

ISLE OF ANGLESEY COUNTY COUNCIL Scrutiny Report Template

Committee:	Partnership and Regeneration Scrutiny Committee
Date:	13th November, 2023
Subject:	Strategic Partnership Between Betsi Cadwaladr University Health Board and Isle of Anglesey County Council
Purpose of Report:	<p>Provide the Scrutiny Committee with an update on the following matters:</p> <ul style="list-style-type: none"> • Health Board Improvement Programme – high level overview • Resilience of Community Clinical Services on the Isle of Anglesey • Joint Working between the Health Board and Isle of Anglesey County Council Adults' Services
Scrutiny Chair:	Cllr Dylan Rees
Portfolio Holder(s):	Cllr Alun Roberts, Portfolio Holder for Adults and Community Safety
Head of Service:	Fôn Roberts, Director of Social Services and Head of Children's & Families Services Arwel Owen, Head of Adults' Services
Report Author:	Anwen Davies, Scrutiny Manager
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Local Members:	Applicable to all Scrutiny Members

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1 - Recommendation/s

The Committee is requested to:

R1 Note the report by Betsi Cadwaladr University Health Board

R2 Invite Betsi Cadwaladr University Health Board to submit a further update on progress to the Partnership and Regeneration Scrutiny Committee in 12 months.

2 – Link to Council Plan / Other Corporate Priorities

Partnership working across Health and Social Care services help to support resilient communities and to also ensure a seamless service for individuals in need of care and support.

This strategic partnership between Health and the Council makes a significant contribution towards one of the key themes underpinning the Council Plan: 2023-2028 namely – the Council's ambition to work alongside the people of Anglesey, our communities and our partners to ensure services of high quality which will improve the quality of life of everyone on the Island.

3 – Guiding Principles for Scrutiny Members

To assist Members when scrutinising the topic:-

3.1 Impact the matter has on individuals and communities [focus on customer/citizen]

3.2 A look at the efficiency & effectiveness of any proposed change – both financially and in terms of quality [focus on value]

3.3 A look at any risks [focus on risk]

3.4 Scrutiny taking a performance monitoring or quality assurance role [focus on performance & quality]

3.5 Looking at plans and proposals from a perspective of:

- Long term
- Prevention
- Integration
- Collaboration
- Involvement

[focus on wellbeing]

3.6 The potential impacts the decision would have on:

- protected groups under the Equality Act 2010
- those experiencing socio-economic disadvantage in their lives (when making strategic decisions)
- opportunities for people to use the Welsh language and treating the Welsh language no less favourably than the English language

[focus on equality and the Welsh language]

4 - Key Scrutiny Questions

1. The improvement journey includes 5 key outcomes. What challenges or risks impact on the ability of the Health Board to realise its improvement journey?
2. The documentation discusses the Health Board's performance data. How does the data compare with Welsh Government standards?
3. To what degree does the Health Board share and learn from good practice examples in other areas in order to improve services in rural areas like the Isle of Anglesey?
4. What work streams are in place to strengthen the voice of local people and provide accountability to the citizens and communities of the Island and North Wales?
5. How is it intended to further develop joint working between the Health Board and Isle of Anglesey County Council Social Services?

5 – Background / Context

1. Background and Context

1.1 Working in partnership has become an important part of the Authority's working practices by:

- i. Strengthening the Council's capacity to deliver services
- ii. Enabling the Council to deliver the Council Plan: 2023-2028
- iii. Adding value.

Partnership working can bring significant benefits such as – responding to complex challenges, providing flexibility and additional resources in support of service delivery.

1.2 Partnership working across Health and Social Care services helps to support resilient communities and to also ensure a seamless service for individuals in need of care and support.

2. Scrutiny of Partnerships

2.1 A key objective of partnership scrutiny should focus on providing constructive challenge and an opportunity for learning and self-reflection rather than purely holding to account¹.

2.2 Characteristics of effective partnership scrutiny: national research has identified that partnership scrutiny arrangements are effective when the following characteristics are in place:

- i. Scrutiny is a “critical friend” for promoting joint working
- ii. Performance monitoring by Members is done as part of their community leadership role (from the citizen’s perspective)
- iii. A means to assess the complexities of partnership working
- iv. Focus on improving partnership arrangements and ensuring the right outcomes for citizens
- v. Holding Members who sit on key partnerships to account.

3. Discussion

The attached report discusses the strategic relationship between Betsi Cadwaladr University Health Board and the Isle of Anglesey County Council through the following headings:

3.1 Health Board Improvement Programme – high level overview

3.2 Resilience of Community Clinical Services on the Isle of Anglesey – General Practitioners, Dentists

3.3 Joint Working between the Health Board and Isle of Anglesey County Council Adults’ Services.

4. Issues for consideration

The Scrutiny Committee is requested to:

R1 Note the report by Betsi Cadwaladr University Health Board

R2 Invite Betsi Cadwaladr University Health Board to submit a further update to the Partnership and Regeneration Scrutiny Committee in 12 months.

6 – Equality Impact Assessment [including impacts on the Welsh Language]

6.1 Potential impacts on protected groups under the Equality Act 2010

6.2 Potential impacts on those experiencing socio-economic disadvantage in their lives (strategic decisions)

¹ Guidance for Local Authority Scrutiny Committees on the scrutiny of Public Services Boards (August, 2017)

6.3 Potential impacts on opportunities for people to use the Welsh language and treating the Welsh language no less favourably than the English language

7 – Financial Implications

Not applicable.

8 – Appendices:

Betsi Cadwaladr University Health Board report

9 - Background papers (please contact the author of the Report for any further information):

Anwen Davies, Scrutiny Manager, Isle of Anglesey, Council Offices, Llangefni. LL77 7TW

Scrutiny of Strategic Partnerships Betsi Cadwaladr University Health Board - 13.11.23

1. Health Board Improvement Programme - high level overview

The Health Board's over-riding purpose is to serve its local population by providing high quality, safe, clinically effective services that are sustainable into the future, making best use of the resources available.

Our Annual Plan 2023/24 sets out our key objectives in respect of both Ministerial and local priority areas, and reflects our response to Special Measures concerns. The Plan should be read alongside the supporting strategies referenced, noting that there is further work to be done to complete other supporting plans such as our Quality Strategy, which will be delivered this year. We are committed to consistently deliver in line with our organisational values and to recognise our role as a significant employer in North Wales and a key player in many areas of partnership working.

Clearly this is a difficult financial climate for the whole of the NHS and public sector and the challenge of ensuring continuous improvement within very challenging financial circumstances and workforce constraints is placing significant focus upon improving those areas that are causing the greatest concern in terms of performance and outcomes. These challenges and further scrutiny led to the Health Board being placed in the highest level of escalation in February 2023; special measures.

Special Measures

The Health Board was escalated into Special Measures due to a number of concerns relating to delivery, organisational performance and governance. We have established a framework for delivery against the areas of concern and areas that are particularly relevant to Special Measures:

- Be a well-functioning Board
- Have a clear, deliverable plan for 2023/24
- Have stronger leadership and engagement
- Have improved access, outcomes and experience for citizens
- Be a learning, self-improving organisation

This will be taken forward in a way that supports and objectively demonstrates continual improvement within the areas of concern, starting with **stabilisation** before moving on to **standardisation** and then **sustainability** of service delivery.

We are currently in the **Stabilisation** phase

For each of these phases there are three 90-day cycles of improvement. The first cycle of **Stabilisation**, focussing on 'discovery', completed at the end of August. The current cycle (Sept-Nov 23) is focussing on 'design' and the final cycle will focus on 'delivery'. Throughout, there is a strong focus on assurance of outcomes, which are critically important.



Overall progress has been made across each of the 5 outcomes whilst noting that a number of areas have experienced challenges and delays. There is further work to undertake in cycle 2 to continue and conclude some areas of work as we move closer towards cycle 3 of stabilisation.

Areas of progress

- Campaigns for a Permanent CEO, Chair/Vice Chair, IMs and key health board staff members are in train with some appointments made and some imminent.
- Governance for the Board has been revisited to check alignment with the Standing Orders and to re-set the corner stones.
- Board work programmes, development days, and forward looks are being developed further
- The Chair and CEO are steering the Health Board to be more outward looking, to maximise partnership working and communicate and involve our communities (sharing good news and restoring confidence).
- There is work being progressed on culture, engagement and leadership within the organisation.
- Work is being developed on forward planning that weaves the special measures priorities into Business as Usual and continuous improvement.
- All people waiting over 156 weeks have now either received a date for their first appointment or have started treatment. This is with the exception of Orthodontics in the West which continues to be a real challenge due to recruitment – however a plan is being developed.
- We've seen a 52% reduction in people waiting over 52 weeks for their first outpatient appointment (this is equivalent to 13,000 people)
- We've seen a 42% reduction of people waiting over 104 weeks in comparison with our position last year, which is in excess of 6000 people.
- We have significantly reduced the number of interims from 50 to 11 between Dec 22 and September 23.
- Overall, we're seeing a consistent reduction pan-BCU in four-hour ambulance delays, with some local variation being investigated further

A more detailed summary against each of the specific areas of Special Measures was taken to the BCUHB Board Meeting (28/09/2023) and is provided in Appendix 1. *This document is in the public domain.

2. Resilience of Community Clinical Services on the Isle of Anglesey – General Practitioners

There are 10 GP main surgeries on the Isle of Anglesey as detailed below, which are supported by a further nine branch practices.

Practice	Practice List Size July 2023
Canolfan Iechyd Amlwch	10,185
Parc Glas, Bodorgan	4,851
The Health Centre, Beaumaris	4,569
The Health Centre, Llanfairpwll	8,254
Gerafon Surgery, Benllech,	7,088
<i>Hwb Iechyd Cybi, Holyhead</i>	<i>9,241</i>
Coed Y Glyn, Llangefni	7,180
Meddygfa Victoria, Holyhead	11,068
The Surgery, Gwalchmai	2,287
Meddygfa Star Surgery, Gaerwen	1,388

Hwb Iechyd Cybi is directly managed by the Health Board following the resignation of the partners of two practices, Cambria and Longford Road, in 2019.

Total Number of GPs on Anglesey (Principals, Salaried, Retainers & Locums)	50
• Number of Full time Partners	16
• Number of Part time Partners	22
• Number of Full time Salaried GPs	2
• Number of Part time Salaried GPs	10
• Total WTE of Principals, Salaried, Retainers & Locums	39.23
Total List size as at 1 st October 2023	66,128
Average list size per WTE GP 1 st October 2023	1,686

Practices are required to answer their phones between the hours of 8am and 6.30pm, Monday to Friday (except Bank Holidays). Main surgeries are required to have their doors open so that patients can physically access the premises between the hours of 8.30am and 6pm Monday to Friday (except for Bank Holidays). Branch practice opening hours vary.

The Urgent Primary Care Centre (UPCC) is operational Monday to Friday (9 – 6pm) at Ysbyty Penrhos Stanley, since May 2022.

The UPCC service provides on the day treatment for acute on set, non-complex presentations of minor illnesses to be assessed and treated, either through direct referral from GP practices or following re-direction from other acute services. Referrals can be made directly via a Sharepoint system from each GP Practice. Patients are triaged and assessed via a telephone consultation or a face to face appointment where necessary.

The Primary Care treatment room is operational Monday to Friday (8 – 4pm), also in Ysbyty Penrhos Stanley, and provides wound care, suture removal, catheter care, Intravenous therapy and phlebotomy. All practices on the island can refer their patients into the service.

A number of services have been developed in recent years to support practices across the island in meeting specialist health and social care needs. These include the Leg Ulcer Service, First Contact Physiotherapists, Mental Health Occupational Therapists and Social Prescribers,

Optometry provide access through the Welsh Eyecare Scheme, negating the need for patients to attend hospital or general practice for a variety of conditions on a self-referral basis, or via GPs and Pharmacists.

Dental - Access to NHS Dental Services remain challenging across the UK, the Isle of Anglesey experiences the same issues, however it is increasing. There are seven dental practices offering NHS Dental Services within the Isle of Anglesey as detailed below. In addition to their core contracts four practices provide additional access sessions.

Dental Practice	Additional Sessions	Active Dentists listed on contracts this financial year. Data provided does not indicate WTE. Dentists may be working on one or more contracts
My Dentist Llangefni		2
My Dentist Woodlands Mona Rd		3
Valley Dental Practice	2 x Urgent Access sessions by appointment only	4
Longford Road Dental Practice	2 x Non Urgent Access sessions	6
Cemaes Bay Dental Practice (restricted to patients under 18 years)		3
Benllech Dental Surgery	2 x Non Urgent Access sessions	3
Amlwch Dental Practice	3 x Non Urgent Access sessions + 1 x Urgent Access sessions by appointment only	3 (includes Foundation Dentist & Clinical Fellow)

There are three weekly Urgent Access sessions which are accessed via the Dental Helpline. Urgent dental problems are those that cannot wait for routine dental care, they include:

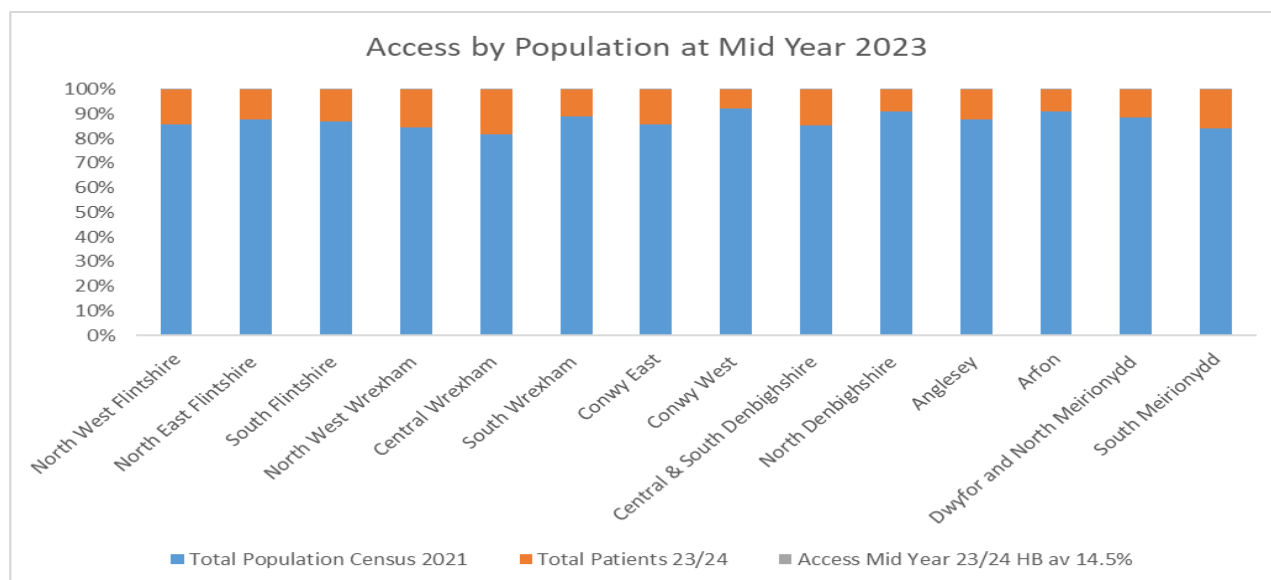
- Dental and soft tissue infections/ swelling of the face/mouth which is not spreading across the neck or towards the eye and where the patient does not feel unwell.
- Mouth ulcers, lumps or sores which have been present for more than 2 weeks.
- Bleeding following dental treatment which cannot be controlled at home.
- A broken adult tooth which causes severe pain that is not made better by painkillers.
- Severe uncontrollable dental and facial pain - constant toothache or pain from the mouth that is not made better by painkillers.

There are seven non-urgent access sessions each week. These sessions are specifically targeted at patients who have historically had difficulty accessing an NHS dentist and who currently have priority clinical dental needs, including, but not limited to; loose or displaced crowns, bridges or fillings, fractured or loose-fitting dentures or fillings.

Five Dental Practices ceased providing NHS dental services in the last five years, displacing approximately 10,700 patients

However, patient access is increasing on the Isle of Anglesey, albeit current data reports a slightly lower percentage of access at mid-year in comparison to the Heath Board.

Cluster	Total Population Census 2021	Total Patients 23/24	Access Mid Year 23/24 HB av 14.5%	Total Patients 22/23	Increase / Decrease from 22/23	Increase / Decrease % HB av 2.5%
Anglesey	65,850	9,179	13.9	7,852	1,327	16.9
Arfon	61,700	6,211	10.1	4,960	1,251	25.2
Dwyfor and North Meirionnydd	40,000	5,049	12.6	3,525	1,524	43.2
South Meirionnydd	18,750	3,508	18.7	3,215	293	9.1
East	287,650	47,070	16.4	45,377	1,693	3.7
Centre	212,950	26,677	12.5	26,952	-275	-1.0
West	186,300	23,947	12.9	19,552	4,395	22.5
Total	686,900	99,393	14.5	96,993	2,400	2.5



Our data (source: ACORN toolkit) suggests that patients attending dental practices on the Isle of Anglesey have better oral health than the wider population of the Health Board, with a slightly higher percentage of children with one or more red conditions (active tooth decay, periodontal conditions or other dental condition). It is noted that the oral health for the population of Anglesey.

The oral health of patients attending dental practices in the Isle of Anglesey and North Wales continues to improve. There is a decrease in the numbers of high-risk adults and children and an increase in both adults and children with no risk factors.

3. **Joint Working between the Health Board and Isle of Anglesey County Council Adults' Services**

We welcome joint working with the local authority and below are some of the areas we are talking forward jointly:

i) Holyhead frailty project update:

The Community Frailty pilot is being run in Holyhead with a focus on reducing the hospital admissions for the high risk patients registered with the two GP practices in the town.

The aim is to deliver a proactive rather than reactive patient-centred service that meets the **health and social care needs** of high-risk individuals within their own community. Effective integration of the Community Resource Team (CRT) with the wider healthcare economy will maximise on the skillset and resources available. Early intervention; accessible via a centralised streaming hub, will facilitate a seamless and co-ordinated pathway to support service users holistically, increase autonomy and minimise avoidable inpatient admission through **Right person, right time, right place, right care**.

It is a dual method approach:

- **CRT Hub** – live in Holyhead since 22 May 2023, open Monday to Friday (8:00 to 18:00). Patients referred into the service will be triaged by a clinical co-ordinator. If appropriate, rapid response assessment and co-ordination will be co-ordinated to support the patient in a community setting.
- **Care planning** – Advanced Care Plan (ACP) and Comprehensive Geriatric Assessment (CGA) will be used as part of prevention phase for high risk individuals in the community. CGA will be a shared document that can be completed by any CRT profession.

Daily huddles are held for 15 minutes to discuss any urgent cases. Huddles are attended by at least one member of each CRT profession.

The evaluation of the first three months of data shows a reduction in ED attendances, acute hospital admissions and hospital length of stay for the high risk cohort in Holyhead.

The majority of the CRT members feel that the communication has improved significantly, facilitated by the daily huddles with a common purpose. This is an excellent example of health and social care working together for the benefit of the individuals in the locality. The Adult Social Services team in Mon have co-operated fully with the project team setting up the pilot and the social workers attend the daily huddle without fail.

ii) Occupational Therapy (OT) and LA Joint Working

In March 2023, the local authority approached the Health Board to ascertain if BCU could provide professional supervision of the LA Occupational Therapy workforce as well as providing professional advice to the adult service manager and team leads to support decision

making regarding complex cases to provide better outcomes. This was for 6 months initially due to a vacancy. This commenced in May 23 with a 6 month review undertaken October 23.

A supervision model with a documentation process was developed and agreed in consultation with the staff and line managers. This embedded professional HCPC regulatory body and Social Care Wales standards.

Achieved

The professional supervision has been implemented providing a model aimed at supporting the LA OT workforce with professional and career development discussions and an opportunity to discuss complex cases.

It also provided an opportunity to review how we deliver any additional benefits of closer integrated working, not just within the social care and health OT services, but the wider contribution this would have to integrated CRT working. As a result, we have contributed to a review of LA policies where they would support developments in professional practice:

- We have supported the LA team leads in recruitment and performance reviews of the Occupational Therapy workforce to improve assurance around professional competencies.
- The LA policy on disabled parking applications has been reviewed and updated which will reduce the CRT wait time for Occupational Therapy
- There was an identified need to review the traineeship plan. This has now been updated in conjunction with the LA OT supervisors and workforce, to provide a more robust competency, rotation and career development framework. This has improved the understanding and experience of the trainees and supervisors and is assisting the trainees in their transition from trainees into LA roles when they graduate.

Appendix 1



FINAL 2023-09-28 -
Special Measures Cycle



Teitl adroddiad: <i>Report title:</i>	Special Measures Cycle 1 Closure and Cycle 2 Commencement Report			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 28 September 2023			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this paper is to:</p> <ol style="list-style-type: none"> 1) Provide an end of cycle assessment for the first 90 day cycle (June – August 2023) within the stabilisation phase 2) Present the proposed areas of work for the second cycle (September to November 2023). <p>The paper provides an assessment against delivery of each of the cycle 1 areas of work and how the learning from this first cycle is supporting the transition to cycle 2.</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Board is asked to:</p> <ol style="list-style-type: none"> 1) RECEIVE ASSURANCE on the progress made in cycle 1, acknowledging the areas of challenge, along with which elements of the plan will be required to continue in to the second 90-day cycle. 2) APPROVE the proposed areas of work for the second 90 day cycle 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	<p>Carol Shillabeer, Chief Executive (Accountable Officer)</p> <p>Dr Chris Stockport, Executive Director of Transformation & Strategic Planning (Lead Executive)</p>			
Awdur yr Adroddiad: <i>Report Author:</i>	<p>Paolo Tardivel, Director of Transformation and Improvement</p> <p>Geraint Parry, Special Measures Programme</p>			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input checked="" type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>

<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>	
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>To support Special Measures</p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>Not applicable</p>
<p>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?</i></p>	<p>Not applicable</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>Not applicable</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>Not applicable</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Not applicable</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>Not applicable</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p>	<p>Not applicable</p>

<p>Reason for submission of report to confidential board (where relevant)</p>	
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: <i>Implementation of recommendations</i></p>	
<p>Rhestr o Atodiadau:</p> <p>List of Appendices:</p> <p>App 1: Summary of Cycle 1 Deliverables App 2: Proposed Cycle 2 Deliverables</p>	

Special Measures Cycle 1 Closure and Cycle 2 Commencement Report

1) Introduction

This report presents a summary of the overall position in relation to Special Measures as at the end of the first 90 day cycle (June to August 2023), as well as the proposed areas of work for the second 90 day cycle (September to November 2023). This over-arching summary builds upon the assurance reports that have been presented to Board Sub-Committees for the areas that they have agreed to have oversight of, and provides a complete assessment against all areas of work across each of the 5 outcome areas.

The report identifies some of the key points of learning from the first cycle and how we are applying that learning to cycle 2 and beyond.

The second half of the report then presents the proposed areas of work for the second 90 day cycle, illustrating how the work has transitioned from cycle 1 into cycle 2.

2) Cycle 1 Closure Approach

A formal assessment has been undertaken as part of the closure of this first cycle to ensure that the organisation has a clear understanding of progress against the original commitments made and in which areas challenges and learning has emerged which affected overall delivery.

A series of checkpoints have been in place throughout the cycle, both internally and externally, and during August a number of these were utilised to inform the overall assessment of progress to date. This included:

- 1) A specific session held with Welsh Government, the Independent Advisors and Board Members on the 9th August to ensure alignment on the insights coming out of the independent reviews
- 2) The quarterly Special Measures Assurance Board, chaired by the Chief Executive of NHS Wales on the 18th August

Regular assessments have been provided to Board Sub Committees for the deliverables they have agreed to have oversight of, and regular scrutiny of progress takes place with responsible executives and their nominated delegates through weekly update reporting. As the cycle has drawn to a close a formal evaluation of progress against each of the agreed areas of work has taken place via an objective assurance process undertaken independently by the Portfolio Management Office. This process has been built upon a process of securing evidence of actions, and where applicable whether that has led to assurance of impact.

3) Cycle 1 Closure Summary

The following table provides a high level summary against the deliverables committed to within this first cycle within the stabilisation phase. Where work has not concluded in its entirety during the first cycle, this work will be carried forward into the 2nd cycle. An assessment has been undertaken regarding a revised expected timeline for each area of work and this has been broken down in the following table.

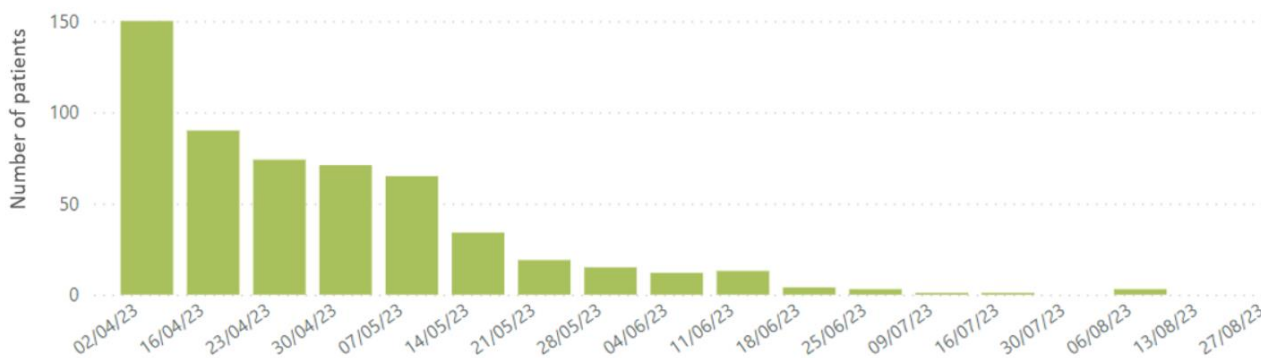
Outcome	Completed Deliverables	Expected to complete within 4 weeks of the end of cycle 1 (End of Sept)	Expected to complete beyond 4 weeks of the end of cycle 1	Total
Outcome 1: A well-functioning Board	3	2	2	7
Outcome 2: A clear, deliverable plan for 2023/24	2	0	6	8
Outcome 3: Stronger leadership and engagement	4	3	3	10
Outcome 4: Improved access, outcomes and experience for citizens	5	5	6	16
Outcome 5: A learning and self-improving organisation	3	2	2	7
Overall	17	12	19	48

Table 1

A more detailed summary against each of the specific areas of work is provided in Appendix 1.

Much of the work in cycle 1 was 'discovery' in nature and therefore was only able to be assured through evidence of actions taken. As the work matures through the next cycle(s) into 'design' and ultimately 'delivery', there will be a stronger focus on assurance of outcomes. This is critically important, given that it is outcomes that matter. The scope of the work in cycle 1 gave limited opportunity to do this, however outcomes can be seen to be improving, for example the improvement in the booking of Planned Care 156 week waiters (Graph 1).

Patients who have been waiting for over 156 weeks for a 1st outpatient appointment, but who have not received an appointment date (excluding Orthodontics)



Graph 1: Patients who have been waiting for over 156 weeks for a 1st outpatient appointment, but who have not received an appointment date (excluding Orthodontics)

4) Learning from Cycle 1

The overall internal assessment of the first cycle is that progress has been made across all areas. The pace required within a discrete 90 day cycle period is demanding and leaves little margin for course-correction when unforeseen delays occur or when in-cycle adaptation is required to better meet the emerging needs of the Health Board.

Board and committee reporting calendars do not necessarily coincide with the 90 day improvement cycle and this has created reporting challenges in being able to provide the most timely information for assurance arising within the fast-paced improvement cycle environment.

Despite this, our reflections are that the 90 day cycle approach has worked for the needs of the stabilisation phase in providing impetus and focus. We will continue to reflect upon the balance of this as we move from the Stabilisation phase into Standardisation (and ultimately Sustainability) phases as to whether different length reporting cycles would be better suited.

Transitioning from one 90 day cycle to the next, whilst maintaining focus on delivery, meeting the necessary governance requirements and ensuring widespread internal and external engagement has also presented challenges. Whilst this will always be a challenge, there has been a lot of learning about how to more efficiently sequence the Executive and wider organisation engagement activity to conclude in a much shorter time period. There is also an opportunity, as we move from the Stabilisation to the Standardisation phase, to integrate the approach into the annual planning cycle.

Delays in a number of independent review areas have impacted upon the completion of some milestones within cycle 1. There are mitigation plans in place to address, but there is also learning associated to better managing dependencies across areas of work, particularly for items outside of our direct control.

It is evident that the outcome based approach has gained traction and has enabled us to describe a picture with our teams of where we want to get to. This has resonated across the organisation although further engagement work is planned both with internal and external stakeholders.

5) Proposed Cycle 2 Areas of Work

This section of the report details the areas of work that are being proposed for the second 90 day cycle (September to November 2023). These proposed areas are the product of a significant set of engagements with key stakeholders throughout August and early September, including:

- Executive and Non Executive Board Members,
- Independent Advisors,
- Colleagues in the NHS Wales Executive
- Welsh Government Officials,
- the Stakeholder Reference Group and
- Clinical and Operational colleagues from across the Health Board.

As mentioned above, much of the work in the first cycle, such as the 10 independent reviews, was **discovery** work that now requires the necessary co-production **design** work in the second cycle to enable effective **delivery** going forward. Appendix 2 lists cycle 2 deliverables and illustrates this development journey along with how the work has transitioned from the first into the second cycle.

Those independent reviews that have reported during cycle 1 have been through a thorough thematic analysis, drawing out key areas to focus upon to ensure we address root causes of our challenges, and not the symptoms. These **themes** have then been triangulated with the work that needs to continue from cycle 1, as well as Welsh Government's expectations for cycle 2. The following 7 themes have emerged from the reviews that we have to date and have been woven into the existing 5 outcome areas listed in the appendix (Table 2).

Themes from reviews received to date:

1. Data, Intelligence & Insight

Ensuring that there is an organisation wide approach with prioritised interventions into improving our data, intelligence and insight tools and capabilities. This will be a key enabler for sustainable improvement as well as supporting identification of future potential services of concern.

2. Culture

Defining, engaging and committing to the long term work necessary to improve the culture of the organisation. Integrated into our broader organisational development plan across Culture, Leadership and Engagement.

3. Risk Management

Reviewing and refining our approach and appetite to risk, including how risks are identified, managed, mitigated, reported and monitored.

<p>4. Patient, Family, Carer Involvement</p> <p>A single coordinated approach to maximise involvement and engagement with our patients and their families and carers, using their experiences to guide our ongoing service improvement.</p>
<p>5. Operating model</p> <p>Ensuring our operating model is designed to best deliver our strategic priorities, with clarity for everyone across all levels of the organisation on the roles and responsibilities, systems and processes within divisions and Pan BCU services.</p>
<p>6. Organisation Governance and compliance</p> <p>Ensuring organisation wide visibility and understanding of governance best practice and ensuring adherence to it.</p>
<p>7. Integrated Planning</p> <p>A well understood integrated approach to planning as a discipline, as well as contributions to our annual planning process.</p>

Table 2

6) Conclusion / Recommendations

Overall progress has been made across each of the 5 outcomes whilst noting that a number of areas have experienced challenges and delays. This first cycle was predominantly focused around discovery work and there were a number of interdependencies with independent reviews outside the Health Board control, which are yet to report. Where reports have been received a thematic analysis has taken place, coupled with a formal assessment of delivery to date, and this has all been factored into the second cycle.

The Board is asked to:

- 1) **RECEIVE ASSURANCE** on the progress made in cycle 1, acknowledging the areas of challenge, along with which elements of the plan will be required to continue in to the second 90-day cycle.
- 2) **APPROVE** the proposed areas of work for the second 90 day cycle

Appendix 1: Summary of Cycle 1 Deliverables

Key:	Completed	Expected to complete within 4 weeks of the end of cycle 1 (End of Sept)	Expected to complete beyond 4 weeks of the end of cycle 1
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1. A well-functioning Board

Deliverable	Milestones summary text	SRO	Status	Due Date
1.1 Strengthen Board governance and effectiveness	1.1.1 Re-establish the main Committees amending the ToRs where necessary pending the review	Board Sec		05/06/2023
	1.1.2 Design special measures report that will go to each Committee	Board Sec		31/07/2023
	1.1.3 Receive and discuss key findings and recommendations from the review of the Office of the Board Secretary	Board Sec		13/07/2023
	<p>PMO Assurance Comments: Progress made across all milestones. All of the agreed committees have met and begun cycle of business. The independent review of the Office of the Board secretary (OBS) has completed and reported to a development session of the Audit committee on the 15th September. Further work scheduled into cycle 2 based on the outcome of the report which will include changes to Terms of Reference.</p>			
1.2 IM recruitment	1.2.1 Appointment of seven IMs including the Chair	Board Sec		04/06/2023
	<p>PMO Assurance Comments: The positions of the Interim Chair and six Independent Member (IM) roles have been filled and the work is fully completed.</p>			
1.3 Board inductions	1.3.1 Consider other HB induction packages in order to adapt and adopt	Board Sec		29/07/2023
	1.3.2 Incorporate learning from other HB's and launch a refreshed induction programme	Board Sec		30/08/2023
	<p>PMO Assurance Comments: A review of learning from other Health Boards and Trusts in Wales has taken place and the development of a revised induction pack is underway and expected to conclude by the end of September.</p>			
1.4 Board development	1.4.1 Agree Board development programme to reflect the discussion from the Board development workshop on 22.06.23	Board Sec		29/07/2023
	1.4.2 Board to agree content of programme by end of July	Board Sec		29/07/2023
	1.4.3 Commence implementation of the Board programme	Board Sec		30/08/2023
	<p>PMO Assurance Comments: The proposal for the Board development programme is currently being formulated, however further work is required in cycle 2 and the 2nd phase of this work is scheduled for the November Board.</p>			

1.5 Board committees	1.5.1 Gain agreement on which Committees will continue and ensure business from discontinued Committees is picked up by other Committees	Board Sec		29/07/2023
	1.5.2 Identify Chairs and Vice Chairs for all continuing Committees and ensure all new Chairs are adequately supported in the development of their first and subsequent agendas, minutes and forward plans	Board Sec		30/07/2023
	1.5.3 Develop and refine work plans for each existing Committee and take to July Board to agree	Board Sec		29/07/2023
	1.5.4 Agree proposals for additional Committees and endorse proposals for Committee work plans to be signed off at September Board	Board Sec		30/08/2023
PMO Assurance Comments: All agreed committees are in place along with chairs. A decision was made to amend the scope of this deliverable by rescheduling the action that required vice chairs to be identified for all committees. This is to better align with the appointment timescale for substantive IMs.				
1.6 Risk	1.6.1 Commence discussion on the Board risk appetite approach and new risk management framework and approach at Board Workshop on 22.06.23	Board Sec		21/06/2023
	1.6.2 Develop risk management framework and approach with Audit Committee and Risk Management Group through July and (targeting Board in September)	Board Sec		29/07/2023
PMO Assurance Comments: The Risk Management Framework is being presented at the September Board and if approved will proceed to implementation.				
1.7 Permanent Board recruitment	1.7.1 WG to instigate the recruitment of permanent Independent Members of the Board through the public appointments process	Board Sec		07/06/2023
	1.7.2 Progress appointment of permanent Trade Union IM and Vice Chair via Trade Union nomination and public appointment processes	Board Sec		30/08/2023
	1.7.3 Update on recruitment of CEO to be provided at Remuneration Committee on 13.06.23	Board Sec		12/06/2023
	1.7.4 Update on status of Interim CEO and recruitment of permanent CEO to Remuneration Committee	Board Sec		16/07/2023
	1.7.5 Executive board appointments following outcome of the Executive Portfolio Review (due end of July, consider it during August)	Board Sec		30/08/2023
PMO Assurance Comments: A range of activities are underway, including an advert for the recruitment of a permanent Chief Executive, however the totality of this work is not complete due to a dependency on the Executive Portfolio Review and work is ongoing to recast a realistic timescale within cycle 2 to reflect the interdependent delays.				

2. A clear, deliverable plan for 2023/24

Deliverable	Milestones summary text	SRO	Status	Due Date
2.1 Annual Plan	2.1.1 23/24 Annual Plan approved by HBLT and Executive Team	ED P&T		20/06/2023
	2.1.2 23/24 Annual Plan discussed with IMs in Board Workshop	ED P&T		21/06/2023
	2.1.3 23/24 Annual Plan formally approved by Board, and submitted to WG	ED P&T		29/06/2023
PMO Assurance Comments: All milestones were delivered and the plan was submitted to Welsh Government.				
2.2 Financial Savings	2.2.1 All plans identified with at least 50% being Green/Amber	EDoF		28/06/2023
	2.2.2 All plans finalised with 100% RAG scored Green/Amber	EDoF		29/07/2023
	2.2.3 Achieve savings plan for month of July	EDoF		30/08/2023
	2.2.4 Set up star chamber review sessions, to do a top down assessment of cost pressures and assessments already in the run rate, to inform incremental opportunities for 2023/24 savings plans and 2024/25 savings plans.	EDoF		30/08/2023
	2.2.5 Be clear on contribution of cross cutting themes will have to the 2023/24 savings plans	EDoF		29/07/2023
PMO Assurance Comments: Good progress made during June and July, with over performance partially mitigating pressures generated during months 1 and 2. Work to finalise all plans against the £25.1m savings target having a RAG score of either Green or Amber has been carried forward into cycle and based on the current assessment is unlikely to be complete by the end of September. Further work is also due to be undertaken and completed during September around instigating a Recurrent Investment Group Assurance process.				
2.3 Future Financial and Value Opportunities	2.3.1 Significant progress made on 2024/25 Savings opportunity pipeline	EDoF		30/08/2023
	2.3.2 Collective Exec discussion on the approach to 'Value' across the organisation going forward	EDoF		30/08/2023
PMO Assurance Comments: A small number of schemes for 2024/25 have been identified however work in this area is being re-profiled with revised deadlines being set for November.				

2.4 Local plans	2.4.1. Process in place to clearly link Local Planning into overarching BCU Corporate Annual Plan, and vice versa	ED P&T		07/06/2023
	2.4.2. Through use of agreed process from 2.4.1. demonstrate read-across from annual plan to local operational plans	ED P&T		28/06/2023
	2.4.3. Accountability delivery agreements issued for each IHC and Division confirming how the mapped annual plan requirements (in 2.4.2) are expected to be delivered in the respective IHC/division, monitored through BCU IHC/divisional Accountability meetings.	ED P&T		29/07/2023
	2.4.4 Discuss at Informal Execs how to adapt and adopt a framework and systems for cascading and monitoring board objectives	ED P&T		30/08/2023
PMO Assurance Comments: Concluding actions in relation to 2.4.3 and 2.4.4 remain outstanding due to prioritising intervening work to address current financial position. Consequently unlikely to reach a conclusion by the end of September.				
2.5 Planning Review	2.5.1. Director of Planning to lead the co-production of a ToR with WG that meets the requirements of WG and BCU.	ED P&T		12/07/2023
	2.5.2. Successful completion of fieldwork for planning review	ED P&T		30/08/2023
PMO Assurance Comments: Milestones within this area were completed and the fieldwork has concluded. The final report is currently expected in October.				
2.6 Contract procurement and management Review	2.6.1 Draft Contract procurement and management Review Report	EDoF		17/08/2023
	2.6.2 Final Contract procurement and management Review Report	EDoF		30/08/2023
	2.6.3 Agreed recommendations to be incorporated into the Financial Control Environment Action Plan and address actions considered 'urgent' during.	EDoF		30/08/2023
PMO Assurance Comments: This review has not commenced within the first cycle as originally intended and there is likely to be some further delay before it concludes.				
2.7 Finance Team & Capacity	2.7.1 2x Finance Directors appointed – 1) Business partnering, 2) Planning and financial improvement	EDoF		29/09/2023
	2.7.2 Approval decision regarding initial supplementary resourcing for Finance Department	EDoF		19/06/2023
	2.7.3 Undertake a robust assessment of the required staffing resource of the Finance Department and develop a new Operating Model	EDoF		30/08/2023
PMO Assurance Comments: Initial appointments made at a senior level to stabilise the team. The remaining proposals to strengthen the team are now being revised in response to the impact from the initial appointments made. This proposal has been consulted upon with the WG advisor and will be put forward for consideration and deployment in the 2nd cycle.				

2.8 Financial Governance	2.8.1 Create Local level SORDs (pending review at Corporate level)	EDoF		29/07/2023
	2.8.2 Conduct a review of monthly routine reporting and establish a regular challenge of forecasts with the CFOs and commence the new approach	EDoF		29/07/2023
	2.8.3 Agree the financial framing of the plan for planned care	EDoF		28/06/2023
	2.8.4 Establish a new monthly Performance & Finance Delivery Group	EDoF		29/07/2023
	2.8.5 Summarise key learning to inform a development programme for Finance staff	EDoF		30/08/2023
	2.8.6 Deliver annual accounts on time	EDoF		30/07/2023
PMO Assurance Comments: Local schemes of delegation (SORD's) have been drafted and work to centrally evaluate these documents will commence during cycle 2. This work to evaluate the local SORD's and a revised Health Board SORD not planned for approval until December.				

3. Stronger leadership and engagement

Deliverable	Milestones summary text	SRO	Status	Due Date
3.1 Exec Portfolios Review	3.1.1 Comment and agree Exec Portfolio review ToR	ED WOD		29/06/2023
	3.1.2 Support and enable participation in the Exec Portfolio review	ED WOD		29/07/2023
	3.1.3 Receive and discuss key findings and recommendations from the Exec Portfolio review	ED WOD		30/08/2023
PMO Assurance Comments: The review has concluded however the final report is yet to be formally received into the organisation. Based on current anticipated timescales, receiving the discussing the findings or recommendations is unlikely to conclude before the end of September.				
3.2 Operating Model stocktake	3.2.1 Develop a methodology for reviewing the structural element of the operating model stocktake	ED WOD		26/06/2023
	3.2.2 Undertake the work to feed into the stock take across July and August	ED WOD		05/08/2023
	3.2.3 Consider themes and priorities from stock take	ED WOD		30/08/2023
PMO Assurance Comments: The operating model stocktake has completed and in the process of being written up. Work to consider the outcomes will now take place in September.				
3.3 Interim Finance Director recruitment	3.3.1 Hold interviews and make offer of appointment for Interim DoF	CEO		18/06/2023
	3.3.2 Interim DoF in-post	CEO		02/07/2023
PMO Assurance Comments: This deliverable was completed during June with the post holder commencing on the 1st July.				
3.4 Senior HR Cases	3.4.1 Create a comprehensive case load management approach – including regular review	CEO		17/08/2023
	3.4.2 Feedback outcomes of specific reviews to individuals involved and seek resolution / closure	CEO		30/08/2023
PMO Assurance Comments: A caseload management approach is now in place, with all milestones and progressing as planned.				

3.5 Exec Team development programme	3.5.1 Discussion with HEIW to identify support and resources available	ED WOD		05/07/2023
	3.5.2 Development of a draft programme	ED WOD		02/08/2023
	3.5.3 Socialise draft programme and resources required with Executive team for comments	ED WOD		16/08/2023
	3.5.4 Review comments and finalise the programme to be delivered	ED WOD		26/08/2023
PMO Assurance Comments: <i>Proposals in this area have been completed, however they are going through consultation at executive level during September.</i>				

3.6 Senior Leadership development programme	3.6.1 Scope current offer from HEIW / NHS Leadership Academy / Local Universities / other Wales NHS HB	ED WOD		05/07/2023
	3.6.2 Work with internal and external stakeholders to draft a Leadership development framework for Tiers 3-4 building on current activity	ED WOD		02/08/2023
	3.6.3 Socialise draft framework and resources required with Executive team for comments	ED WOD		16/08/2023
	3.6.4 Review comments and finalise the framework to be delivered	ED WOD		26/08/2023
PMO Assurance Comments: <i>Proposals in this area have been completed, however they are going through consultation at executive level during September.</i>				

3.7 Interims Review	3.7.1 Support and enable the review of interims	ED WOD		21/06/2023
	3.7.2 Receive, review and digest report and recommendations	ED WOD		29/07/2023
	3.7.3 Create an action plan to address recommendations and commence implementation	ED WOD		30/08/2023
PMO Assurance Comments: <i>All of the fieldwork was completed and the report has been received and is scheduled for discussion with the reviewer at a development session of the Remuneration Committee.</i>				

3.8 Clinical Engagement	3.8.1 Clarify scope and create a detailed project plan for 1st 90 day cycle	ED T&HS		09/07/2023
	3.8.2 Complete all necessary field work	ED T&HS		03/08/2023
	3.8.3 Complete analysis of field work and create draft report containing recommendations for improvement in clinical engagement	ED T&HS		17/08/2023
	3.8.4 Final report containing recommendations for improvement in clinical engagement	ED T&HS		30/08/2023
PMO Assurance Comments: <i>The scoping work scheduled for this cycle was completed in its entirety and a final report has been produced and submitted for discussion at the executive team.</i>				

3.9 Priority community groups engagement	3.9.1 Review process of communication with patients, families and carers as part of the vascular quality review	Dir P,C&E		28/06/2023
	3.9.2 Pilot the new approach	Dir P,C&E		29/07/2023
	3.9.3 Assess impact of the change and start to share/spread learning	Dir P,C&E		30/08/2023
	3.9.4 Review of how engagement currently works with patients, staff, public and stakeholders	Dir P,C&E		28/06/2023
	3.9.5 Receive and digest the report from Cath Broderick	Dir P,C&E		29/07/2023
	3.9.6 Start to implement the recommendations from the report	Dir P,C&E		30/08/2023
	3.9.7 Review the roles and structure of the Partnerships, Engagement and Communication team	Dir P,C&E		29/07/2023
	3.9.8 Receive and digest the report	Dir P,C&E		30/08/2023
PMO Assurance Comments: <i>The report from the Independent Advisor is awaited and therefore the action plan cannot be produced in response. Based on current dates, it is expected that responding to the report will extend beyond the end of September.</i>				

3.10 Address our fragmented care record concern	3.10.1 1st Draft of Outline Case for the organisation wide Electronic Patient Record (EPR) approach	CDIO		30/08/2023
	3.10.2 1st draft of outline case for Tactical ED service blueprint (that can be delivered in 6-12 months)	CDIO		30/08/2023
	3.10.3 Appointment of 2 partners for ED service Blueprint	CDIO		19/07/2023
	3.10.4 Appointment of partner to develop a base Strategic Outline Case for EPR for BCU	CDIO		28/06/2023
PMO Assurance Comments: <i>Tactical work with clinicians in ED is reaching an end although the first draft of the report is not complete. The 1st draft of the strategic outline case for an Electronic Patient Record (EPR) is progressing but is not likely to be delivered before the end of September.</i>				

4. Improved access, outcomes and experience for citizens

Deliverable	Milestones summary text	SRO	Status	Due Date
4.1 Patient Safety Review	4.1.1 Submission of draft report to WG for approval	EDN		07/06/2023
	4.1.2 Health Board to receive report and respond to actions as defined by report (dependent on milestone 4.1.1)	EDN		28/06/2023
	4.1.3 Respond to any immediate priorities identified under 4.1.2 for this 90 day cycle	EDN		02/08/2023
PMO Assurance Comments: <i>The review has concluded and the report received. This has been discussed at a development session of the QSE Committee.</i>				

4.2 Planned Care	4.2.1 Secure an outcome from Welsh Government on proposals for planned care funding	EDoOps		29/07/2023
	4.2.2 Improve productivity and theatre utilisation in Abergele – including a change in clinical and operational leadership	EDoOps		29/07/2023
	4.2.3 Formally agree a revised planned care programme as one of our major programmes, through sign off of a Programme Initiation Document	EDoOps		30/08/2023
	4.2.4 All over 156 week waits booked (excluding Orthodontics)	EDoOps		30/08/2023
PMO Assurance Comments: Good progress has been made on a revised planned care programme supported by a programme initiation document. This has supported improvements in theatre utilisation in Abergele and reductions in 156 week waiters. Concluding proposals for planned care funding remain outstanding with further options being prepared for executive consideration during September.				
4.3 Orthopaedics	4.3.1 Draft Business Case (estimated capital costs) completed	ED P&T		29/07/2023
	4.3.2 Business Case submitted to Board for approval	ED P&T		30/08/2023
PMO Assurance Comments: Significant work undertaken on the development of the Business case. This work did not quite conclude by the end of the first cycle and the Business case is now scheduled to go to September Board for approval.				
4.4 Vascular Review	4.4.1 WAAASP (Wales Abdominal Aortic Aneurysm Screening Programme) and WG Quality Assurance Reviews	EMD		20/06/2023
	4.4.2 Receive, review and digest report and recommendations	EMD		29/07/2023
	4.4.3 Create an action plan to address recommendations and commence implementation	EMD		30/08/2023
PMO Assurance Comments: The vascular review is yet to formally report with an interim assurance having been supplied at this stage. The review itself is expected to report shortly. The final milestone (4.4.3) of an action plan to address any recommendations from the review is dependent on receipt of the review. In the meantime an interim improvement plan is being followed.				
4.5a Service improvements - Vascular	4.5.a.1 Review and assess existing improvement plans	EMD		29/07/2023
	4.5.a.2 HIW revisit	EMD		03/08/2023
	4.5.a.3 Staffing model addressed, including ward 3 nursing	EMD		30/08/2023
	4.5.a.4 Refreshed integrated improvement plan	EMD		30/08/2023
PMO Assurance Comments: Solid progress has been made in a number of agreed areas including reviewing and revising existing improvements and this service was formally de-escalated as a service of significant concern by HIW in June. The original milestones for this cycle did however include plans for the staffing model to be addressed, inclusive of ward 3 nursing in YGC. This remains outstanding pending further discussion.				
4.5b Service improvements - Urology	4.5.b.1 Appoint Pan BCU Clinical Lead	EMD		28/06/2023
	4.5.b.2 Agree alternate pathways instead of robot and commence implementation	EMD		29/07/2023
	4.5.b.3 Receive Urology Royal College Review	EMD		25/07/2023
	4.5.b.4 Refreshed integrated improvement plan	EMD		30/08/2023
PMO Assurance Comments: The report from the Royal College of Surgeons was received as the first cycle was concluding and is currently being reviewed at executive level. The resulting refreshed improvement plan is therefore outstanding due to its dependency to the review.				

4.5c Service improvements - Ophthalmology	4.5.c.1 Commence recruitment process for Pan BCU Clinical Lead	EDoOps		30/08/2023
	4.5.c.2 Confirmation of R1 Clinical revalidation plan (Longest-Waiting R1s)	EDoOps		30/07/2023
	4.5.c.3 Deliver Pan BCU (expanded) signed-off Diabetic Retinopathy Pathway	EDoOps		30/08/2023
	4.5.c.4 Refreshed integrated improvement plan	EDoOps		30/08/2023
PMO Assurance Comments: Good progress has been made against clinical validation for longest waiting patients and a diabetic retinopathy pathway and clear evidence submitted. The refreshed improvement plan is however delayed due to delayed receipt of the GIRFT reports around cataracts and Glaucoma, and the need to factor in clinically led discussions via an away day.				
4.5d Service improvements - Oncology	4.5.d.1 Make key staffing appointments to bring work back into BCU and reduce risk	EMD		29/06/2023
	4.5.d.2 Develop a refreshed staffing plan	EMD		30/08/2023
	4.5.d.3 Refreshed integrated improvement plan	EMD		30/08/2023
PMO Assurance Comments: Work in this area has progressed well and all scheduled work has completed leading to a refreshed improvement plan.				
4.5e Service improvements - Dermatology	4.5.e.1 Commence recruitment process for Pan BCU Clinical Lead	EDoOps		30/08/2023
	4.5.e.2 New recruitment model in place	EDoOps		31/07/2023
	4.5.e.3 Refreshed integrated improvement plan	EDoOps		30/08/2023
PMO Assurance Comments: This remains a challenge with a significant amount of work remaining to be done in relation to the improvement plan, and discussions are being expedited.				
4.5f Service improvements - Plastics	4.5.f.1 Provide St Helens & Knowsley with IT access to BCU systems	EDoOps		29/06/2023
	4.5.f.2 Review and refresh of outstanding agreed actions working closely with Welsh Health Specialised Services Committee (WHSSC)	EDoOps		29/07/2023
	4.5.f.3 Refreshed integrated improvement plan	EDoOps		30/08/2023
PMO Assurance Comments: Good progress evident across each of the agreed areas for cycle 1 culminating in an improvement plan being in place and submitted as evidence.				
4.6 MH Stocktake Review	4.6.1 To submit initial briefing report and evidence bank aligned to recommendations from Holden report	ED PH		14/06/2023
	4.6.2 Submit initial briefing report and evidence bank aligned to recommendations from the Ockenden report	ED PH		06/07/2023
	4.6.3 Submit initial briefing report and evidence bank aligned to recommendation form the HASCAS report	ED PH		12/07/2023
	4.6.4 Engage with Royal College of Psychiatry to plan Phase 2 ie Interviews with key stakeholders.	ED PH		31/07/2023
PMO Assurance Comments: Clear evidence of progress and good collaboration in line with the scope of the deliverable. An action plan has been developed and a briefing report has been received with plans for cycle 2 formulated.				

4.7 Inpatients Safety Review	4.7.1 When report received, to develop action plan aligned to recommendations and identify lead to progress	ED PH		09/08/2023
	4.7.2 To establish a working group to progress actions and agree reporting aligned to MH&LD Governance Framework	ED PH		23/08/2023
	PMO Assurance Comments: An action plan has been developed in response to the recommendations from the review and an Inpatients Safety Group has been established to progress the work as part of an agreed governance framework. The review has also been presented to a development session of QSE during September.			

4.8 CAMHS and Neurodiversity action plan	4.8a.1 Refresh and agree CAMHS Recovery plan	EDoOps		28/06/2023
	4.8a.2 Commence implementation of a CAMHS Recovery plan to improve MHM performance	EDoOps		29/07/2023
	4.8a.3 Ensure CAMHS is covered in Operating Model Stocktake (Deliverable 3.2)	EDoOps		30/08/2023
	4.8b.1 Review of the ND Programme Plan (taking input from the national workshop with ND colleagues held on 18/05/2023)	EDoOps		29/07/2023
	4.8b.2 Award of ND tender for private provision of assessments	EDoOps		30/08/2023
	4.8b.3 Commence implementation of ND Programme Plan	EDoOps		30/08/2023
	PMO Assurance Comments: CAMHS: A recovery plan is in place for the West IHC and has been submitted, however recovery plans for Central and East remain in development. ND: Progress has been made in both reviewing the programme plan and commencing implementation of a revised plan, which is now being overseen by a programme Board. Scheduled work did however include a tender exercise in order to award private provision for assessments and at this stage there is a low confidence that this could be completed by the end of September.			

4.9 Urgent and Emergency Care 6 goals and winter planning	4.9a.1 Completion of Triage training for ED nurses / clinicians to support redirection and streaming, coupled with implementation of PDSA cycle for Streaming	EDoOps		29/06/2023
	4.9a.2 Conclusion of ED frequent attender review	EDoOps		17/08/2023
	4.9a.3 Roll out new Acute Medical model across all 3 IHCS	EDoOps		30/08/2023
	4.9a.4 Completion of co-located UTC Pilot in Wrexham for low acuity patients, with implementation of identified learning underway (and being shared with West and Central)	EDoOps		30/08/2023
	4.9a.5 Formally agree a revised urgent and emergency care programme as one of our major programmes, through sign off of a Programme Initiation Document	EDoOps		30/08/2023
	4.9b.1 CEO discussions with Local Authorities CEOs to seek commitment to work together	EDoOps		06/07/2023
	4.9b.2 RPB / Social care meeting to ensure joint working for escalation planning and resilience 2023-2024	EDoOps		30/07/2023
	4.9b.3 Table top review of winter resilience planning in conjunction with key stakeholders.	EDoOps		17/08/2023
	4.9b.4 Draft Health Board winter resilience plan to be completed and submitted for Executive review	EDoOps		30/08/2023
	PMO Assurance Comments: Narrative update provided confirming that work has completed across all milestones, however continuing to process evidence from multiple sources. Groundwork has been undertaken including a table top review of winter resilience in conjunction with key stakeholders. A key piece of collaboration with social care partners to ensure joint working around escalation planning has been deferred into September to maximise social care involvement. The overall Health Board draft winter resilience plan will be completed by the end of September however and submitted for review at the executive team on the 4th October.			

5. A learning and self-improving organisation

Deliverable	Milestones summary text	SRO	Status	Due Date
5.1 Develop a Learning Organisation Framework	5.1.1 Meet with organisational colleagues already working in this area	ED WOD		02/07/2023
	5.1.2 Map the work already done and draw out the high-level elements/components (e.g. culture, systems and processes) needed to create a Learning Organisation Framework (LOF)	ED WOD		29/07/2023
	5.1.3 Produce a 1st high-level draft of framework and share with stakeholders to test whether design criteria related to fairness and learning from mistakes are evident in the framework when reviewed	ED WOD		26/08/2023
PMO Assurance Comments: A high level draft framework has been completed and has been shared with colleagues and stakeholders and is awaiting feedback before proceeding further.				

5.2 Learning from incidents	5.2.1 Establish and embed a regular cycle for the learning forum and confirm the on-going purpose of the forum	EDN		17/06/2023
	5.2.2 Development of a learning framework/model for patient safety and experience	EDN		15/07/2023
	5.2.3 Preparing the case files and evidence ahead of the court hearing	EDN		01/08/2023
	5.2.4 Create SOP, governance and single central repository for responses to enable extraction of themes and learning	EDN		29/08/2023
PMO Assurance Comments: Good progress has been made alongside the development of the Learning Organisation Framework. This includes the development of a learning bulletin and an Organisational Learning Forum. Further work is underway with the NHS Executive, which will also be supplemented by governance work in around Standard Operating Procedures and a single repository, however these are not expected to conclude early in cycle 2.				
5.3 Clinical Governance Review	5.3.1 The progress of this task relies on the outcome of the Patients Safety review. At present, it is not clear whether this review is needed and if so, when work will start and what the duration will be. This is reflected in the overall delivery confidence.	EDN		
PMO Assurance Comments: This deliverable is dependent on the Patient Safety Review and it is yet to be procured by Welsh Government. This is awaiting the finalisation of the Patient Safety review following discussion at QSE and agreement on next steps.				
5.4 Transformation & Improvement support	5.4.1 Work with impacted stakeholders to develop a high level concept of how to ensure the T&I resource is allocated to priority areas	ED P&T		29/06/2023
	5.4.2 A final proposal for T&I resource allocation signed off at HBLT	ED P&T		26/07/2023
	5.4.3 Implementation of the proposal agreed at HBLT, including consideration of hand over of previous work	ED P&T		30/08/2023
PMO Assurance Comments: Documents submitted and approved, and final discussions re: implementation were carried forward into cycle 2 due to annual leave and have concluded during September.				
5.5 Healthcare Public Health programme	5.5.1 Internal discussion on how to enhance the current work programme on Healthcare Public Health.	ED PH		05/07/2023
	5.5.2 Capacity identified to support the 90-day activity. (Note – scope of programme will be dependent on level of capacity made available to support)	ED PH		12/07/2023
	5.5.3 Scope the programme. This is a key arm to our proactive issue identification around service quality and effectiveness	ED PH		30/08/2023
PMO Assurance Comments: The agreed output of a proposed programme for public health has been achieved, and this has been scoped in line with the resources available.				

5.6 Special Measures assurance approach	5.6.1 Take learning from CTM Health Board experience of using matrices, and commence documentation of a proposed assurance approach	Board Sec		04/06/2023
	5.6.2 To agree final assurance approach at SMRG on 21.06.23	Board Sec		19/06/2023
	5.6.3 Secure resource for a Special Measures support team	Board Sec		28/06/2023
	5.6.4 Implement agreed assurance approach	Board Sec		30/07/2023
PMO Assurance Comments: <i>The 1st line of defence (internal) assurance via the PMO has already been deployed. Mobilisation and planning of 2nd (peer group) and 3rd lines (external) of defence is now underway for when the deliverables mature sufficiently to be reviewed by these mechanisms.</i>				

5.7 Intelligence led organisation	5.7.1 Review the reporting criteria applied to admitted patient care datasets in relation to the setting and monitoring of planned care demand, capacity and activity plans.	CDIO		29/07/2023
	5.7.2 Develop a proposed governance framework for the request and sign-off of changes to reporting criteria and capacity and activity plans	CDIO		28/07/2023
	5.7.3 Agree and document a work plan with each of the GIRFT programmes in relation to the clinical coding and data based recommendations of the GIRFT reviews.	CDIO		30/08/2023
	5.7.4 Develop a framework for the triangulation of externally reported data (through GIRFT programmes) with internal reporting to ensure transparency and consistency of reporting	CDIO		30/08/2023
	5.7.5 Proposal - for the development of a data strategy, outlining the tactical and strategic actions required to drive us towards becoming an intelligence led organisation	CDIO		30/08/2023
PMO Assurance Comments: <i>The planned work in this cycle is complete with significant groundwork completed culminating in a data strategy proposal as intended.</i>				

Appendix 2: Proposed Cycle 2 Deliverables

Below are the definitions for the categorisations that have been applied to the work within Cycles 1 and 2 on the tables below.

Status of work in Cycle 1	Symbol
Complete – no further work required	✓ Complete
Further work required in next cycle	→2
Not related to work in Cycle 1	NEW

Phase / type of work	Text Shading
Discovery work Exploration phase that builds understanding	
Design work <i>Design of solutions based on the Discovery Work</i>	
Delivery work <i>Delivering the solution designed in the Design Work phase, leading to an improved outcome</i>	

Outcome 1: A well-functioning Board

Cycle 1 (Jun – Aug)			Cycle 2 (Sep – Nov)		Exec Lead
1.1	Strengthen Board governance and effectiveness (review of OBS)	→2	5.3 - Clinical Governance review	EDN	
			2.6 - Contract and procurement management review	EDoF	
1.2	IM recruitment (temp)	Complete ✓	3.12 - Culture improvement	ED WOD	
			1.9 - Policy management and implementation/audit approach	Board Sec	
			3.2 – Senior leadership engagement in initial Operating Model restructure stocktake findings	ED WOD	
			2.8 - Financial Control Environment Action Plan	EDoF	
			1.5 – All committees with assigned IMs operational	Board Sec	
			1.8 - OBS team – implement interim and design permanent structure	Board Sec	
1.3	Board inductions – phase 1	→2	1.3 - Implement phase 1 induction for all Board members	Board Sec	
1.4	Board development programme – phase 1	→2	1.4 - Develop phase 1 Board development programme	Board Sec	
1.5	Establish Board committees, complete committee induction and development of work plans	→2	1.5 - All committees with assigned IMs operational	Board Sec	
1.6	Commence review and revision of risk appetite and approach	→2	1.6 - Design Risk management framework and commence implementation	Board Sec	
1.7	Permanent Board recruitment incl CEO	→2	1.7 – Permanent Chair/IM/CEO/Exec recruitment – dependent on Exec Portfolio Review and Senior HR Cases	ED WOD	
		NEW	1.8 - OBS team – implement interim and design permanent structure	Board Sec	
		NEW	1.9 - Policy management and implementation/audit approach	Board Sec	

Outcome 2: A clear, deliverable plan for 2023/24

Cycle 1 (Jun – Aug)			Cycle 2 (Sep – Nov)		Exec Lead
2.1	Clear and deliverable Annual Plan	→2	2.10 - Design Integrated Performance framework		ED P&T
2.2	Financial savings for 23/24	→2	2.2- Implement escalated financial savings approach for 23/24		EDoF
2.3	Financial & value opportunities for 24/25 & 25/26	→2	2.3 - Financial & value opportunities for 24/25 & 25/26		EDoF
2.4	Develop and commence delivery of Local plans	→2	2.4 - Deliver local plans associated with the annual planning process		Operations
2.5	Planning review	→2	2.5 - Continue supporting and enabling a review of Planning		ED P&T
2.6	Contract and procurement management review	→2	2.6 - Contract and procurement management review		EDoF
2.7	Stabilise Finance team and develop capacity	→2	2.7 - Stabilise Finance team and develop capacity		EDoF
2.8	Financial Control Environment Action Plan	→2	2.8 - Financial Control Environment Action Plan		EDoF
		NEW	2.9 - Design Integrated Planning Framework and commence implementation		ED P&T
		NEW	2.10 - Design Integrated Performance framework and commence implementation		EDoF

Outcome 3: Stronger leadership and engagement

Cycle 1 (Jun – Aug)			Cycle 2 (Sep – Nov)		Exec lead
3.1	Exec Portfolios review	→2	3.1 – Exec Portfolios review		CEO
3.2	Operating Model restructure stocktake	→2	3.2 - Senior leadership engagement in initial Operating Model restructure stocktake findings		ED WOD
3.3	Interim Finance Director recruitment	✓ Complete			
3.4	Senior HR Cases	→2	1.7 – Permanent Chair/IM/CEO/Exec recruitment – dependent on Exec Portfolio Review and Senior HR Cases		ED WOD
3.5	Exec Team development programme	→2	3.5 - Leadership development (covering Exec and senior leadership development)		ED WOD
3.6	Senior Leadership development programme	→2	3.5 - Leadership development (covering Exec and senior leadership development)		ED WOD
3.7	Interims review	→2	3.1 - Exec Portfolios review recommendations		CEO
			3.12 - Culture improvement		ED WOD
			3.14 - Create and commence implementation of plan for replacement of all Interim roles		ED WOD
			1.9 - Policy management and implementation/audit approach		Board Sec
			2.8 - Financial Control Environment Action Plan		EDoF
3.8	Create Clinical Engagement improvement plan	→2	1.5 - Full set of operating committees		Board Sec
			3.8 – Consider outcome of clinical engagement field work		ED T&HS
3.9	Priority community groups engagement – develop a structured approach	→2	3.9 - Patient, family and carer involvement		D P,C&E
3.10	Develop plans for integrated electronic patient record	→2	3.10 - Implement plans for integrated electronic patient record		CDIO
		NEW	3.11 – Create an Organisational Development Plan covering the full suite of interventions outside of just the Operating Model structure (Strategy, People, Process/Systems, Structures, Culture)		ED WOD

		NEW	3.12 - Design Culture definition and improvement – taking inputs from all independent reviews	ED WOD
		NEW	3.13 - Create and commence implementation of plan for replacement of all Agency Interim roles	ED WOD
		NEW	3.14 - Introduce the NHS Wales Staff Survey	ED WOD

Outcome 4: Improved access, outcomes and experience for citizens

Cycle 1 (Jun – Aug)			Cycle 2 (Sep – Nov)	Exec lead
4.1	Patient Safety review	→2	5.3 - Clinical Governance Review	EDN
			3.1 - Exec Portfolios review recommendations	CEO
			3.12 - Culture improvement	ED WOD
			2.10 - Design Integrated Performance framework	EDoF
			5.1 - Implement a Learning Organisation Framework	ED WOD
			3.5 - Leadership development (covering Exec and senior leadership development)	ED WOD
			5.7 - Intelligence led organisation (covering Data, Intelligence & Insight)	CDIO
			3.2 - Senior leadership engagement in initial Operating Model restructure stocktake findings	ED WOD
4.2	Revised Planned Care Programme and all 156 week waiters 1 st appointment booked	→2	4.2 - Planned Care - Drive a revised programme that delivers early progress on access, outcomes and experience, whilst laying the foundations for longer term sustainability including GIRFT and other efficiency opportunities. - Sustain Stage 1 >156 weeks booked - Make continuous improvement towards >104 weeks	Operations
4.3	Orthopaedic business case	→2	4.3 - Finalisation of the Orthopaedic expansion business case	ED P&T
4.4	Vascular review	→2	4.5a – Progress Vascular improvement plan	EMD
4.5a	Vascular improvement plan	→2	4.5a - Progress Vascular improvement plan	EMD
4.5b	Urology improvement plan	→2	4.5b - Progress Urology improvement plan	EMD
4.5c	Ophthalmology improvement plan	→2	4.5c - Progress Ophthalmology improvement plan	Operations
4.5d	Oncology improvement plan	→2	4.5d - Progress Oncology improvement plan	EMD
4.5e	Dermatology improvement plan	→2	4.5e - Progress Dermatology improvement plan	Operations

4.5f	Plastics improvement plan	→2	4.5f - Progress Plastics improvement plan	Operations
4.6	Mental Health review of previous reviews	→2	4.6 - Mental Health review of previous reviews – phase 2	ED PH
4.7	Mental Health Inpatients Safety review	→2	3.9 - Patient, family and carer involvement	D P,C&E
			1.9 - Policy management and implementation/audit approach	Board Sec
			4.7 - Mental Health Inpatients Safety review – phase 2	ED PH
4.8a	CAMHS improvement plan	→2	4.8a - Progress CAMHS improvement plan	Operations
4.8b	Neurodiversity improvement plan	→2	4.8b - Progress Neurodiversity improvement plan	Operations
4.9a	Revised UEC Programme and improvement in 4 hour ambulance handover times	→2	4.9a - Revised UEC Programme and improvement in: 1) ED triage times, 2) ED assessment waits, 3) 4-hour ambulance handovers	Operations
4.9b	Commence UEC Winter Planning	→2	4.9b – Continue UEC Winter planning and preparations	Operations
		NEW	4.10 – Orthopaedic Improvement Plan - As part of the Planned care Programme, refine the work programme for Orthopaedic care	Operations

Outcome 5: A learning and self-improving organisation

Cycle 1 (Jun – Aug)			Cycle 2 (Sep – Nov)			Exec lead
5.1	Develop a 'Learning Organisation' Framework	→2	5.1 - Develop a 'Learning Organisation' Framework, including a single repository for all organisational learning			ED WOD
5.2	Effective procedures for learning from incidents and preparing for inquests and HSE	→2	5.2 - Effective procedures for learning from incidents and preparing for inquests and HSE			EDN
5.3	Clinical Governance review	→2	5.3 - Clinical Governance review			EDN
5.4	Transformation & Improvement support	→2	5.4 - Transformation & Improvement support allocation to priority areas			ED P&T
5.5	Scope an enhanced Healthcare Public Health programme	→2	5.5 - Implement an enhanced Healthcare Public Health programme			ED PH
5.6	Develop Special Measures assurance approach	→2	5.6 - Embed Special Measures assurance approach			Board Sec
5.7	Develop proposal to become an intelligence led organisation	→2	5.7 - Implement proposal to become an intelligence led organisation (covering Data, Intelligence & Insight)			CDIO