

**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;*
<p>Strategic and service planning</p>	<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

engagement in the all-Wales arrangements in place to enable and ensure consistent shared/system learning.

- 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; *

	<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 in 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

