***Of those posts advertised with an essential requirement, the number and percentage of posts filled by individuals who met the requirement***

2017 / 2018 Data:

Welsh language skills are essential:

- 21 posts were unable to be recruited to
- 26 were provided with job offers
- 1 post was withdrawn by North Wales Shared Services Partnership
- 23 were reportable (i.e. not at applicant stage)
- 3 of which data is currently being sourced
- 5 posts were appointed to without Welsh Speakers (none of which were BCU A&C Identified Posts), but of the 5 posts, 1 possessed Level 1 Welsh language skills and two had Welsh language skills at Level 2.

2016 / 2017 Data:

18 posts were filled by individuals who met the requirement (90 per cent)

Language Awareness Training

- ***Number and percentage of the organisation's new staff (i.e. new since 1 April 2017) that received Welsh language awareness training***

The Health Board's Orientation Programme is mandatory for all new members of staff, with a specific session on Welsh language awareness delivered by members of the Welsh Language Team. These sessions have been structured to provide information on legislative requirements and the 'Active Offer', with evidence and best practice showcased to demonstrate the strategic and practical steps undertaken to ensure organisation wide awareness of the importance of bilingual healthcare services.

2017 / 2018 Data:

1307 newly appointed staff have received Welsh language awareness training.

This total equates to 100 per cent of the Health Board's new starters.

2016 / 2017 Data:

Number: 1528 newly appointed staff have received Welsh language awareness training.

This total equates to 100 per cent of the Health Board's new starters.

In addition to the Orientation Programme, Welsh language awareness sessions are also provided on a large scale for current staff members and nursing and medical students. Specific sessions are held for medical students from Cardiff University and Swansea University as a part of their induction training and four sessions of this kind have been held at the Undergraduate Centre in Glan Clwyd Hospital since November 2017, with a total of 56 students attending. Similarly, Welsh language awareness sessions were also held for first year nursing students, with four sessions held across North Wales, with a total of 170 students present between both sessions.

All nursing students must complete a series of work placements during their undergraduate courses, and all those who attended the Welsh language awareness training sessions will therefore be Health Board employees for periods of time during the completion of their training.

Further sessions were held for all the workforce, with members of the staff from a range of services attending.

- ***Number and percentage of the organisation's entire workforce that has received Welsh language awareness training since the training was introduced***

The training was introduced at the establishment of Betsi Cadwaladr University Health Board in 2009.

2017 / 2018 Data:

Number of the organisation's entire workforce that had received Welsh language awareness training since the training was introduced: 9384

This total equated to 50.5 per cent of the Health Board's current workforce.

2016 / 2017 Data:

Number of the organisation's entire workforce that has received Welsh language awareness training since the training was introduced: 7834

This total equates to 43.8 per cent of the Health Board's current workforce.

Website

- ***Percentage of the organisation's website that is available in Welsh***

Our latest audit demonstrated that 95 per cent of our website is available in Welsh. The Communications and Welsh Language Teams are currently monitoring new and frequently used web pages to ensure that all pages are available in Welsh and English. However, the Health Board is in the process of developing a new website, and the 5 per cent deficit will be rectified once a new platform has been developed. A new process will be established from the onset with fewer devolved editors and improved controls for managing existing content. Notifications will be set up when updates and new content is uploaded to monitor and ensure consistency.

Welsh Language Services Provided

- **Information about methods used to promote the organisation's Welsh language services and evidence of any subsequent increase in the public's use of the services**

The Welsh Language Team took advantage of the various celebratory events to engage with patients and the public, including Diwrnod Su'mae and St. David's Day to promote a Welsh culture within acute settings. As part of the Diwrnod Su'mae celebrations, the team held stalls in the three main hospitals, where new Welsh language resources were distributed, and the Welsh Language Tutor's training programme was further advertised and promoted. The team also visited wards and clinical areas to engage with clinical staff and to encourage them to initiate every conversation in Welsh, leading to a more positive experience for Welsh speaking patients. The purpose of the day is encourage staff to greet patients and the public in Welsh. The events were widely advertised on the Health Board's *Corporate Bulletin* and an *All Users Staff E-mail* was sent out leading to a high attendance at the event. The Communications Team ensured wide circulation amongst staff and the public by making best use of our social media platforms.

Engagement events were held again this year on St. David's Day, affording the opportunity for the Health Board to work in collaboration with *Cymraeg i Blant* to promote the importance of raising children bilingually. This work builds upon the relationship established as part of the *TWF* project and work will be undertaken to develop this partnership with our Womens' Services highlighting the benefits and advantages of learning two languages for the child's development, raising the profile of the Welsh language within early parenting. As part of the St David's Day celebrations, a Welsh themed menu was offered in the hospital's canteen, along with Welsh music being played on the hospital's radio station.



The Welsh Language Team along with other departments from within the Health Board had a stall at the *National Eisteddfod* which was held in Anglesey. Various activities promoting the Welsh language and Welsh language services offered by the Health Board were held. A Welsh Language Question and Answer event was held with the Head of Welsh Language Services and one of the Health Board's ENT Surgeons who has learnt the language and has subsequently become a fluent Welsh speaker. The

Welsh Language Dementia Project also gained significant engagement from visitors at the *Eisteddfod*.

The Welsh Language Team also works closely with the media in Wales, with *Ward y Plant*, filmed on the Children's Ward at Ysbyty Gwynedd showing the fantastic

bilingual care provided by our staff. The programme is viewed by a high number of the population, with an average of 16,000-18,000 viewers every week showcasing bilingual care at Ysbyty Gwynedd on a national stage.

This year saw the first ever Welsh Language Team Newsletter, which will be published biannually. The newsletter is a means of informing staff and members of the public of the latest developments regarding the Welsh language within the Health Board. A Welsh Learner's Corner will be a permanent item within the newsletter, celebrating staff members' efforts to learn the language, as well as showcasing some of the excellent work undertaken by staff.

During the year the team has developed diverse Welsh promotional resources to strengthen the visibility and to increase the status of the Welsh language internally.



Use your Welsh

here signage has been developed to display in every reception area across the Health Board, which will advertise the availability of Welsh language services.

These are also a way of encouraging members of the public to use their Welsh when they come into the hospital. Bilingual calendars were also created, along with new phrase cards for health care professionals supporting our *Use Your Welsh* campaign. All of these resources strengthen staff members' ability to use the Welsh language with patients supporting one of our key Welsh language dimensions of *Behavioural Change*.

- **Information about methods used to assess the quality of the organisation's Welsh language services by assessing the experience of service users (such as surveys, mystery shopper etc)**

A new internal mystery shopper scheme has been initiated to review the availability and quality of bilingual services within the Health Board. This ongoing regulatory scheme will monitor managed practices, community hospitals and individual departments within the three acute hospital sites, focusing initially on front line provision and signage.

A total of nine services / locations (i.e. three in each Health Board region) are scrutinised on a quarterly basis with the findings presented to the Welsh Language Strategic Forum. This proactive scheme allows us to develop actions and activities if required to address any areas of concern. This has also allowed the Welsh Language



Team to build further on its relationship with key areas and services within the Health Board.

Complaints

- ***Number of complaints received about the implementation of the Welsh Language Scheme***

The Health Board received nine complaints in relation to the implementation of its Welsh Language Scheme during this reporting year, all of which were fully addressed under the *Putting Things Right* Regulations. However, it must be emphasised that seven of these were in relation to Primary Care. As independent contractors, the Health Board can only support and encourage providers to deliver services bilingually. As already demonstrated within this report the Health Board has gone above and beyond its requirements under the Welsh Language Scheme to address issues raised.

Of the other two complaints, one of those regarding lack of bilingual signage turned out to be false following internal investigation. The other complaint was in relation to inconsistencies between one Welsh and English page on the Health Board's internet site which has now been rectified.

No external investigations were held during the reporting year.

Forward Vision for 2018 - 2019

Through its strategic planning, the Health Board has a clear vision for the next three years with its key focus on further developing the following service areas:

- Delivering the Welsh Language Standards across the organisation
- Planning the workforce through the implementation of the *Bilingual Skills Strategy*
- Promoting and implementing the 'Active Offer' principle in line with Welsh Government's Strategic Framework *More than just words*
- Develop and strengthen bilingual primary care services
- Provide a comprehensive translation service for the whole of the organisation

The Parliamentary Review of Health and Social Care in Wales recognised the importance of the Welsh language in health care with supporting actions consisting of factoring requirements into workforce planning. The Health Board's Bilingual Skills Strategy already addresses this and has taken steps to ensure more posts will be advertised with the ability to speak Welsh as an essential criteria. However, the Health Board, in line with the recommendations outlined within the review, will be focusing on professions that use language based tests and therapies such as speech therapists, school nurses, psychologists and clinical staff. These staff groups are likely to be in contact with children, older people, individuals living with dementia


and those with mental health problems. Our training programme will focus further on these to support service development.

Partnership working will also be a focus for the Health Board with links already established to progress the *Cymraeg i Blant* project supporting the Welsh Government's Welsh language strategy *Cymraeg 2050: A million Welsh speakers*. Partnerships will also be developed further with all public sector organisations across North Wales as part of the North Wales Translation Group to establish working patterns and development opportunities.

Having identified the need to raise awareness amongst young people of the Welsh language being an employment skill, the Health Board will expand the work undertaken this year by engaging further with Welsh medium secondary schools. A *Welsh Language Skills Schools Roadshow* will be held during the year with members of the Health Board, along with staff from Social Care Wales, Coleg Cymraeg Cenedlaethol and Careers Wales coming together to discuss with pupils the opportunities provided for Welsh speakers within the sector.

Work has been ongoing with the Primary Care Sector as demonstrated within this report, however, a dual approach will be undertaken this year to support Managed Practices in providing services bilingually, with a separate work programme being developed with our primary care clusters to provide guidance to independent contractors.

These immediate initiatives draw in priorities from the first year of our three year plan providing assurance that the Health Board is embracing its legislative requirements, and goes above and beyond in its delivery of bilingual services.

Health Board 7.6.18	<div style="text-align: center;">  <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> GIG CYMRU NHS WALES </div> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div> </div> <p style="text-align: center;"><i>To improve health and provide excellent care</i></p>																
Title:	Summary of In Committee Board business to be reported in public																
Author:	Mrs Kate Dunn, Head of Corporate Affairs																
Responsible Director:	Mrs Grace Lewis-Parry, Board Secretary																
Public or In Committee	Public																
Strategic Goals	<p><i>(Indicate how the subject matter of this paper supports the achievement of BCUHB's strategic goals –tick all that apply)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">1. Improve health and wellbeing for all and reduce health inequalities</td> <td style="text-align: center; width: 50px;">√</td> </tr> <tr> <td style="padding: 5px;">2. Work in partnership to design and deliver more care closer to home</td> <td></td> </tr> <tr> <td style="padding: 5px;">3. Improve the safety and outcomes of care to match the NHS' best</td> <td></td> </tr> <tr> <td style="padding: 5px;">4. Respect individuals and maintain dignity in care</td> <td></td> </tr> <tr> <td style="padding: 5px;">5. Listen to and learn from the experiences of individuals</td> <td></td> </tr> <tr> <td style="padding: 5px;">6. Use resources wisely, transforming services through innovation and research</td> <td style="text-align: center;">√</td> </tr> <tr> <td style="padding: 5px;">7. Support, train and develop our staff to excel.</td> <td style="text-align: center;">√</td> </tr> </table>			1. Improve health and wellbeing for all and reduce health inequalities	√	2. Work in partnership to design and deliver more care closer to home		3. Improve the safety and outcomes of care to match the NHS' best		4. Respect individuals and maintain dignity in care		5. Listen to and learn from the experiences of individuals		6. Use resources wisely, transforming services through innovation and research	√	7. Support, train and develop our staff to excel.	√
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Approval / Scrutiny Route	The issues listed below were considered by the Board at its private in committee meeting on 2.5.18																
Purpose:	Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session.																
Significant issues and risks	Issues were considered as follows: <ul style="list-style-type: none"> Approval of minutes Presentation on the approach to Turnaround 																
Special Measures Improvement Framework Theme/ Expectation addressed by this paper	Leadership and Governance																
Equality Impact Assessment	No equality impact assessment is considered necessary for this paper.																

Recommendation/ Action required by the Board	The Board is asked to note this paper.

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

Minutes of the Meeting of the Welsh Health Specialised Services Committee

held on 27 March 2018
at Health and Care Research, Castlebridge 4,
Cowbridge Road East, Cardiff

Members Present

Vivienne Harpwood	(VH)	Chair
Stuart Davies	(SD)	Director of Finance, WHSSC
Gary Doherty	(GD)	Chief Executive, Betsi Cadwaladr UHB
Sian Lewis	(SL)	Managing Director, WHSSC
Lyn Meadows	(LM)	Vice Chair
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB (part meeting)
Len Richards	(LR)	Chief Executive, Cardiff and Vale UHB
Chris Turner	(CT)	Independent Member/ Audit Lead
Allison Williams	(AW)	Chief Executive, Cwm Taf UHB

Apologies

Carole Bell	(CB)	Director of Nursing and Quality, WHSSC
Tracey Cooper	(TC)	Chief Executive, Public Health Wales
Steve Ham	(SH)	Chief Executive, Velindre NHS Trust
Tracy Myhill	(TM)	Chief Executive, Abertawe Bro Morgannwg UHB
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC

In Attendance

Shakeel Ahmad	(SA)	Associate Medical Director (Neurosciences & Complex Conditions), WHSSC
Sian Harrop-Griffiths	(SHG)	Director of Strategy, ABMUHB (part meeting)
Glyn Jones	(GJ)	Director of Finance, ABUHB
Hayley Thomas	(HT)	Director of Planning and Performance, PTHB
John Williams	(JW)	Chair of Welsh Renal Clinical Network

Minutes:

Juliana Field	(JF)	Corporate Governance Officer, WHSSC
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The Meeting opened at 1:30pm.

JC18/001 **Welcome, Introductions and Apologies**

The Chair opened the meeting and welcomed members. Apologies were noted as above.

JC18/002 **Declarations of Interest**

None declared.

JC18/003 **Accuracy of Minutes of the meetings held 29 January 2018**

Members reviewed and approved the minutes of the meeting held 29 January 2018 as a true and accurate record.

JC18/004 **Action Log**

Members reviewed the action log and noted the updates.

Matters Arising

There were no matters arising.

JC18/005 **Chair's Report**

Members received an oral update from the Chair noting the following key points:

Meeting with Cabinet Secretary for Health and Social Services

The Chair attended an appraisal meeting during which the discussion focussed around: Interventional Neuroradiology noting the potential realignment of specialised services to attract specialist clinicians and the need for a national solution; Thoracic Surgery and the impact of potential further delays to delivery; and acknowledgement of the improvements within Paediatric and Bariatric services.

Members resolved to:

- **Note** the update.

SHG joined the meeting at approx. 1.38pm.

JC18/006 **Report from the Managing Director**

Members received a report from the Managing Director providing an update on key issues arising since the last meeting.

Specialised Services Strategy

Members noted that a paper was being presented for discussion later in the meeting. The report provided an overview of the internal work being carried forward around organisational values and recognising the need for alignment between the values and strategy. Members were asked to support a 30 minute workshop at the end of the next Joint Committee meeting to hold a structured feedback session around strategy development.

Proton Beam Procurement

It was noted that there had been some publicity around the development of proton beam therapy centres in Manchester and London. It was anticipated that there would be significant costs savings against current providers based in Continental Europe and the USA. However, it was anticipated that this would be offset by an increase in demand where patients who met the criteria for treatment but were unable to travel overseas would be able to receive treatment in the UK in the future.

Members discussed the suitability of a provider based in Newport and it was noted that, at present, this service did not meet the required standards due to the majority of patients funded via WHSSC being children. It was noted that a phased approach would be taken to assess the centre's compliance with current standards and then consider whether they would be able to support the needs of the child with wider oncology support.

Thoracic Surgery Update

SL had attended a meeting with the Chief Officers and Chairs of the Community Health Care Councils who informally confirmed that they had agreed that a formal public consultation would be required as they felt that the proposed changes represented major service change. However, it was confirmed that, at this stage, there had been no formal request for consultation, rather an ongoing engagement process.

Autologous chondrocyte implantation using Chondrosphere®

NICE published technology appraisal guidance TA508 on 7 March 2018 which recommended Chondrosphere® as an option for treating symptomatic articular cartilage defects of the femoral condyle and patella of the knee (International Cartilage Repair Society grade III or IV) in adults. The WHSS Team was aware that individual Health Boards had commenced early stage negotiations in providing the treatment and it was suggested that an all Wales procurement approach be considered with delegation of commissioning to WHSSC of cell and gene therapies as a technique with a view to shared benefits.

Members discussed the need to explore this further within their respective Health Boards but welcomed the proposition and suggested that this be taken to Management Group for consideration.

Action: Refer consideration of all Wales procurement approach with delegation of commissioning to WHSSC to Management Group for cell and gene therapies.

WHSSC Escalation Process

Members were reminded of previous discussions around the governance arrangements and scrutiny of the WHSSC Escalation Process. It was noted that the Chief Operating Officer Peer Group had been approached and was keen to undertake this role. Members were informed that

WHSSC would be attending the meeting in April 2018 and it was anticipated that Escalation Process and cross border issues would be raised at the meeting. It was noted that quality processes would remain the same.

A question was asked about how the information on underperformance and quality issues was fed back to Health Boards. Members noted that the WHSS Team had plans for quality information to be integrated into the WHSSC Integrated Performance Report which was received on a regular basis by the Joint Committee and a more detailed version scrutinised by Management Group. Also, performance meetings were held with providers which addressed both performance and quality issues.

It was acknowledged that there was a need to ensure clinical input into the scrutiny process and that this would be considered following the first meeting with the Chief Operating Officers.

Members resolved to:

- **Note** the content of the report.

JC18/007 **Five-year Specialised Neurosciences Strategy**

Members received a report which provided members with a commissioning strategy for Specialised Neurosciences over the next five years.

Members were informed that, due to timing, the paper had not been considered by Management Group. It was acknowledged that further work may be required in order to finalise the document.

Members received an overview of the report noting that it built on the analysis of the service presented in May 2017. It was noted that the strategy focussed on four key questions, set out in section 3.0 of the report.

- In relation to the first question, members identified Neurosurgery as a core service with in the neuroscience portfolio for WHSSC, which should continue to be developed, recognising that there were issues within the current service but these were being reviewed and worked through by the WHSS Team with the provider.
- In response to question two it was noted that there were three key elements of the specialised neurosciences service that needed to be strengthened; Paediatric Neuroradiology, Adult Neurorehabilitation and Neuroradiology.
- In relation to question three which related to potential service redesign, recommissioning, incentivisation and investment, to focus more on the patient need and delivering the quadruple aims, it was noted that recommissioning in general was a key element of the

Integrated Commissioning Plan 2018-21. Themes identified within neurosciences included: stabilisation of neurorehabilitation; investment in spinal rehabilitation; paediatric neurology; and interventional neuroradiology. It was noted that longer term planning was required for these services, including an element of capital planning.

- The final question related to commissioning responsibilities and consideration of local, regional and national commissioning requirements. Members received an overview of the services which could potentially be commissioned at the different levels.

It was noted that the timescales for the strategy was set within three sections, 2018 focussed on stabilisation, 2018-20 service redesign and recommissioning, and 2020-23 deliver high standards and achieving high quality services. It was noted that areas of redesign would go through the ICP process with urgent coming to Joint Committee outside of the ICP process.

Members acknowledged the work undertaken to deliver the paper. Members felt that the paper did not present a clear strategy for neurosciences in Wales although did provide helpful information in relation to the wider service requirements. It was noted that Joint Committee members were committed to the development and delivery of services in Wales, but further work was required to identify that demand/capacity plans had been considered and whether the outline strategy was deliverable.

A discussion was held around the further development of the strategy and the expectation that it might contain a greater level of detail, population requirements, alignment with other services within pathways, looking at a longer term view, and understanding return on investment for those areas that appear to still have issues.

It was noted that there was already a level of detail available which could be used to broaden the strategy. It was recognised that it was important to connect the configuration of services within the pathway and as a whole, rather than looking at services individually.

Members suggested that the paper be supplemented with further information as discussed. This was then to be reviewed by Management Group prior to being brought back to the Joint Committee. It was noted that should WHSSC require assistance Health Boards could provide some supporting resource. It was further suggested that WHSSC liaise with the Neurosciences Implementation Group to align work streams.

Action: Paper to be supplemented and taken to Management Group for consideration prior to resubmission to the Joint Committee.

Members resolved to:

- **Note** the report.

JC18/008 **Neonatal Workforce Model: Progress Update**

Members received a report that provided an updated position on the issues relating to the Neonatal Intensive Care medical workforce planning across south Wales as requested in March 2017.

Members noted that there had been a successful overseas recruitment programme and the vacancy level had reduced. The challenges around recruitment were acknowledged, as was the need to ensure that the improved position was maintained and oversight of the workforce position continued. Members discussed the most appropriate 'group' to take responsibility for management of the workforce model. It was agreed that SL would write, on behalf of the Joint Committee, to the Neonatal Network requesting that they liaise with the directors of workforce to manage the workforce model for neonatal services.

Action: SL to write, on behalf of the Joint Committee, to the Neonatal Network requesting that they liaise with the directors of workforce to manage the workforce model for neonatal services.

Members resolved to:

- **Note** the updated workforce position on neonatal medical workforce planning issues across South Wales
- **Support** WHSS team in approaching the Neonatal Network to take over the management of the Workforce Model, in conjunction with the directors of workforce.

JC18/009 **High Cost Drugs**

It was reported that a paper summarising the policy tensions around high cost drugs and the introduction of new medicines within Wales had been developed and submitted to the NHS Wales Executive Team.

Members noted that a paper had been developed with support from Professor Dyfrig Hughes, Health Economist, Bangor University requesting support from Welsh Government to ensure that the All Wales Medicines Strategy Group (AWMSG) strategy addresses the policy divergence and that the Parliamentary Review was used to address the organisational arrangements which underpin the introduction and management of high cost new medicines.

Members noted that the WHSS Team had received feedback from AWMSG which confirmed that the suggested changes to the AWMSG strategy had not been included within the published version.

Specifically AWTTC had indicated that it would not take forward a review of historical decisions related to high cost drugs as it would then be required to complete this for all decision made prior to 2011. It was noted that revising past decisions was not within its remit.

Members discussed the historical conversations in relation to the agreed process for AWMSG to review indicators and review past decisions against new evidence bases where outcomes were different, impacting on outcomes for patients and justification of continuing spend. AW noted that she would review previous documentation around this subject area.

Action: AW to review historical documentation in relation AWMSG reviewing decisions when new evidence is made available.

It was noted that SL would be meeting with the Chief Medical Officer, Welsh Government in relation to the issues identified by WHSSC and an update would be provided to the Joint Committee.

Action: Update on high cost drugs to be provided to Joint Committee following meeting with CMO.

Members noted that there was no national procurement process in place for Wales, recognising that there was a strong basis for introducing this, as currently each Health Board develops its own managed access agreement.

Members resolved to:

- **Note** that a paper summarising the policy tensions within Wales regarding the introduction and management of high cost drugs has been submitted to the NHS Wales Executive Team.

JC18/010 **Thoracic Surgery: Implementation Plan Update**

Members received an update on actions taken in relation to the thoracic surgery review following the decisions made at the January meeting.

It was noted that the report detailed how the WHSS Team was moving forward with the work and specific requirements, as detailed in section 2.4. Members noted that the WHSS Team had written to both ABMUHB and CVUHB to clarify timescales and expectations.

The letter (provided at Annex (i)), in which timescales were provided for submission of the Implementation Plan to the Joint Committee at its May 2018 meeting, was discussed. It was noted that, due to these timescales, the Implementation Plan would not be reviewed by Management Group prior to presentation to Joint Committee. However, it was noted that the finance working group undertaking the value for money assessment shared membership with Management Group.

Members resolved to:

- **Note** the information presented within the report.

JC18/011 **Development of a Specialised Services Commissioning Strategy**

Members received the paper which provided a proposal for developing a specialised services commissioning strategy for Wales.

It was recognised that consideration would be required around the Parliamentary Review published in January 2018 which identified the value of a consolidated NHS Executive for Wales. It was noted that the WHSS Team had initiated internal work around values and coordinating with Health Boards.

The paper proposed an approach based around strategic questions focused on the elements of Prudent Healthcare as a framework, reviewing services currently commissioned by WHSSC, to establish whether this was the correct portfolio of services, and working with stakeholders to consider the questions raised.

It was recognised that there were challenges around public engagement and it was suggested that a wider more contextual approach be taken rather than specific technical engagement. This could be supported through the use of patient groups when considering which services should be commissioned by WHSSC. It was also suggested that clinicians be included in the process to create an overall sense of ownership of a strategy.

It was suggested that consideration should be made within the strategy to address the purpose of the main providers within Wales and how the centres could be best utilised with a more strategic approach to the whole system. Members noted that work had commenced within Health Boards around how providers could operate in a more collaborative, efficient way to deliver services rather than taking a competitive approach and therefore whether a two phased approach to the development of a specialised services strategy, aligned with national planning, to limit duplication of effort would be complimentary.

Overall members supported the approach set out recognising that further clarity was required around how this fits with the wider strategic direction of the Welsh NHS; ensuring that there is sufficient resource and skill to deliver a quality strategy; recognising regional differences; recognising the requirement for bespoke planning in areas such as north Wales and cross over with south Wales; and, being realistic around timescales for completion.

A further update would be presented to the Joint Committee in July 2018.

Members resolved to:

- **Support** the proposed approach to developing a specialised services commissioning strategy for Wales

JC18/012 **Integrated Performance Report**

Members received the report which provided a summary of the performance of services commissioned by WHSSC for January 2018.

Members received a summary of the key areas to note including Child and Adolescent Mental Health Service (CAMHS), Paediatric Surgery, Bariatric Surgery and Plastic Surgery. Members noted that both Paediatric Intensive Care and CAMHS were in escalation at levels 2 and 4 respectively.

A question was raised around forecast outturn for referral to treatment and it was noted that the WHSS Team were reviewing this with the provider but performance against this had improved towards the end of January, not noted in the current report due to lack of available data.

Members resolved to:

- **Note** January 2018 performance and the action being undertaken to address areas of non-compliance.

JC18/013 **Financial Performance Report**

Members received the report which set out the estimated financial position for WHSSC for the eleventh month of 2017-18.

Members noted a year-to-date overspend of £1.9m against budget, representing an overall adverse movement of £2.127m over the previous month. SD highlighted that within this position performance on Welsh providers had moved adversely by £2.581m which included increased contract activity in CVUHB and ABMUHB. SD expressed his concern regarding the increase of £0.540m in the high cost drug spend reported by Velindre related to melanoma drugs. This should be resource neutral to Health Boards overall as it corrected the allocation of drugs between Health Boards and WHSSC. WHSSC would follow up with Velindre to ensure its reporting mechanisms were fit for purpose.

It was noted that there remained material uncertainty regarding the risk of HRG4+ price increases proposed and reported by NHS England providers and their applicability to Wales. The costs relating to this were reported within the year to date position, however they had been excluded from the year end forecast for those providers who were overspending.

Members received an update in relation to sharing risk in 2017-18. It was noted that the distribution of financial risk was a matter for Health Boards and that as such they were able to vary how they share financial risk in respect of specialised services by agreement via the WHSSC financial process. The report included such agreements in the reserves

section. The WHSS Team would continue to work closely with Health Boards in month 12 regarding any further requirements.

Members resolved to:

- **Note** the current financial position and forecast year-end position.
- **Note** the residual risks for the year including the HRG4+ risk.

JC18/014 **Reports from the Joint Sub-Committees**

All Wales Individual Patient Funding Request Panel

Members received and noted the report of the meeting held 28 February 2018.

Welsh Renal Clinical Network

Members received and noted the report of the meeting held 5 February 2018.

JC18/015 **Date and Time of Next Meeting**

It was confirmed that the next Meeting of the Joint Committee would be held on 15 May 2018 at Health and Care Research Wales, Castlebridge 4, 15-19 Cowbridge Rd East, Cardiff, CF11 9AB at 9.30am

The public meeting concluded at 3.15pm

Chair's Signature:

Date:



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
29 JANUARY 2018 AT THE HEALTH AND CARE RESEARCH WALES
CASTLEBRIDGE 4, CARDIFF**

PRESENT

Members:

Prof Siobhan McClelland	Chair
Mr Stephen Harrhy	Chief Ambulance Services Commissioner
Mr Gary Doherty	Chief Executive, Betsi Cadwaladr UHB (In part)
Dr Sharon Hopkins	Deputy Chief Executive / Director of Public Health, Cardiff & Vale UHB
Mr Steve Ham	Chief Executive, Velindre NHST
Mr Steve Moore	Chief Executive, Hywel Dda UHB
Mrs Judith Paget	Chief Executive, Anuerin Bevan UHB
Mrs Patsy Roseblade	Deputy Chief Executive, WAST
Mrs Carol Shillabeer	Chief Executive, Powys tLHB
Ms Ruth Treharne	Deputy Chief Executive, Cwm Taf UHB

In Attendance:

Ms Joanne Abbott-Davies	Assistant Director Strategic Planning, Abertawe Bro Morgannwg UHB
Mr Julian Baker	Director, National Collaborative Commissioning
Mr Stuart Davies	Director of Finance, EASC & WHSSC
Mr Anthony Hayward	National Collaborative Commissioning Unit.
Mr Shane Mills	National Collaborative Commissioning Unit.
Mr Robert Williams	Committee Secretary / Board Secretary Host Body
Mr Ross Whitehead	Assistant Chief Ambulance Services Commissioner

		Action
Part 1. PRELIMINARY MATTERS		
EASC 18/01	<p>WELCOME AND INTRODUCTIONS</p> <p>Professor McClelland (Chair) welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves. In commencing the meeting, the Chair reminded Members of the need to ensure that they all had read the Committee's papers and that contributors also take this into account when presenting items.</p> <p>In light of a number of Chief Executive apologies, the Chair expressed her serious and continued concerns about the level of attendance of some Committee Members, despite having written to some Health Boards and raised her concerns with the All Wales Chairs.</p> <p>Professor McClelland reiterated the expectation of the Cabinet Secretary for Health, Well-Being and Sport and made reference to previous criticisms raised by Wales Audit Office and Internal Audit. Professor McClelland confirmed her intention to formally escalate her concerns further.</p>	
EASC 18/02	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Ms Alexandra Howells, Abertawe Bro Morgannwg UHB; Mr Len Richards, Cardiff & Vale UHB and Mrs Allison Williams, Cwm Taf UHB.</p>	
EASC 18/03	<p>DECLARATIONS OF INTERESTS</p> <p>There were no additional interests, to those already declared.</p>	
EASC 18/04	<p>MINUTES OF THE MEETING HELD ON 28 NOVEMBER 2017</p> <p>Members CONFIRMED the minutes of the meeting held on 28 November 2017, subject to one correction, replace Mr Glyn Evans with Mr Glyn Jones.</p>	<i>Committee Secretary</i>

EASC 18/05	<p>ACTION LOG</p> <p>Members received the action log and NOTED that progress with some of the related matters would be considered within the substantive business meeting agenda.</p> <p>Sub-Group Representatives Members NOTED that whilst progress on nominations from some Health Boards and WAST representatives has been made, there remains some related issues, including attendance.</p> <p>The Chair expressed her concern that arrangements for recent sub group meetings had either resulted in them being postponed or poorly attended. Members agreed to work with the CASC to ensure nominated representatives commit and attend sub group meetings.</p> <p>HCP Activity The Chief Ambulance Services Commissioner made reference to discussions with the Chief Operating Officers (COOs) meeting with regards some operational actions. Mr S Harrhy explained that he was still to attend the Medical Directors meeting. The CASC will need to report progress on EASC related issues to the USC Board. Members agreed to receive a more detailed update at the March meeting.</p> <p>Wales Audit Office – Action Plan Members NOTED that whilst in general good progress had been made, the Chief Ambulance Services Commissioner confirmed that a small number of actions scheduled for completion in January had drifted, and would be progressed by the March meeting.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Action Log and the updates provided. 	<p>CASC / Health Boards</p> <p>CASC</p> <p>CASC</p>
EASC 18/06	<p>MATTERS ARISING</p> <p>There were No Matters Arising not contained within the Action Log.</p>	

Part 2. ITEMS FOR APPROVAL / ENDORSEMENT		
EASC 18/07	<p>INTEGRATED PERFORMANCE DASHBOARD</p> <p>The Assistant Chief Ambulance Services Commissioner, presented the Integrated Performance Dashboard report. Mr Whitehead confirmed that this was the first occasion that the recently developed Dashboard had been presented to the Committee and that its intention was to explore opportunities to develop performance reporting metrics further and also to consider the variation across Health Boards and alignment with EASC commissioning intentions.</p> <p>Members NOTED that some Health Boards utilise 111 to deal with Dental related calls whereas some HBs don't. It was NOTED that there was also variability in terms of call handling and the WAST Cardiff Clinical Desk handles more calls than any other, the reasoning for that continues to be explored.</p> <p>Mrs Paget asked what the end point outcome of calls is and AB UHB was keen to understand the implications for deployment of patients to the Emergency Department, a more specific interest, following the provision of resources to fund Hear & Treat. Members asked that clarity is provided on patient outcomes and whether those outcomes were consistent with the advice provided. The CASC confirmed that broadly around a third of those accessing Hear & Treat do not present to Emergency Departments, but was unable to confirm at the meeting, what the specific UHB impact was. CASC working with WAST to develop bespoke Health Board reports that will provide more HB specific data.</p> <p>Mrs Shillabeer queried the risks associated with data provided via one data source, as some other patients maybe adopting different support for their ailments. Mrs Shillabeer emphasised the importance of considering all lines of inquiry and not draw early conclusions, as the developing data set has limitations and its more about is the data provided useful and how can it be strengthened further and be more useful. E.g. how does it link with GP OOHs?</p> <p>Mrs P Roseblade explained that the ABM UHB data is likely connected with 111 pathfinder. Members NOTED that WAST is also very keen to understand and capture whether advice is taken.</p>	CAST / WAST

	<p>The limitations to confirming this currently were explained, including connections with HB Patient records and the lack of electronic linkages to the patient record. The Chair whilst accepting the limitations, reinforced the importance of developing an improved of the value of the services EASC are investing in.</p> <p>Members NOTED the deployment to hospital rates with significant variances across NHS Wales Health Board areas and some with legitimate reasons, but further explanations are also required to better understand what the information.</p> <p>Members NOTED that the new CAD is providing more data than the previous system, recognising the importance of needing to understand the analysis of the data and what actions we can take, locally and regionally.</p> <p><i>(Mr G Doherty left the meeting in part 15:00hours, to take a phone call, and returned to the meeting, prior to leaving it at 16:30 hours)</i></p> <p>Members NOTED the importance of ensuring emergency requests for Ambulance are responded to by the right crews, with the right skills and that deployment options, where appropriate also should take into consideration Minor Injuries Units or other access points and this also needed to be better captured and understood. Mr Whitehead confirmed further work was being progressed with Dr B Lloyd and Mr R Lee, WAST to consider the points raised and develop the Dashboard further.</p> <p>Mrs Roseblade assured Members that the limitations of the data set had not deterred WAST in working with HBs and partners to consider patient deployment opportunities.</p> <p>In relation to pathway evaluation and related analysis, Mrs Paget asked if views can be fed back to Health Boards soon as it would be important to include and capture in the final draft IMTPs.</p> <p>Mr Whitehead reinforced to Members that data is readily available and accessible to HBs either via direct access or remote access, which Mr Whitehead can facilitate.</p>	
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	<p>Following detailed consideration of the report and the dashboard, Professor McClelland reinforced the importance of ensuring the various assumptions, some of which sit with HBs, WAST and / or a combination of both are considered and addressed to ensure patients who need ambulance response are responded to in a timely manner and deployed as required.</p> <p>There were clear linkages with the Ambulance Quality Indicators (AQIs) and alignment with the work being progressed on the Amber call categorisation, all of which needed to be progressed to inform the pace of change, which remains an ongoing frustration.</p> <p>Members NOTED the importance of ensuring the AQIs become more user friendly, which will result in them being used more by HBs and the CASC emphasised the importance of prioritising and addressing the key issues which are also priorities of the Unscheduled Care Board and triangulate this information with other data streams to help inform and support improvement actions. Members were supportive of targeting the Pre Hospital step of the pathway, which may or may not impact on deployments to HB Emergency Departments.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • ENDORSE the contents of the report and the opportunities presented within it to further develop performance reporting arrangements and improve performance. 	
EASC 18/08	<p>JOINT COMMITTEE RISK REGISTER</p> <p>Mr Robert Williams, Committee Secretary (Board Secretary Host Body) presented the report and updated Members on the development of the Risk Register and related changes.</p> <p>Members NOTED that there had been very little change to the register in terms of risks and ratings, to what was reported in the November Committee meeting.</p> <p>However, Members emphasised the importance of ensuring the work of the Committee, which does link with risks and mitigations is understood, reflected and reported.</p>	

	<p>Members also discussed the importance of ensuring the risk appetite and related thresholds are understood, including what level of risk is the Committee prepared to tolerate.</p> <p>Members discussed the importance of ensuring risks are considered from a commissioning lens and that it was for providers to capture their related risks on respective organisational risk registers.</p> <p>Mr J Baker made reference to the risks raised within the Non Emergency Patient Transport Services (NEPTS) baseline review, which were mainly from a provider perspective, but also raised the potential for issues and risks to be missed.</p> <p>The Chair considered that the discussion reinforced previous conversations at the Committee that endorsed the need for a development session on this, which would be explored for the March meeting.</p> <p>Members RESOLVED to;</p> <ul style="list-style-type: none"> • NOTE the report and ENDORSE the updated Risk Register. 	<p><i>CASC/ Committee Secretary</i></p>
Part 3. KEY ITEMS FOR DISCUSSION		
<p>EASC 18/09</p>	<p>CHAIR'S REPORT</p> <p>Members received a verbal report from the Chair.</p> <p>The Chair informed Members that her planned appraisal with the Cabinet Secretary, which had been postponed and rearranged, was generally positive with the Cabinet Secretary recognising the work and progress made by EASC over the last four years and its focus going forward. The Chair informed members of her intention not to seek an extension of her current term, which was an option, when it ends in March 2018.</p> <p>The Chair referenced the recent publication of the Parliamentary Review and the potential implications for revised hosting arrangements for EASC and the broader specialised commissioning function going forward.</p> <p>The Chair updated Members on the recent all Wales Chairs discussions and conversation relating to Amber category calls and agreed that the related briefing provided at that meeting, is made available to Members.</p>	<p><i>CASC</i></p>

EASC 18/10	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>Mr Harrhy, Chief Ambulance Services Commissioner (CASC), presented an update on matters contained within his written report, which included:</p> <ul style="list-style-type: none"> • Winter Pressures <p>The CASC provided an update on matters relating to winter plans and the performance of WAST, which whilst achieving over 70% compliance with the Red category in month, there was significant daily variation during the period. The CASC considered and discussed the concerns raised in relation to the general response to Amber category calls, which also required further review.</p> <p>The pick up time for HCP calls, in the categories of 1,2,3 or 4 cumulative months to date January 2018 is variable and it was NOTED that there was also an issue on the accuracy of the data being reported. Mrs J Paget in noting the update provided, did not consider from operational experience and feedback, that the performance was as robust. The CASC NOTED the comments raised and confirmed that Cwm Taf UHB have raised an issue with regards batching and flow of HCP calls into emergency departments, which was being discussed further with WAST.</p> <ul style="list-style-type: none"> • Amber Calls <p>Members NOTED the agreed approach to taking forward the work associated with Amber category calls, a matter raised for action within the PACEC (Public and Corporate Economic Consultants) report. The CASC explained some of the specific work being progressed in relation to the handling and response to Amber calls. Therefore as numbers are large considering a cohort of Amber calls to help direct related work and will link in with outcomes of the PACEC report. The CASC confirmed a closure report, in relation to the PACEC review, will be presented to the March meeting.</p> <p>Mrs Paget emphasised the importance of ensuring we understand the data and know the cohort / categories of patients, in order to explore how we stream them appropriately and to areas other than the Emergency Department, where that is appropriate.</p>	CASC
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	<p>The Chair emphasised the importance of understanding and better reporting on patient outcomes and their experiences and that there was a need for agreed mechanisms to capture and report on these matters. Mr Mills confirmed that this is an area of work that is being progressed, with a focus on the big five agreed Unscheduled Care priorities.</p> <p>In response, the CASC suggested we give the 95th percentile a higher level of attention, noting it's already routinely reported into EASC. Mr Harrhy confirmed that a closure report on actions progressed in response to the report, Commissioned by the Cabinet Secretary, will be presented to the March Committee meeting.</p> <ul style="list-style-type: none"> • Non Emergency Patient Transport Services (NEPTS) <p>Members NOTED the update on progress relating to NEPTS. The report provides a very high level summary of progress made to date. The CASC thanked HBs and WAST for coming together, providing data and supporting the work progressed.</p> <p>Hopeful to further develop the work with Cardiff & Vale UHB, which will help inform the broader national work. Mrs Roseblade also recognised the work progressed with Betsi Cadwaladr UHB.</p> <p>Members RESOLVED to</p> <ul style="list-style-type: none"> • NOTE the report. 	CASC
EASC 18/11	<p>WALES AUDIT OFFICE PROGRESS WITH MANAGEMENT ACTIONS</p> <p>The CASC provided an update on outstanding matters relating to the management response in relation to the WAO report. These being;</p> <ul style="list-style-type: none"> – Adoption by HBs, of the revised standing orders, now that the revisions to the sub groups including membership have been agreed. Members considered this would be helpful if the Memorandum of Understanding, between WG, EASC, CASC and WAST was finalised and progressed. – Completion of the updated CASC Job Description. – Strengthening patient experience and outcomes reporting, which links to the Clinical Assurance Model and Call Categorisation. 	

	<p>The Chair reinforced the importance of progressing all outstanding actions, but specifically the CASC Job Description and Memorandum of Understanding, the latter being able to inform the adoption by HBs of the revised Committee Standing Orders.</p> <p>Members RESOLVED to;</p> <ul style="list-style-type: none"> • NOTE the reported progress with completing management actions in response to the WAO Report on Commissioning Emergency Ambulance Service and the actions to be progressed by March. 	CASC
EASC 18/12	<p>MONTH 9 FINANCE REPORT</p> <p>Mr S Davies presented an update on the Month 9 EASC Finance position.</p> <p>Members NOTED that there was no significant under or over spends to report and that the reported position was balanced, with a projected year end break even position being reported.</p> <p>Ms R Treharne sought clarity on the approach and treatment of EASC slippage and the CASC confirmed that this linked to the work WAST were progressing with regards staff recruitment and the Band 5 to 6 Paramedic role, but that any slippage was a matter for EASC to prioritise or agree its use and should not be assumed by WAST.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Month 9 finance update. 	
Part 4. GOVERNANCE & ASSURANCE		
EASC 18/13	<p>CHAIRS UPDATES FROM EASC SUB GROUPS</p> <p>Members NOTED the updates provided by the Chairs of the sub groups established by the Joint Committee, these being:</p> <ul style="list-style-type: none"> – Non Emergency Patient Transport Services (NEPTS) Action Notes 23 October 2017. – Non Emergency Patient Transport Services (NEPTS) Chair's Summary 27 November 2017 	

	<ul style="list-style-type: none"> - Emergency Medical Retrieval and Transfer Services (EMRTS) Delivery Assurance Group Minutes 19 September 2017 - Emergency Medical Retrieval and Transfer Services (EMRTS) Delivery Assurance Group and Chair's Summary 10 January 2018 - Joint Management Assurance Group (JMAG) Action Notes 14 November 2017 - Joint Management Assurance Group (JMAG) Chair's Summary 10 January 2018 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Sub Group summary updates and Minutes received. 	
EASC 18/14	<p>EASC IMTP 2018-21</p> <p>Members received for information a copy of the 'final draft' 2018-2021 EASC Integrated Medium Term Plan, which requires submission to Welsh Government by the end of January 2018, with a final draft by the end of March 2018. The plan has been updated to reflect commissioning intentions, discussed and agreed at the last meeting and also resourcing, which has been strengthened.</p> <p>Members NOTED that WAST will receive the national financial allocation uplifts, minus the cost reduction settlements, consistent with the approach being adopted across NHS Wales and discussed and confirmed with All Wales Directors of Finance.</p> <p>The CASC confirmed that the EASC financial allocation is based on what was agreed by the Chief Executives for the EASC budget. Reference to strengthened governance and other matters raised within the WAO report on Emergency Ambulance Services Commissioning had also been considered. Mr S Harrhy explained that there was a need to cross check with WAST and HB Plans and intentions, which will be finalised between now and the March submission date.</p> <p>The CASC did not have any specific risks to bring to attention of the Committee.</p> <p>Ms R Treharne sought clarity on the approach to cost reduction for EASC, as a Commissioning function and WAST and in Mr S Harrhy in response, explained the</p>	

	<p>approach recognising it was not explicit within the EASC IMTP assumptions.</p> <p>Mr S Moore sought clarification in relation to the commissioning intentions relating to EMRTS and whether it would become a 24 hour 7 day per week service as it may be an associated factor in considering the outcome relating to the Major Trauma consultation and also the Boards Clinical Strategy. Mr S Harry thanked colleagues for the points raised and agreed to make both issues clearer within the final draft and confirmed that EMRTS has been asked to present a business case outlining its intentions next year, for commissioner consideration.</p> <p>WAST IMTP 2018-2021</p> <p>Members NOTED that Members had only received the summary cover report and not the 'draft' IMTP and the Chair sought clarity as to why the WAST IMTP had not been provided for consideration by Members, despite it being on the WAST Internet site as it was being considered by the WAST Board at its meeting in public tomorrow.</p> <p>Mrs P Roseblade, Deputy CEO WAST, apologised for the plan not being made available to Members and summarised some of the key messages from the WAST IMTP, with a focus on the opportunities represented by Phase I of the new CAD, which offers a whole new set of functionality that will be exploited and used by WAST and the service in the future.</p> <p>Mrs Roseblade discussed in summary, key matters associated with each chapter and whilst significant progress had been made, progress on delivering against the recurring savings gap has not yet secured the 3% recurring requirement. Members NOTED that the assumptions in the plan are consistent with what has been reported. The CASC confirmed he had been involved in discussions and exchanged views on various iterations of the developing WAST Plan.</p> <p>In relation to the related Governance, in NOTING the summaries presented, the Chair was concerned that Members had not seen the plan (even though it was on the WAST website and in the public domain) and therefore would find it difficult to provide commissioner support, without doing so.</p>	
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AGENDA ITEM 1.4

	<p>Mr S Harrhy confirmed that a planned joint meeting has been scheduled on the WAST Plan, between WAST, WG and the CASC.</p> <p>The Chair asked that the WAST January draft IMTP is circulated to Members in order for them to raise any specific comments direct to the CASC.</p> <p>Members RESOLVED to;</p> <ul style="list-style-type: none"> – NOTE the summary report update provided by the Deputy Chief Executive WAST, but could not ENDORSE commissioner support at this point, until the Draft Plan was circulated to members and any specific comments conveyed to the CASC. 	<i>All Members / CASC</i>
EASC 18/15	<p>FORWARD PLAN</p> <p>Members received and NOTED the forward plan.</p> <p>In considering the item, it was AGREED that matters raised during the meeting would be reflected within the Plan for the next meeting. A workshop session at the March meeting would consider Mental Health and possibly Risk Appetite / Tolerance, if time allowed.</p>	<i>Chair / CASC / Committee Secretary</i>
OTHER MATTERS		
EASC 18/16	<p>DATE AND TIME OF NEXT MEETING</p> <p>The time and date of the next Joint Committee meeting was scheduled to commence at 09:30am on Tuesday 27 March 2018, at Castlebridge 4, Health &Care Research Wales, Cardiff.</p>	<i>Committee Secretary</i>

Signed (Chair)

Date



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
27 MARCH 2018 AT THE HEALTH AND CARE RESEARCH WALES
CASTLEBRIDGE 4, CARDIFF**

PRESENT

Members:

Prof Siobhan McClelland
Mr Stephen Harrhy

Mr Gary Doherty

Mr Len Richards
Ms Sian Harrop-Griffiths

Mr Steve Ham
Mr Steve Moore
Mr Nick Wood

Ms Patsy Roseblade
Ms Hayley Thomas
Mrs Allison Williams

Chair

Chief Ambulance Services
Commissioner

Chief Executive, Betsi Cadwaladr UHB (**In
part**)

Chief Executive, Cardiff & Vale UHB
Executive Director of Strategic Planning,
Abertawe Bro Morgannwg UHB

Chief Executive, Velindre NHST
Chief Executive, Hywel Dda UHB
Chief Operating Officer, Anuerin Bevan
UHB

'Interim' Chief Executive, WAST
Director of Planning, Powys tLHB
Chief Executive, Cwm Taf UHB

In Attendance:

Mr Julian Baker

Mr Stuart Davies
Mr Shane Mills
Mr Robert Williams

Mr Ross Whitehead

Director, National Collaborative
Commissioning

Director of Finance, EASC & WHSSC
National Collaborative Commissioning Unit.
Committee Secretary / Board Secretary, Host
Body

Assistant Chief Ambulance Services
Commissioner

		Action
Part 1. PRELIMINARY MATTERS		
EASC 18/17	<p>WELCOME AND INTRODUCTIONS</p> <p>Professor McClelland (Chair) welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves.</p>	
EASC 18/18	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Mrs Tracy Myhill, Abertawe Bro Morgannwg UHB; Mrs Judith Paget, Aneurin Bevan UHB and Mrs Carol Shillabeer, Powys tLHB.</p>	
EASC 18/19	<p>DECLARATIONS OF INTERESTS</p> <p>There were no additional interests, to those already declared.</p>	
EASC 18/20	<p>MINUTES OF THE MEETING HELD ON 29 January 2018</p> <p>Members CONFIRMED the minutes of the meeting held on 29 January 2018, subject to one correction, 'Page 5, Mr G Doherty whilst leaving the meeting in part at 15:00 hours to take a phone call, did return to the meeting, prior to leaving it at 16:30 hours.</p>	<i>Committee Secretary</i>
EASC 18/21	<p>ACTION LOG</p> <p>Members received the action log and NOTED that progress with some of the related matters would be considered within the substantive business meeting agenda.</p> <p>EMRTS</p> <p>Mrs A Williams made reference to some of the feedback and more recent related conversations with regards EMRTS coverage and the helicopter service relating to hours of working in the context of progressing recommendations with regards Major Trauma services. In response, the Chief Ambulance Services Commissioner (CASC) clarified the current commissioner and provider arrangements, including the role the Charity plays in its support of EMRTS.</p>	

	<p>Members also NOTED that EMRTS operate an on road response service.</p> <p>Members AGREED to formally request that EASC, as the commissioning body, work with EMRTS, to explore on an outcomes basis, evidence based options for extending services.</p> <p>Mr S Harrhy reminded members that scoping the work and coverage of EMRTS, was already a commitment referenced within the EASC IMTP, and that it was scheduled to take place in the new financial year.</p> <p>Mr L Richards, in support of the proposal, emphasised the need for any scoping work to be informed by evidence on the clinical benefits and outcomes, should any expansion be recommended and Mr S Harrhy referred to the EASC Commissioning Framework, which will help guide the review being requested. Mr S Harrhy made reference to the need to ensure that the Charity are also aware and sighted on the intended review.</p> <p>In supporting the proposal, Members asked that the Commissioner provide a brief summary of the intended scope and approach to the next Committee meeting. (added to the action log)</p> <p>Paramedic Band 5 to 6 Change Programme</p> <p>Members NOTED that related work was being progressed within WAST. However, Mrs A Williams asked, in considering the large investment made in this service development, that the Committee is kept briefed on related progress, including clarity on the outcomes and related benefits. In response, Mr J Baker confirmed that resource to support evaluation had been asked for, but that this would not be available until year 2.</p> <p>Members reaffirmed the importance of recognising that any financial slippage is a resource for EASC to deploy and not that of the provider. Mr S Harrhy suggested that we take some of the related issues raised via the PDEG, with an update on progress to be included in the Chair's summary report to Committee. Mrs Roseblade explained that the modelling of this change, mitigates early slippage, however, Members felt that the anticipated slippage was still considered to be significant and any alternative use needed to be informed by EASC.</p>	<p>CASC</p>
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	<p>Members AGREED that it would be considered and reported through the PDEG sub group and an update received via the Chair, as part of the routine reporting to Joint Committee. (added to the action log)</p> <p>HCP Activity</p> <p>Mr S Harrhy explained that the recent inclement weather had resulted in the cancellation of the All Wales Medical Directors meeting, which the CASC was scheduled to attend. Mr S Harrhy confirmed that he had met with Chief Operating Officers and noted that progress was being made and that there was focus on the higher priority actions.</p> <p>Mrs A Williams made reference to discussions with Mr R Lee, WAST in relation to options for flagging up categories of patients who are resident in care homes or care settings, in order to consider whether deployment to Accident & Emergency units is the most clinically appropriate option for them.</p> <p><i>(Mr G Doherty arrived 10:20hrs)</i></p> <p>Mr N Wood made reference to the potential benefits of aligning community resource, including District Nursing support to provide a better response than early deployment to A&E.</p> <p>Members NOTED and discussed some of the related flow issues and the impact late arrival of these patients can have.</p> <p>Mr S Harrhy clarified the actions taken to date and those proposed and in the context of activity data, Members NOTED that there were over 100,000 categorised HCP calls to analyse from last 2 year activity and that work was progressing with WAST to ensure as much of the data analysis as is possible, was completed by the next Joint Committee meeting.</p> <p>Mr N Wood made reference to the large volume of HCP categorised calls made daily, that did not feature or flag anywhere within Health Board reporting arrangement and a recent analysis at AB UHB had identified 500 more calls a demand increase not reported.</p>	<p>CASC</p>
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	<p>Members also made reference to the Hear & Treat service and the importance of validating related activity data to ensure they do not subsequently end up in requiring an A&E appointment.</p> <p>Members recognised the importance to review how we report and use data. Mr S Harrhy agreed to consider the useful comments made by Members, in progressing related work.</p> <p>Integrated Performance Dashboard Mr S Harrhy in making reference to the report to Joint Committee in January, recognised that whilst progress had been made, there was more work to complete and report back to Members. Mr S Harrhy suggested that this work is best developed and reported through the JMAG sub group, which is where Chief Operating Officers are present as Health Board nominated representatives.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Action Log and the updates provided. 	CASC
EASC 18/22	<p>MATTERS ARISING</p> <p>There were no Matters Arising that were not already contained within the Action Log.</p>	
Part 2. ITEMS FOR APPROVAL / ENDORSEMENT		
EASC 18/23	<p>EASC IMTP 2018-21</p> <p>Mr S Harrhy, Chief Ambulance Services Commissioner, presented the 'final' draft IMTP 2018-21. Mr Harrhy outlined the approach taken in relation to the overall financial envelope and approach, which had been discussed and agreed with Welsh Government and Health Board Directors of Finance, who were all content with the approach.</p> <p>In the context of commissioning intentions, Members considered them to be reasonable and fair and deliverable by WAST. Members NOTED and recognised the requirement that some of the commissioning intentions would need to be delivered through work between WAST and Health Boards.</p>	

	<p>Members NOTED and welcomed the stronger alignments between EASC, WAST and Health Board IMTPs identifying good linkages and references to over 100 areas for joint working initiatives.</p> <p>Mr S Harrhy made reference to the good progress and work on pre hospital care and the meeting with Welsh Government who provided feedback on the EASC IMTP, which included strengthening links with the commissioning framework and a sharper focus in the Executive summary. Mr S Harrhy confirmed that feedback has been incorporated within the updated submission and that Welsh Government had no significant or material areas of concern.</p> <p>Mrs A Williams confirmed that she was content to offer her support for approval but still had some concerns about evaluation of the benefits realised in associated with the Hear & Treat service and that continuing with the current model shouldn't be assumed, until evaluated.</p> <p>Members also recognised the requirement for a review of the Amber call category and related response, where there was a legitimate general concern and confidence challenge that the Chair also recognised required further consideration.</p> <p>Members in offering support, considered that there was a requirement for increased visibility of the Non-Emergency Patient Transport Services (NEPTS) including completion of the development of the related Commissioning Framework Agreement.</p> <p>Members emphasised the importance of capturing the outcomes from various schemes / pilots in order to adopt or justify or indeed cease schemes invested in that were not making a difference or improving outcomes for patients.</p> <p>The Chair added the need to have the EMRT Service more prominent in the coming year and the need to strengthen service user engagement.</p> <p>Mr J Baker confirmed that it was important to ensure the nature of the conversation is captured and considered further within some of the Delivery & Assurance sub group work.</p>	
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	<p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the EASC Integrated Medium Term Plan for onward submission to Welsh Government. 	
EASC 18/24	<p>WAST IMTP 2018-21</p> <p>Mr S Harrhy informed members of related progress with the development of the WAST IMTP and the requirement for it to receive commissioner support. Members NOTED that the WAST Plan was circulated following discussion at the last meeting and comments received via members and the commissioning team were conveyed back to WAST, along with Welsh Government feedback.</p> <p>Members NOTED and welcomed the strengthened EASC IMTP and WAST IMTP alignment. Mrs Roseblade confirmed that WAST had taken on board comments received.</p> <p>Mr S Harrhy recommended that the Joint Committee provide support as commissioners to the WAST IMTP. Mrs A Williams in support of the plan wished to acknowledge the extent of progress, including strengthened alignment and read across and thanked the teams who had worked on it. Mrs Roseblade reaffirmed the comments and thanked EASC for their support which had also helped WAST strengthen its financial stability.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • ENDORSE Commissioner support of EASC to the Welsh Ambulance Services IMTP 2018-2021. 	
EASC 18/25	<p>FRAMEWORK AGREEMENT REFRESH PRESENTATION</p> <p>Mr J Baker, Director National Collaborative Commissioning, delivered a presentation to Members, which outlined the progress made since 2013 and specifically 2014, following establishment of EASC and the related Quality & Delivery Framework Agreements.</p>	

<p>Mr Baker made reference to over 140 initiatives / developments, of variable quality and strength that had been deployed to support improvements in unscheduled care delivery and in response to queries on developing a repository of good practice. The aim being to consider what's working, what's not working and what connections are required, specifically with regards WAST and Health Board Plans and commissioning intent.</p> <p>Members NOTED the extent of the number of initiatives being taken forward and sought clarity about the requirement for evaluation, so as to ensure the right initiatives are being taken forward and deployed across NHS Wales. Members re-emphasised the importance of evaluation and benefits realisation. In response, Mr J Baker made reference to the Next Steps slides (1) + (2).</p> <p>Mrs A Williams raised the requirement for balancing the need to do enough in a timely way to inform decision making, without creating an industry of evaluation, which on occasion can also contribute to delays. Members considered it was important we stop initiatives that are not delivering and adopt those that are, even if some will require some local adaptations.</p> <p>Mrs Harrop-Griffiths referenced the importance of aligning planning arrangements across EASC and Health Boards and WG next year, especially in the context of supported initiatives. It would also be important to consider early reflections on this winter and the actions needed to strengthen plans for next winter.</p> <p>Mr S Moore also made reference to the opportunities presented by the Transformation fund, if we know what bids may be supported even with partners, recognising the need for a system wide response in some areas.</p> <p>Members made reference to some of the Community Paramedic schemes and the added opportunities presented by the Paramedic Band 6 roles and the benefits realisation that needs to be delivered against the change and related investment.</p> <p>Members requested that the large numbers of schemes are curtailed and reduced and those that are delivering become more of the focus for expansion and roll out. Mr Doherty asked that any refined list provides some data points, linked to the 5 steps, to inform decision making and bidding into Welsh Government.</p>
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	<p>The Chair emphasised the need for pace and suggested some of the key priority areas are the focus, including community paramedics; hear and treat and mental health.</p> <p>Mr S Harrhy suggested the EASC team consider and reflect on comments raised, develop a simplified criteria set including impact and linkages with the 5 steps and also consider and reaffirm what has progressed well and is working. Mr S Harrhy agreed to bring further options back to the next Committee meeting (added to the action log).</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the presentation and receive a further update at the May 2018 meeting. 	CASC
EASC 18/26	<p>'DRAFT' EASC GOVERNANCE STATEMENT 2017/18</p> <p>Mr R Williams, Committee Secretary (Board Secretary Host Body) presented the report and updated Members on the development of the 'EASC' Governance statement with the Commissioner.</p> <p>Mr R Williams outlined the related process and its connections with the end of year reporting and financial statements requirements and that the final draft will be considered by the host body Audit Committee, which Mr S Harrhy will attend, prior to the Annual Accounts being approved.</p> <p>Members commented on a couple of areas requiring accuracy checks and Mr Doherty raised a point of accuracy regarding Committee attendance.</p> <p>Members also asked that reference to the discussion regarding EMRTS coverage linked to the Major Trauma service change is added.</p> <p>The Chair made reference to the Wales Audit Office review and its linkages with sub group membership and attendance and considered this should be reflected.</p> <p>Mr R Williams agreed to receive any further comments within the next 2 weeks, including any comments from the auditors and develop a final draft, which can be shared with Members.</p>	

	<p>In response to alignment with member Health Boards, Mr R Williams confirmed that once final draft is considered by the Cwm Taf Audit Committee, the Statement will be circulated to Board Secretaries.</p> <p>Members RESOLVED to;</p> <ul style="list-style-type: none"> • NOTE the report and ENDORSE the 'draft' Annual Governance Statement subject to the proposed changes being reflected in the developing draft. 	CASC/ Committee Secretary
EASC 18/26	<p>JOINT COMMITTEE RISK REGISTER</p> <p>Mr Robert Williams, Committee Secretary (Board Secretary Host Body) presented the report and updated Members on the development of the Risk Register and related changes.</p> <p>Members NOTED that there had been very little change to the register in terms of risks and ratings, to what was reported in the January 2018 Committee meeting.</p> <p>Members discussed the importance of ensuring risks are considered from a commissioning lens and that it was for providers to capture their related risks on respective organisational risk registers.</p> <p>Mrs A Williams suggested that the delay in the advertisement and appointment of a replacement Independent Chair is added to the risk register, which Members agreed.</p> <p>Members RESOLVED to;</p> <ul style="list-style-type: none"> • NOTE the report and ENDORSE the updated Risk Register. 	CASC/ Committee Secretary
Part 3. KEY ITEMS FOR DISCUSSION		
EASC 18/27	<p>CHAIR'S REPORT</p> <p>Members received a verbal report from the Chair.</p> <p>Professor McClelland thanked members in what was her last Joint Committee meeting before her term ended in April 2018. The Chair made reference to the concerns being raised about the delivery of Emergency Ambulance Services over what has been a very difficult winter for all.</p>	

	<p>The Ambulance Service is a symbolic part of the NHS and therefore receives a lot of focus, scrutiny and media attention and the Committee need to recognise and respond to the concerns being raised.</p> <p>The Chair recognised the good progress made over the last four years and the improvements in WAST have not been delivered in isolation of the system.</p> <p>Professor McClelland emphasised the importance of doing more in the pre hospital phase and ensuring only those that appropriately require Accident & Emergency services should be conveyed to hospital. There is a need to consider and complete the review of Amber and agree and proposed changes if recommended. The decision to change a 40 year time based and measured emergency response was the right thing to do whilst recognising Amber remains a wide category, that requires more engagement to inform the review and an added pace to make any planned change.</p> <p>The Chair considered there was also much more to do on patient experience and public perceptions.</p> <p>Professor McClelland thanked Mr Harrhy and the small commissioning team who had provided extensive support to her and the achievements made over recent years.</p> <p>The Chair made reference to her meeting with the Cabinet Secretary and Dr Andrew Goodall, who recognised the food work EASC had progressed and who remained keen and supportive for more progress to be made.</p> <p>Professor McClelland was informed that an advert for a new Chair had been prepared and was due to go via the public appointment process and whilst Mrs A Williams will for a short period need to step in ad Vice Chair there was recognition that this can't continue for any extended period of time.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair's update. 	
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	<p>In response and on behalf of Members, Mrs A Williams as Vice Chair paid tribute to the leadership and support provided by Professor McClelland over many year, from the time of the McClelland review of Ambulance Services to the establishment of EASC and her appointment as Independent Chair. Mrs Williams outlined Professor McClelland's influence to the significant changes and improvements made not only within EASC as Commissioners of Ambulance Services but also to the Welsh Ambulance Services Trust who she had provided support to over a number of years, which had also allowed them to make improvements.</p> <p>Members unanimously endorsed Mrs A Williams' comments and wished Professor McClelland well for the future.</p>	
EASC 18/28	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>Mr Harrhy, Chief Ambulance Services Commissioner (CASC), presented an update on matters contained within his written report, which included:</p> <ul style="list-style-type: none"> • Amber Category <p>Mr Harrhy provided an update on the work progressed to date and some of the issues associated with the Amber Category review, which included consideration as to whether there are any call types within Amber that need to move to Red, recognising probably not as time is the critical factor. Mr Harrhy made reference to the categories within Amber, which included;</p> <ul style="list-style-type: none"> • Amber 1, treatment is required. • Amber 2, an assessment of what treatment is required is needed. <p>There was recognition that the messaging and communicating to the public and other stakeholders is key, along with a stronger approach to capturing patient experience and outcomes. Members recognised one of the real issues, is not necessarily categorising, it's more about managing the system pressures, which have impacted on a significant drift in the Amber category demand and response. There was also a need for more certainty on what is happening in the system, particularly when pressures are high, which would help inform Commissioner reporting not only to EASC but also to Government.</p>	

	<p>An area of concern is the level of variability and inconsistent approach across NHS Wales and this applies to Health Boards and WAST. Members also NOTED that there was a clear correlation between access to hospital (including handover) and WAST performance.</p> <p>The Commissioner emphasised the importance of ensuring the correct help and support is in place to ensure the review scope is right, recognising the need for pace and urgency and the need for committee input and oversight outside routine meeting schedule.</p> <p>Mrs A Williams added the importance of understanding risk and reduce any over reliance on anecdotes as its important we are clear on what we are aiming to achieve to inform the review.</p> <p>It was also important to capture evidence and inform this work and any recommendations. Members shared a common interest in that neither Health Boards or WAST want the current level of delay and its impact on performance to continue.</p> <p>Mr S Harrhy confirmed that the evidence supported a clear correlation between delays and the amber category tale. There is a correlation between hand over delays and performance, whereas in previous years it did not have the same level of impact, it was therefore important to understand what has changed.</p> <p>Mr S Moore in support of the discussion emphasised the importance of not taking the eye off the Red response issues in some areas of NHS Wales, but also important not to put amber calls, without evidence base, back into red category.</p> <p>The Chair emphasised the importance of giving this review time and head room and confirmed that Health Board Chairs were aware of the proposed review.</p> <p>Mr S Mills outlined the accelerated programme of Amber review work taking place, with input from senior officers at WAST. There was also work being progressed with the WAST patient experience team and Picker to explore better ways of capturing and communicating patient views. Recognition that this work is progressed in advance of next winter.</p>	
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	<p>In response to a question from Mr L Richards, Mr Harrhy explained that the Clinical Risk Assurance Review is the mechanism used to consider incident reports including serious untoward incidents (SUIs) and that Mr S Mills and Mr R Whitehead meet with WAST to consider, discuss and review.</p> <p>Members NOTED the increased number of SUIs, when compared with previous years, not all have concluded their investigations yet and most are linked to a delay in response and Health Boards are involved in the reviews.</p> <p>Mr S Harrhy confirmed that he had recently attended the WAST Audit Committee where a report on Hospital Handover delays across NHS Wales had been received by the Committee, with a Limited Assurance rating.</p> <p>Members discussed and NOTED some concern about the process regarding all Wales reviews on commissioned services that had not been taken via EASC, but recognised that this was a WAST Internal Audit report, which WAST had asked respective Audit Committees to receive, not least due to a lack of input and response to the management actions by Health Boards. Members felt that in future it would be helpful to have sight of audits of this nature, in advance of them being undertaken.</p> <p>Members RESOLVED to</p> <ul style="list-style-type: none"> • NOTE the report and the ongoing work to inform the Amber Category review. 	
EASC 18/29	<p>WALES AUDIT OFFICE PROGRESS WITH MANAGEMENT ACTIONS</p> <p>The CASC provided a verbal update on outstanding matters relating to the management response in relation to the WAO report. These being;</p> <ul style="list-style-type: none"> – Memorandum of Understanding (MoU) with Welsh Government – The delay was linked to feedback being provided by Welsh Government and it was hoped that this would be progressed by the next meeting. This would allow the revised Standing Orders to be adopted by Member Health Boards, along with the revised MoU 	

	<ul style="list-style-type: none"> – Completion of the updated CASC Job Description to reflect the various roles contained within it. <p>Members RESOLVED to;</p> <ul style="list-style-type: none"> • NOTE the update and emphasised the need to complete the outstanding actions in response to the WAO Report on Commissioning Emergency Ambulance Services. 	CASC
EASC 18/30	<p>MONTH 11 FINANCE REPORT</p> <p>Mr S Davies presented an update on the Month 11 EASC Finance position.</p> <p>Members NOTED that there was no significant under or over spends to report and that the reported position was balanced, with a projected year end break even position being reported.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Month 11 finance update. 	
EASC 18/31	<p>AMBULANCE QUALITY INDICATORS (AQIs)</p> <p>Mr R Whitehead presented the report which focused on work being progressed to better inform the use of AQIs to improve performance. Mr R Whitehead provided an update to Members on the proposed graphical design changes and presentation of this work to better inform Health Boards and the public of NHS Wales in terms of delivery.</p> <p>Members NOTED and welcomed the update and that the focus of the work was more towards reporting on clinical outcomes than just time.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Report. 	
EASC 18/32	<p>CLINICAL RISK REVIEW ASSURANCE UPDATE</p> <p>Mr S Mills presented the report updating Members on actions progressed and completed to inform a further and more detailed report in July 2018.</p>	

	<p>Mr S Mills reminded Members that an improvement plan and report was issued in May 2017 and found 24 areas for improvement or clarification.</p> <p>The review concluded that, within the constraints outlined in the review, no area of major clinical risk had been identified and actioned, to some degree, by WAST and the focus should move to addressing risk prioritisation, mitigation and the provision of external assurance.</p> <p>Mr S Mills was continuing to work with senior colleagues in WAST and around half of the required actions had been completed and a related risk register was being developed on the back of the work undertaken.</p> <p>There had been some delays associated with clinical leadership input and support which took longer than anticipated, but this was now in place following training and there were opportunities to better influence improvement actions.</p> <p>Members also recognised the significant changes which had taken place over the last year and the requirement to review a large volume of data including HCP call data.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Report and the progress made to date. 	
EASC 18/33	<p>PACEC CLOSURE REPORT</p> <p>Mr R Whitehead presented the PACEC Closure report to Committee. The purpose of the report being to provide the Committee with an update on the actions that have been taken to deliver the recommendations contained within the PACEC review of the ambulance clinical model and to describe the steps being taken on an ongoing basis to provide assurance and improvement.</p> <p>The report aims to close down the work of the review and signpost the ongoing related actions.</p> <p>Members were reminded that the Committee received the final PACEC report at the March 2017 meeting. At this meeting members were also informed of the Cabinet Secretary's decision to implement the model on a permanent basis.</p>	

	<p>The EASC commissioning team have been working closely with WAST over the last 12 months to address the PACEC recommendations and develop ongoing assurance mechanisms.</p> <p>Committee members received updates on progress relating to outstanding actions associated with the 4 broad PACEC review recommendations:</p> <ul style="list-style-type: none"> • A need to review the call categories particularly Amber. • Investment in information systems. • Providing alternative response options. • Reduce variation and improve health board's conveyance rates. <p>Given the progress made to date, the EASC commissioning team were requesting that the Committee support that the PACEC review recommendations are formally closed, recognising that any residual work will be incorporated into existing commissioning and assurance arrangements.</p> <p>Members NOTED and discussed the associated benefits of the new CAD and its potential to inform clinical model robustness and alternative models including alternative responses, this included in some Health Boards, use of local technical options to review the call stack and inform different responses.</p> <p>Mr Whitehead made reference to ongoing meetings with WAST to consider conveyancing options / rates and variability in conveyance ratios...</p> <p>Members also agreed that some of the ongoing work post PACEC, becomes part of the core working with WAST and Health Boards.</p> <p>Following discussion, Members supported the recommendation which included commitment to provide support from their respective organisations for the work on reducing variation and increasing alternative responses.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Report and Support the formal closure of the PACEC review. 	
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Part 4. GOVERNANCE & ASSURANCE		
EASC 18/34	<p>CHAIRS UPDATES FROM EASC SUB GROUPS</p> <p>Members NOTED the updates provided by the Chairs of the sub groups established by the Joint Committee, these being:</p> <ul style="list-style-type: none"> - Non Emergency Patient Transport Services (NEPTS) Commissioning and Delivery Assurance Group (CDAG) Chairs Summary 26 February 2018. - Non Emergency Patient Transport Services (NEPTS) Commissioning and Delivery Assurance Group (CDAG) Action Notes 27 November 2017 and 22 January 2018. - Emergency Medical Retrieval and Transport Service Delivery Assurance Group Action Notes 10 January 2018 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Sub Group summary updates and Minutes received. 	
EASC 18/35	<p>JOINT COMMITTEE FORWARD PLAN</p> <p>Members RECEIVED and NOTED the Forward Plan of Committee business. Mr R Williams confirmed he would amend the Plan, where appropriate, with matters raised at the meeting.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Forward Plan. 	
EASC 18/36	<p>ANY OTHER BUSINESS</p> <p>Mrs P Roseblade, was asked to raise on behalf of the WAST Board, following their meeting last week, their ongoing concern about the performance and operational pressures across the whole unscheduled care system, recognising there is learning and improvement for WAST and others to inform winter responses.</p> <p>The number of SUIs is unprecedented and it's important that any learning from review of these incidents is used to inform a different system response for next winter.</p>	

	<p>Mrs A Williams in recognising and endorsing the concern raised also emphasised the importance of whole system learning and also avoiding the unintended consequences of system pressures including WAST REAP 4 status and its adverse impact that effects the whole system and all organisations.</p> <p>Professor McClelland, in summarising the related discussions, recognised the importance of the points raised and wished to learn collectively across the system for next year. In relation to the SUIs it's important also that the Committee receives a report on themes, trends, learning and its impact on EASC as the Commissioner. It was recognised that incrementally, winter is becoming more difficult each year and there is a need for some radical shift in the system approach and response if the system is to make a positive difference, but recognising some of the issues being managed are greater than the system itself.</p> <p>Professor McClelland reinforced the absolute commitment of EASC to the WAST and all Health Boards, who are collectively trying to manage the system pressures and also the consequences.</p> <p>In considering the item, it was AGREED that matters raised during the meeting would be reflected within the Plan for the next meeting. A workshop session at the May meeting would also be useful.</p>	
OTHER MATTERS		
EASC 18/37	<p>DATE AND TIME OF NEXT MEETING</p> <p>The time and date of the next Joint Committee meeting was scheduled to commence at 13:30pm (in closed workshop session) on Tuesday 15 May 2018, at Castlebridge 4, Health & Care Research Wales, Cardiff.</p>	<i>Committee Secretary</i>

Signed (Chair)

Date