Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Living Healthier, Staying Well

Working in Partnership to Improve Health and Deliver Excellent Care across North Wales

Our Three Year Plan 2019/22

Version: 1.0
17th January 2019

Contents	Page

1. Introduction 4

2. Strategic Direction 8

3. Priorities for Action 2019/22 16

3.1 Health Improvement and Health Inequalities 17

- **Prevention**
- **Reducing Health inequalities**

3.2 Care Closer to Home 20

- **Integrated Models of Care**
- **The Primary Care Model for North Wales**

3.3 Excellent Hospital Care 24

- **Planned Care**
- **Urgent and Emergency Care**

4. Enabling Strategies 30

- **Quality Improvement**
- **Workforce and Organisational Development**
- **Estates Strategy**
- **Digital Health**
- **Finance**

5. Supporting Plans 42

6. Accountability and Governance 43

7. Risks and mitigation 44

8. Further information 44

Appendix 1 - Special Measures Improvement Framework

Glossary

OUR VISION

- **We will improve the health of the population, with particular focus upon the most vulnerable in our society**
- **We will do this by developing and integrated health service which provides excellent care delivered in partnership with the public, and other statutory and third sector organisations**
- **We will develop our workforce so that it has the right skills and operates in a research-rich environment**

Health Improvement, Health Inequalities	**Care Closer to Home**		**Excellent Hospital Care**
Healthy lifestyles Smoking, healthy weight, alcohol **Protection and prevention** Oral health, Making Every Contact Count, screening **Resilient communities, tackling inequalities** Social prescribing, Well North Wales, health and well-being hubs Promoting mental well-being Children, young people and families People with a learning disability Maternity strategy for Wales	**Secondary prevention and early intervention** Stroke, diabetes, orthopaedics Children and young people **Health & Social Care working together in local communities** Community Resource Teams and clusters Primary and community mental health model **Access to care in an emergency** Developing the unscheduled care hub, 111 service, community resource team Crisis support – children, mental health	**Sustainable planned care** Orthopaedics, ophthalmology, gastroenterology Acute medical and surgical care Inpatient care & rehabilitation - mental health needs Access and waiting times **Unscheduled care** Emergency Department access & patient flow *Help me get home* – integrated health and social care Early supported discharge (stroke)	**Specialist & complex care** Urology, stroke, complete vascular services, cancer

Quality Improvement and patient experience - "What Matters"

Carers and community assets — Co-production — Avoiding harm, focusing on outcomes

Addressing equality and human rights and promoting the Welsh language

Estates and infrastructure

Health and well-being centres — Integrated resource teams — Sustainable hospital facilities

Shared use of assets and new partnerships, joint ventures

Digitally enabled health and care

Community connectivity — Integrated health and social care systems — Hospital systems

Whole health, care and support system workforce

Supporting community networks — Integrated workforce across sectors — Sustainable acute models

Agile working

Section 1 - Introduction

1.1 The health of our population in North Wales

We need to evolve to meet new challenges. We know that the overall health status of our population compares favourably to other parts of Wales, and this provides advantages and opportunities. However, the benefits of this are not equal across the population, and comparison against other areas of the UK and Europe demonstrates that people could achieve even better health and well-being.

We are living longer – the proportion of people aged over 75 years in North Wales is higher than the average for Wales at 9.3 per cent compared to 8.6 per cent (that is 64,000 people). For males, life expectancy is 78 years and for females, it is 82 years. The good news is that many people reach these ages in good health which is positive, but brings different support needs.

We need to do more to help everyone of all ages to have an active, healthy and happy life and to stay well for as long as possible. This will involve helping people to be active physically and socially, and to adopt healthy lifestyle behaviours such as not smoking, eating well and minimising their intake of alcohol.

We will do this in partnership and with the help of other organisations such as Local Authorities and the voluntary sector.

There are a number of specific challenges that our population face in the coming years which mean that we need to change the way we work now and how we involve people in order to meet them.

- More people are living with one or more complex health issues such as diabetes or heart disease. We will support people to manage these conditions better so that they can live their life to the full.

- We know that more people are experiencing mental health issues with one in four of us affected at some point in our lives.

- There are more people living with dementia. We will work with our partners and people with experience of mental health to design and deliver modern services and do more to support people with long-term mental health problems.

1.2 The challenges we face

Our current service model is inefficient, unaffordable and not sustainable.

- There are increasing demands on our primary care and community services with growing difficulties in attracting new GPs and other primary care practitioners to the area.

- There are also increasing demands on our hospital services, for example, in our Emergency Departments, which means that often we cannot see patients as quickly as we should. In addition, waiting times for a number of operations such as replacement joints or eye surgery are too long and we need to see patients sooner.

- We are also facing financial challenges and we need to live within our means and make sure that we work efficiently so that every penny is spent wisely and well.

- Bed occupancy in our acute and community hospitals is currently over 90% – on average much higher than 85% occupancy, above which the National Audit Office has concluded, "*hospitals…can expect to have regular bed shortages, periodic bed crises and increased numbers of hospital acquired infections*".

- Our workforce is changing and we face challenges in recruiting staff in a number of specialties and staff groups.

- The current size and condition of our estate is not sustainable in the long term and will not support our strategic direction.

- Challenges are posed with infrastructure and the delivery of core national information systems which are essential to service provision and transformation.

- Our partners are also facing significant financial constraints and we need to work together to ensure we make best use of our collective resources, for the benefit of the population of North Wales.

In 2015, Welsh Government placed us in Special Measures. We have been working hard to improve and have made progress in areas such as maternity services, and involving patients and the public. There are other areas where there is still much more to do and we recognise it will take time, commitment and support to make all the improvements that are needed.[1] Our Special Measures Improvement Framework (SMIF) sets out the actions to be delivered in response to Welsh Government requirements and is detailed in Appendix 1.

There are other challenges that are affecting all public services - such as poverty, inequalities, jobs and economic growth, and climate change. These make the context in which we are working more difficult, and make it more important that we understand the impact of our actions on other organisations as well as our population.

1.3 Making the changes we need

The work to tackle the above challenges with our partners and to transform health and social care has begun. For some areas of improvement we will firstly ensure that we are 'getting the basics right' to stabilise these on the journey to fully transform our service model. In some areas this will take longer than the three year period covered by this plan.

We are fully committed to producing a Service Strategy by 30 September 2019 which describes the way forward in clear terms and our timeline for transformational change and lead to the development of a target operating model which will be supported by finance, estates and workforce strategies

In order to achieve this, we have established a programme management approach and will utilise a consistent change methodology for improvement and transformation work across the Health Board.

[1] Update on escalation status review of health organisations and additional support for Betsi Cadwaladr University Health Board, Cabinet Secretary for Health and Social Services, February 2018

1.4 Building upon achievements in 2018/19

During 2018/19, we continued to work to improve how the Health Board functions with improvements made in our governance and leadership in response to the SMIF and Wales Audit Office Structured Assessment and responses to the 2018 NHS Wales staff survey

In addition, a number of significant achievements have been made across our services during the year, with many examples shown below across our key priority areas: improving health and reducing health inequalities; care closer to home; excellent hospital care.

Improving Health and Reducing Health Inequalities

- We achieved the Platinum Health at Work standard, recognising our commitment to staff and population well-being and our overall social responsibility.
- We introduced the “Let’s Get North Wales Moving” collaboration with partners.
- The tier 3 Orthopaedics Weight Management Lifestyle programme was implemented.
- The “Help me Quit for Baby” smoking cessation support approach was embedded in Community Midwife Teams.
- The hospital based smoking cessation service commenced.
- An alcohol licensing framework was established.
- The 'Made in North Wales' network developed an approach to social prescribing and an asset-based approach to well-being.

Care Closer to Home

- The new healthcare centre at Flint opened, delivering a range of services and fulfilling commitments previously made by the Board to the local population.
- The redevelopment of Corwen Health Centre was completed, an important milestone in care provision for the local rural community.
- Recent developments such as Llangollen Health Centre, Canolfan Goffa Ffestiniog and the new wing of Tywyn Hospital now provide a range of services providing benefits for the whole community.
- More advanced practitioner nursing, physiotherapy, audiology and pharmacy roles were introduced in primary care settings.
- Primary care clusters developed a range of innovative services, such as Advanced Nurse Practitioner roles in care homes, family practitioner and specialist diabetes care.

Excellent Hospital Care

- The new Sub-Regional Neonatal Intensive Care Centre was opened at Ysbyty Glan Clwyd.
- The vascular centre development at Ysbyty Glan Clwyd progressed, with full implementation due in April 2019.
- The major refurbishment programme for Ysbyty Glan Clwyd has been completed, bringing major improvements to the environment for patients and staff.

Section 2 - Strategic Direction

2.1. Strategic Context

Our vision is to create a healthier North Wales, that maximises opportunities for everyone to realise their full potential, reducing health inequalities. Our purpose is to improve the health of the population of North Wales which means that, over time, there will be a better quality and length of life across the whole population of North Wales.

We aim to provide excellent care, which means that our focus for the next three years will be on developing a network of high quality services, which deliver safe, compassionate and effective care that really matter to our patients. We recognise and support the significance of the Welsh Government publication 'A Healthier Wales: Our Plan for Health and Social Care' which sets out a long-term future vision of a whole system approach to health and social care.

The document sets out a long term future vision of a 'whole system approach to health and social care' focused on health and well-being, on preventing Illness and on enabling people to live independently for as long as they can, supported by new technologies and by integrated health and social care services which are delivered closer to home, on close collaborative working and the impact on health and well-being throughout life. These are consistent with the aims of our Living Healthier, Staying Well strategy. Our Three year plan supports the ambition of Welsh Government as summarised below:

'A Healthier Wales'	Examples in Our Three Year Plan	Example Process and outcome Measures
Health and Social Care system to work together	Regional Partnership Board (RPB) Working Integrated clusters Expansion of Community Resource Teams Unscheduled care model	Number of transformation programmes funded Outcome from transformation programmes demonstrating delivery of objectives Number of patient contacts to avoid admission Outcomes of unscheduled care pathway model on demand, flow, discharge, concerns and incidents
Shift services from hospital to community	Health and well-being centres Eye care plan Unscheduled care pathways Mental health services	Increase range and access to local services 80% direct to waiting list for cataract surgery 10% reduction in incidence of repeat ED attenders Falls, recovering Hypoglycaemia, mental health and catheter care pathways established and evidenced by reduced conveyance and admission 10% increase in crisis patients managed in community setting
Get better at measuring what really matters	Revised performance and accountability framework	Core indicators and tiered indicators reported in accordance with the framework from Board to Divisional teams

		Number of staff trained in measurement for improvement
Make Wales a great place to work in Health and Social Care	Workforce strategy - staff engagement, leadership, culture and climate, motivation, innovation and learning	Learning from staff survey applied via engagement events – number of participants/% workforce Delivery of the nurse staffing fill rate and skill mix for wards Reduction in spend on agency and locum staff Integrated primary and community academy established
Work together in a single system	Unscheduled care / Emergency Ambulance Services Commissioning Mid Wales healthcare collaborative Commissioning secondary and specialist services	Delivery of 4 hour, 12 hour and ambulance handover profiles 10% reduction in concerns and SUIs related to USC Volume of partnership programmes of work increasing in line with plan

We have identified the following seven well-being objectives with partners and stakeholders (and in accordance with our duties under the Well-being of Future Generations Act):

- Improve physical, emotional and mental health and well-being for all;
- Target our resources to those with the greatest needs and reduce inequalities;
- Support children to have the best start in life;
- Work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being;
- Improve the safety and quality of all services;
- Respect people and their dignity; and
- Listen to people and learn from their experiences.

 Our organisational values exist to support and encourage staff to deliver high quality care to our patients in keeping with our purpose and the above objectives:

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

2.2 Promoting Equality and Human Rights

The long-term vision for our population has been informed by the Health Board's Strategic Equality Plan (SEP) which can be accessed here. The SEP draws on evidence from a range of sources

including the Equality and Human Rights Commission research '*Is Wales Fairer?*' As such, 'the promotion of equality and human rights in everything we do' is a key underpinning principle within all our plans and the responsibility of the whole organisation.

Equality Impact Assessments (EqIA) help us to identify and address potential inequality including access and communication needs, leading to both improved inclusive decision-making and better outcomes and experiences for patients and staff.

2.3 Working with our Partners

This plan underlines our commitment to reducing health inequalities within the population we serve. Guided by the principles within the Well-being of Future Generations Act, and together with our partners across the public and third sectors, we are already shifting our focus to promote ways of working that prioritise preventing illness, promoting good health and well-being and supporting and enabling people and communities to look after their own health.

Reducing health inequalities remains the most important challenge we face and will guide and influence our redesign of the healthcare services we deliver in people's homes, in their communities, in our primary care settings and in our hospitals.

As active members of the North Wales Regional Partnership Board (NWRPB) and the four Public Service Boards, we are fully committed to working with our partners to deliver sustainable and improved health and well-being for all people in North Wales. The principles adopted by the North Wales Regional Partnership Board are:

- Whole system change and reinvestment of resources to a preventative model that promotes good health and well-being and draws effectively on evidence of what works best;
- Care is delivered in joined up ways centred around the needs, preferences and social assets of people (service users, carers and communities);
- People are enabled to use their confidence and skills to live independently, supported by a range of high quality, community-based options;
- Embedding co-production in decision-making so that people and their communities shape services; and
- Recognising the broad range of factors that influence health and well-being and the importance of the links to these areas (including education, housing, welfare, reduced homelessness, economic growth, regeneration, leisure and the environment).

The NWRPB have developed a Regional Population Needs Assessment and Area Plan in response to the Social Services and Well-being (Wales) Act 2014. The North Wales Area Plan was approved earlier in 2018 and prioritises the following areas:

- Older people with complex needs and long term conditions, including dementia;

- People with learning disabilities;
- Carers, including young carers;
- Children and young people;
- Integrated Family Support Services; and
- Mental Health.

Partnership work programmes have been established for each of these priority areas, and the priorities also link with our well-being objectives.

There are many areas where the Health Board works collectively with other organisations within the statutory and voluntary sector. In addition, there are services that we do not or cannot deliver directly and commission from external providers.

We work closely at both a national and local level as part of the all Wales Emergency Ambulance Services Committee (EASC) to further develop national and local actions with Welsh Ambulance Services NHS Trust (WAST). Local joint priorities for action are integral to our unscheduled care plan. Welsh Ambulance Service is a key partner working alongside the Health Board in developing transport plans for services including vascular, ophthalmology, orthopedics, urology and stroke.

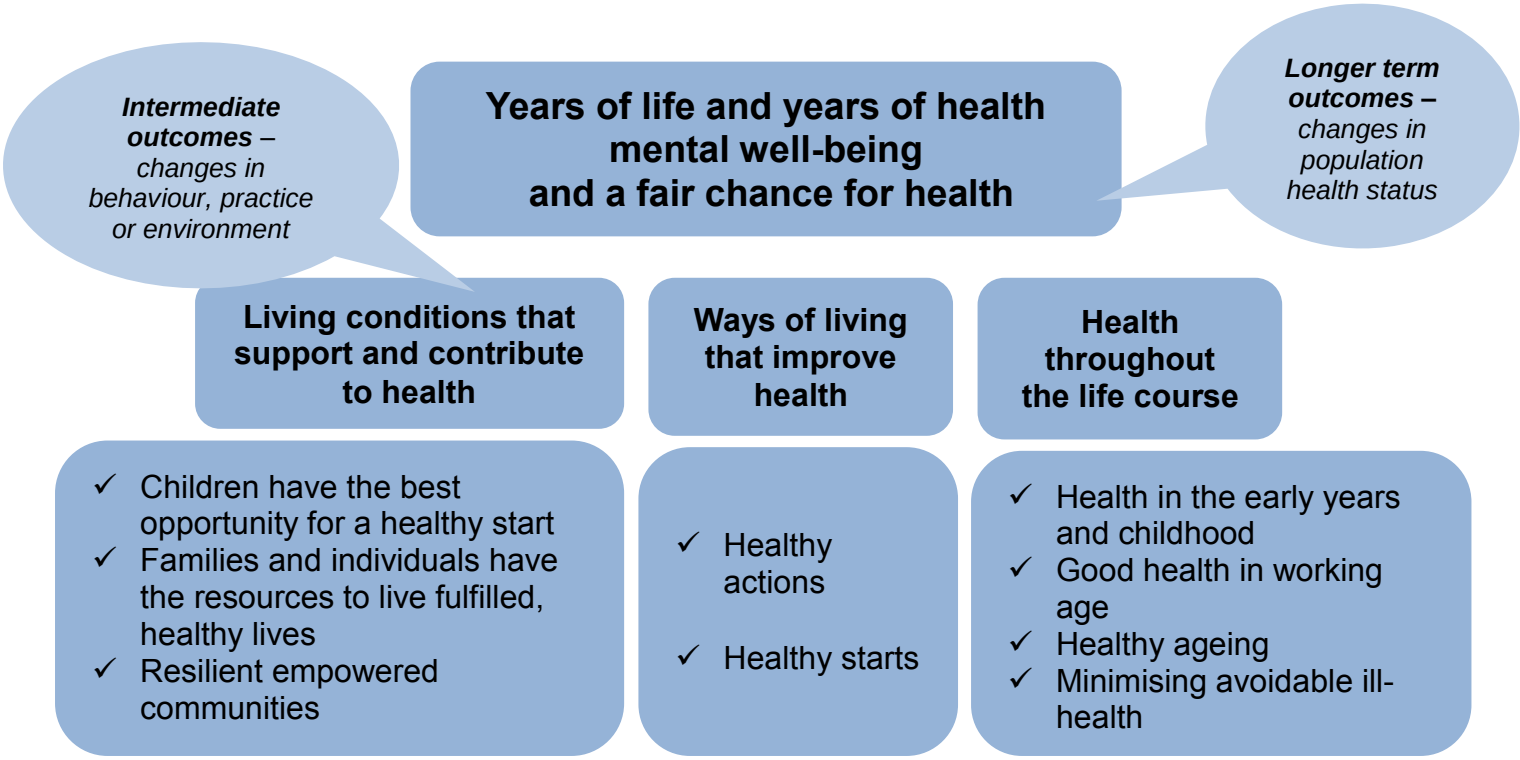
Working closely with Welsh Health Specialist Services Committee (WHSSC), we will monitor and review specialist services (such as specialist children's services delivered by Alder Hey NHS Foundation Trust) commissioned through WHSSC and contracted to appropriate providers. For North Wales, these are generally provided in North West England as our local providers of very specialist services. Where it is clinically safe and appropriate to do so, services are developed and delivered in North Wales.

We work collectively as part of the Mid Wales Joint Committee for Health & Social Care (MWJC), which was formed in 2018 and places a greater focus on joint planning and implementation of health services for the population of mid Wales.

2.4. Getting it right for the future: focusing on outcomes

We have to think about how the decisions we make now have an impact on the future. We must meet the needs of our population today without compromising the ability to meet the needs of future generations. We need to support the people of North Wales to achieve the best health outcomes in the longer term and continue to put in place the actions that will achieve this.

In the longer term, we will aim to improve the whole population health status. To deliver this, in the medium term, we will work to support changes in behaviour, practice and the environment. Our approach is based on the Public Health Outcomes Framework[2].



[2] Public Health Outcomes Framework, Public Health Wales, 2017

2.5 Living Healthier, Staying Well

Living Healthier, Staying Well (LHSW) is our long-term strategy that describes how health, well-being and healthcare in North Wales might look in 10 years time and how we are working towards this now. LHSW was approved by the Health Board in March 2018. Our future model is described below and the key priorities for action over the period 2019/22 are set out in section 3. We cannot deliver these changes alone; we will need the contribution of many others to achieve the improvements we all want to see.

We will work with our stakeholders to review LHSW in time for an updated version in March 2020 to accompany the IMTP for 20/21 and beyond.

2.6 Our ambitions for the future

Health Improvement and Health Inequalities

- We will become more of a 'wellness' service than an 'illness' service and work with our population and partners such as local authorities and the third sector to plan for the future needs of people living in North Wales.
- We will do more to give children the best start in life, taking action as soon as possible to tackle problems for children and families before they become difficult to reverse.
- We will work with others to support everyone in staying fit and healthy throughout life and ensure we can support people to make the right choices for them at the end of life.
- Our intention is also to narrow the gap in life expectancy between those who live the longest in the more affluent areas of North Wales and those living in our more deprived communities.
- We will target our efforts and resources to support those with the poorest health to improve the fastest.

Care Closer to Home

- The services offered by primary care including GP practices, community pharmacies and dental practices will remain central to providing healthcare close to where people live.
- We will build on the work we have already done to introduce a broader range of health and social care professionals – including specialist nurses, pharmacists and therapists – to work with GPs and their teams, and develop a wider range of services in local communities. This will mean that our patients will see the health care professional who is best placed to meet their needs.

- We will continue to support GP practices to invest in and develop new facilities.

- We will expand our community teams who work together to care for people in their community and in their own home if needed.

- There will be clear and consistent points of contact to arrange for the right healthcare professional to go to people when they need them. We have already made good progress in some of this work, for example the Healthy Prestatyn Iach project, advanced practitioners in physiotherapy, nursing and pharmacy across North Wales and the establishment of Community Resource Teams bringing together health and social care services.

- We will maximise our use of technology including video consultations to support people and prevent them from having to travel to appointments - particularly when they are suffering from a chronic condition. We are already doing this in the North West to connect patients at rural community hospitals including Ysbyty Alltwen near Porthmadog, Dolgellau Hospital and Ysbyty Bryn Beryl near Pwllheli with doctors in Bangor.

- We will continue to invest in modern, purpose-built facilities that bring together community teams under one roof to offer a range of services for local people including x-ray, tests to help diagnose illnesses, sexual health, mental health and various therapies. A new health campus development for North Denbighshire is planned for the site of the Royal Alexandra Hospital in Rhyl. Our intention is that we will use community hospitals and health centres as local health and well-being centres in our communities.

Excellent Hospital Care

- At each of our District General Hospitals, we will continue to have the following core services:

    - a full Emergency Department;
    - consultant-led maternity and paediatric services;
    - direct admission for medical care for people who are unwell;
    - direct admission for people who need an operation;
    - less complex vascular procedures (for diseases affecting blood vessels); and
    - outpatient clinics, day surgery and diagnostic services (tests that help diagnose a condition).

This means that people can be assessed in any of our emergency departments but might need to be transferred to the most appropriate hospital for more specialist care.

We know from the evidence that for some more specialist services people have better outcomes when treated in larger centres by highly specialist teams. Our intention is to widen the range of specialist care we provide in North Wales so that people will have to travel outside the area less frequently. This will also help attract, retain and develop the specialist staff needed to provide high quality and sustainable care in our hospitals.

- We will treat as many patients as possible in North Wales and continue where clinically possible and safe to do so,

- We will create specialist centres for treating more complex conditions, e.g. our new Sub-Regional Neonatal Intensive Care Service (SuRNICC) at Ysbyty Glan Clwyd means that babies that are more poorly are cared for in North Wales.

- We will establish specialist services for:

    - vascular surgery. Very specialist major surgery on arteries (vascular surgery) will be provided in a specialist centre at Ysbyty Glan Clwyd. This will ensure that we can provide treatment that meets the highest standards and will attract the specialist doctors we need to carry out these complex operations.

    - hyper acute stroke;

    - neonatal intensive care; and

    - urology and pelvic cancer. We are exploring modern technology for some cancer surgery – particularly pelvic cancer – which will need to be based in a specialist theatre. We are also exploring how we might deliver urology services more effectively, for example, using robotic assisted surgery.

- Over the next three years , we will confirm proposals for specialist centres for other services that could deliver better outcomes for patients and improved efficiency and productivity.

- With the support of the Welsh Government, we are investing in our buildings to bring them up to 21st Century standards. This includes completing major developments such as at Ysbyty Glan Clwyd and the Emergency Department at Ysbyty Gwynedd. We have started work to develop proposals for the redevelopment of the Wrexham Maelor Hospital campus to address failing infrastructure and to develop facilities that are fit for the future and will support the new models of care we will develop. Our enabling strategies, for example our estates strategy, will be informed by and aligned to our revised clinical models.

- For some very specialised care people will need to travel to hospitals outside of Wales - just as they do now - for major physical trauma injuries, neurosurgery, specialist treatment for children and some cancer treatments - but we will make as much of the testing and diagnosis as local as possible and support people to make an early return home.

3. Priorities for action 2019/22

What we will achieve over the next three years

Achieving our three year plan will represent significant progress towards making our vision a reality.

A summary of the key actions we will pursue over the period of 2019/22 in support of our three priorities together with our enabling strategies is set out on page 2 – the plan on a page.

The following section describes the actions and the rationale for them in more detail and the key outcomes we aim to achieve.

These plans are affordable in the short, medium and long term. They can either be achieved within known resource assumptions, or where this is not possible it is highlighted accordingly. Dialogue with Welsh government is underway regarding resource availability particularly with regards to achieving elective access times.

3.1 HEALTH IMPROVEMENT AND HEALTH INEQUALITIES

Health Improvement and Health Inequalities.

We want to work in partnership to support people to make the right choices and to promote population health. Reducing health inequalities is an important part of this plan. We want to support the communities that need it the most.

For the next three years there are three priorities:

1. We need to establish lifestyle services to support the people of North Wales to make informed choices about their health and well-being;

2. Tackling health inequalities will inform our service development. We will target resources to those with the greatest needs and promote equality through our actions; and

3. We will maximise our partnership working to deliver on the health inequalities and health improvement agenda.

We have committed to focussing on health improvement and health inequalities, and to ensuring that the Health Board shifts to becoming a population health focussed organisation. Prevention, early intervention and tackling health inequalities is a consistent thread underpinning our plan for 2019/22. Our plan builds on progress made in 2018/19 across the Health Board and with our partners.

We want to work in partnership to support people to make the right choices so they can have a long, healthy life and to reduce demand for treatment services for preventable conditions. Our plan therefore maintains a focus on the health in the early years.

Through our maternity services plan, we aim to ensure that pregnancy and childbirth are a safe and positive experience, and parents are supported to give their child the best start in life.

Our childrens work focuses on supporting the six agreed partnership priorities for children and young people in North Wales:

- Our continued aspiration is that babies are born healthy;

- Pre school children are safe, healthy and develop their potential; and children and young people are healthy and equipped for adult life;

- We will focus on improving the outcomes in the first 1000 days of life and support the partnership Adverse Childhood experience work across North Wales;

- We are working hard to progress our emotional health work – with maternal mental health and early intervention as key areas of focus;

- We are determined to promote a healthy weight and prevent childhood obesity, and we will maintain a focus on children with complex needs.

Reducing health inequalities is an important part of this plan. We want to support the communities that need it the most. Identifying opportunities to work with community venues and pharmacies will help us to improve access to services.

We will work with partners in the Public Services Boards to deliver local Well-being Plans that address the broader aspects of well-being – economic, social, environmental and cultural.

As the largest employer in North Wales, we will take action to contribute to reducing poverty and the impact of poverty, as well as a service provider and commissioner. Poverty can affect people's well-being, health and life opportunities and can affect how long someone lives as well.

We continue to build a partnership ethos to our work on prevention and health inequalities and our approach is firmly based on evidence of effectiveness. We will continue to work with our 14 clusters to deliver this work, and ensure that we work to tackle the inverse care law.

Our plan sits alongside and contributes to the Well-being plans for the population which will be led by the four Public Service Boards in North Wales. We have worked with Public Health Wales to ensure that we have considered our planning priorities and our agreed key focus of joint working in 2019/2020 will be on tobacco control work and exploring actions in relation to hypertension management

Based on the needs of our population, and given the assets we have in place across North Wales, we will focus on three workstreams:

Workstream 1: Lifestyles

We will progress our work on lifestyle services. In 2019/2020 we will stabilise our smoking cessation support in our hospitals.

We will also build on our more specialist level 3 obesity services, grow our level 2 obesity service and explore new ways of supporting alcohol reduction work and implement fully our work on licensing with partners.

Workstream 2: Protection and prevention

We will develop our protection and prevention offer. In 2019/2020 we will maintain our significant work relating to health protection, and invest in our immunisation coordinating team to ensure optimum outcomes in the early years and across the life course.

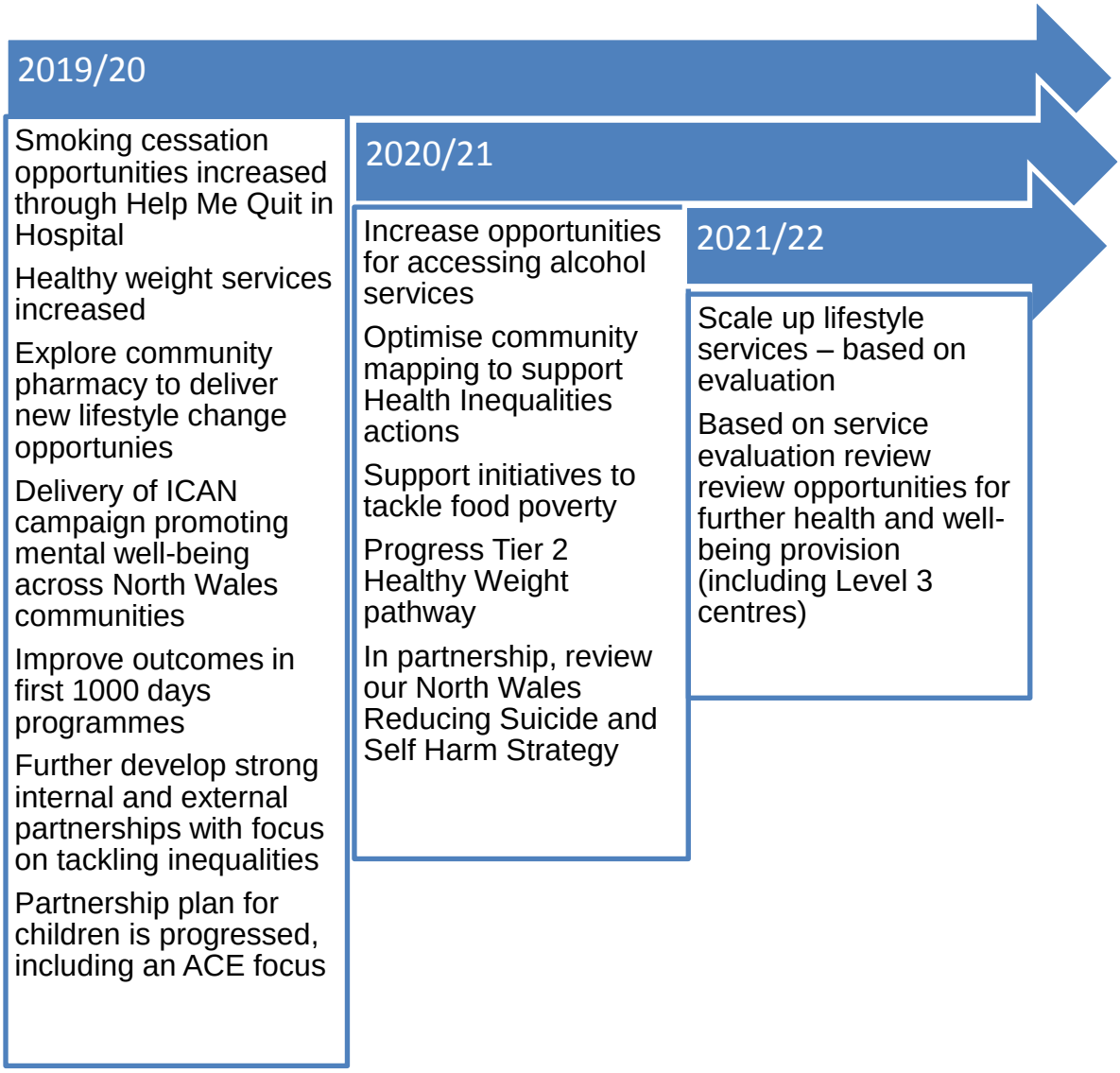
We will continue to raise awareness of screening services with partners. We want to promote positive oral health and will work with our dental colleagues in using the Making Every Contact Count (MECC) approach. We will also offer MECC to our Third Sector partners as they support us with a range of actions and a focus on social prescribing.

Workstream 3: Health inequalities

We have a long-standing approach to tackling health inequalities through the Well North Wales programme, and we have reviewed our offer for 2019/2022 given that the "*Ein Dyfodol*" work has progressed differently with partners across North Wales.

We remain committed to supporting those with the greatest health needs first and are working closely with partners on this agenda. We will progress our "Made in North Wales" work on social prescribing which supports the Care Closer to Home agenda, and we have specific actions relating to poverty and homelessness planned.

Three Year Ambition - Key Deliverables for Health Improvement and Health Inequalities for



3.2 Care Closer to Home

Care Closer to Home means that when people need support or care to stay healthy, we will provide as much of this as close to home as it is safe to do so. Care Closer to Home is not just about where care is delivered but also about focusing around what it is that matters most to individuals and their carers.

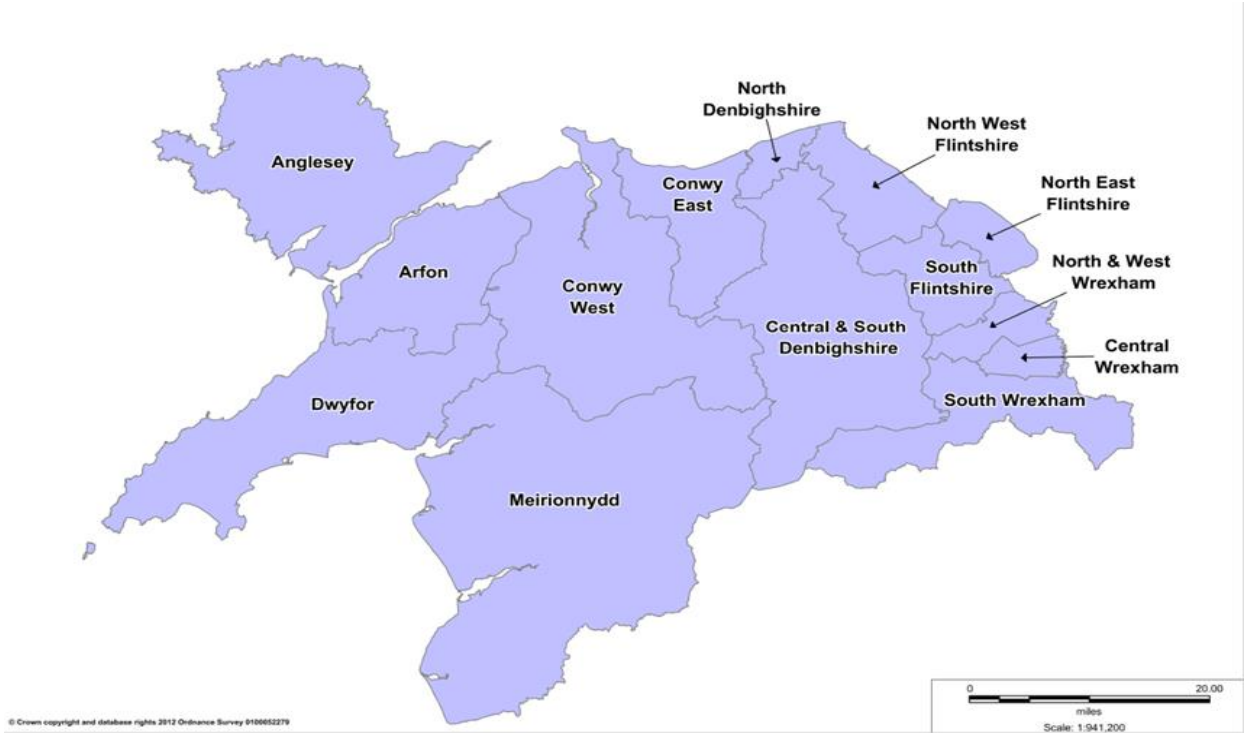
To do this well requires a deep commitment to work with individuals and with our partners. Our ambition to deliver more care closer to home is built upon our undertaking to do this and to deliver the Welsh Government's strategy set out in 'A Healthier Wales: Our Plans for Health and Social Care".

.

These are the outcomes we want to achieve:

- People can access the right information, when they need it, in the way that they want it and use this to improve their well-being;
- People have easy and timely access to primary care services;
- Health and care support is delivered at or as close to people's homes as possible;
- People know and understand what care, support and opportunities are available and use these to help them achieve health and well-being;
- Ensure the best possible outcome; people will have their condition diagnosed early and treated in accordance with clinical need;
- Interventions to improve people's health are based on good quality and timely research and best practice; and
- People are safe and protected from harm through high quality care, treatment and support.

The foundation on which to plan care closer to home will be through our **integrated clusters.** We will progress the further development of our existing 14 GP clusters in North Wales by including a wider range of partners. The guidance and support for clusters will not only come from the Health Service but also from the range of partners, organisations and individuals who understand their local communities and who are committed to serving them.



Led by integrated teams, clusters will have the authority and support to bring together different services and skills so that they can be provided more seamlessly, and are better tailored to meet the needs of individuals.

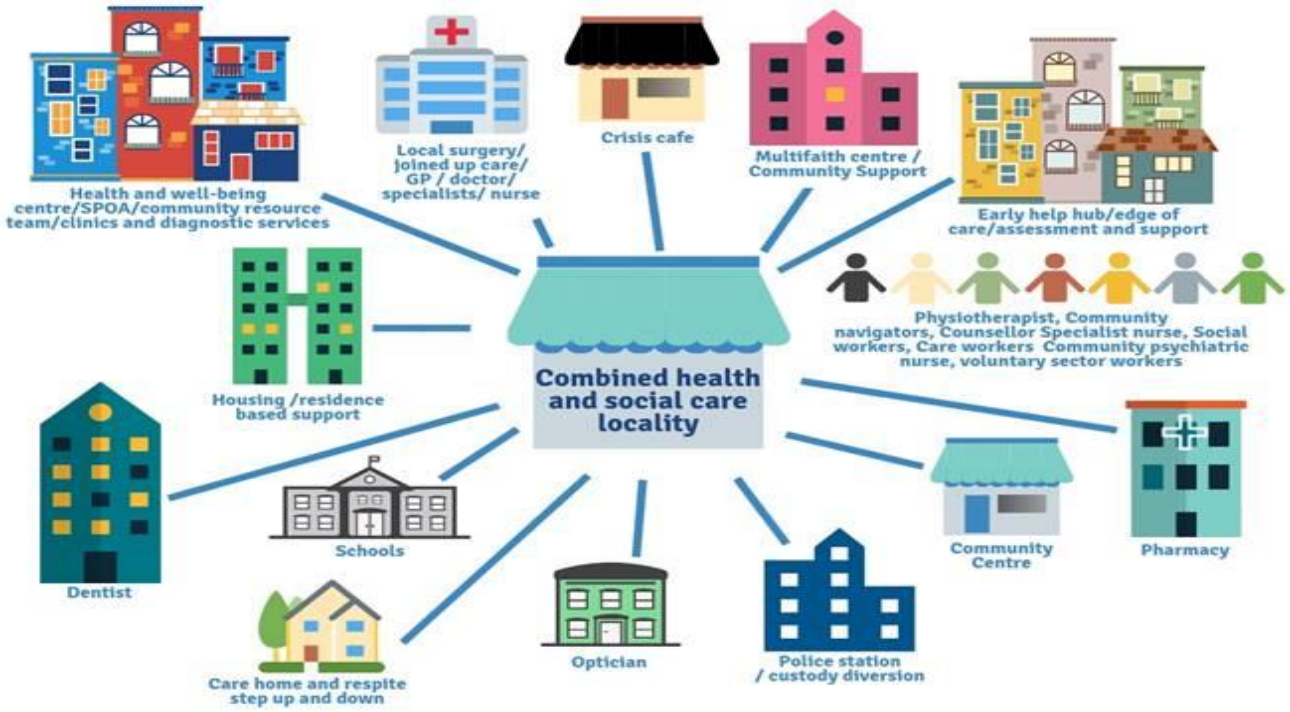
Expansion of Community Resource Teams

As an important part of delivering community services we will expand the services of our **Community Resource Teams (CRT)** by continuing to contribute to the work being led by the Regional Partnership Board.

Community Resource Teams are made up of members from a range of backgrounds focusing upon what matters to individuals. In approaching care this way we can deliver the best experience for patients and carers, whilst getting best value for public money. This will mean that all individuals in North Wales will be able to access care in this way, helping to ensure as much care is delivered close to home as possible.

The model illustrated below has been developed in partnership through the North Wales Regional Partnership Board and shows a group of organisations and professionals who work across agency boundaries to support the local population.

Our combined health and social care locality model



Sustainability of GP practices – New Model for Primary Care

GP practices form part of the community resource teams, delivering and coordinating the care for individuals with medical needs that do not require hospital care. However, we know that our GP practices are under tremendous pressure.

Working together within integrated clusters, supported by community resource teams and others to reduce the pressure upon GP practices, however, this will not be enough alone. We will prioritise the development of sustainable GP services by supporting practices to introduce the Wales 'New Model for Primary Care' at pace.

To achieve this we will create an **Integrated Primary and Community Care Academy** learning environment that will support and provide training opportunities to a greater number of people interested in working within clusters. This approach will welcome those from partner organisations as we recognise the added value from learning together.

Using this approach we will provide increased training support for practitioners from a wide range of backgrounds who would like to develop advanced skills within Primary Care. These advanced practitioners, for example in nursing, therapy, pharmacy and mental health, will work alongside GPs to ensure that they have more time to concentrate upon providing care for individuals with needs that can only be met by a GP. This will contribute to our ability to recruit and retain a workforce able to meet the growing demands of our population

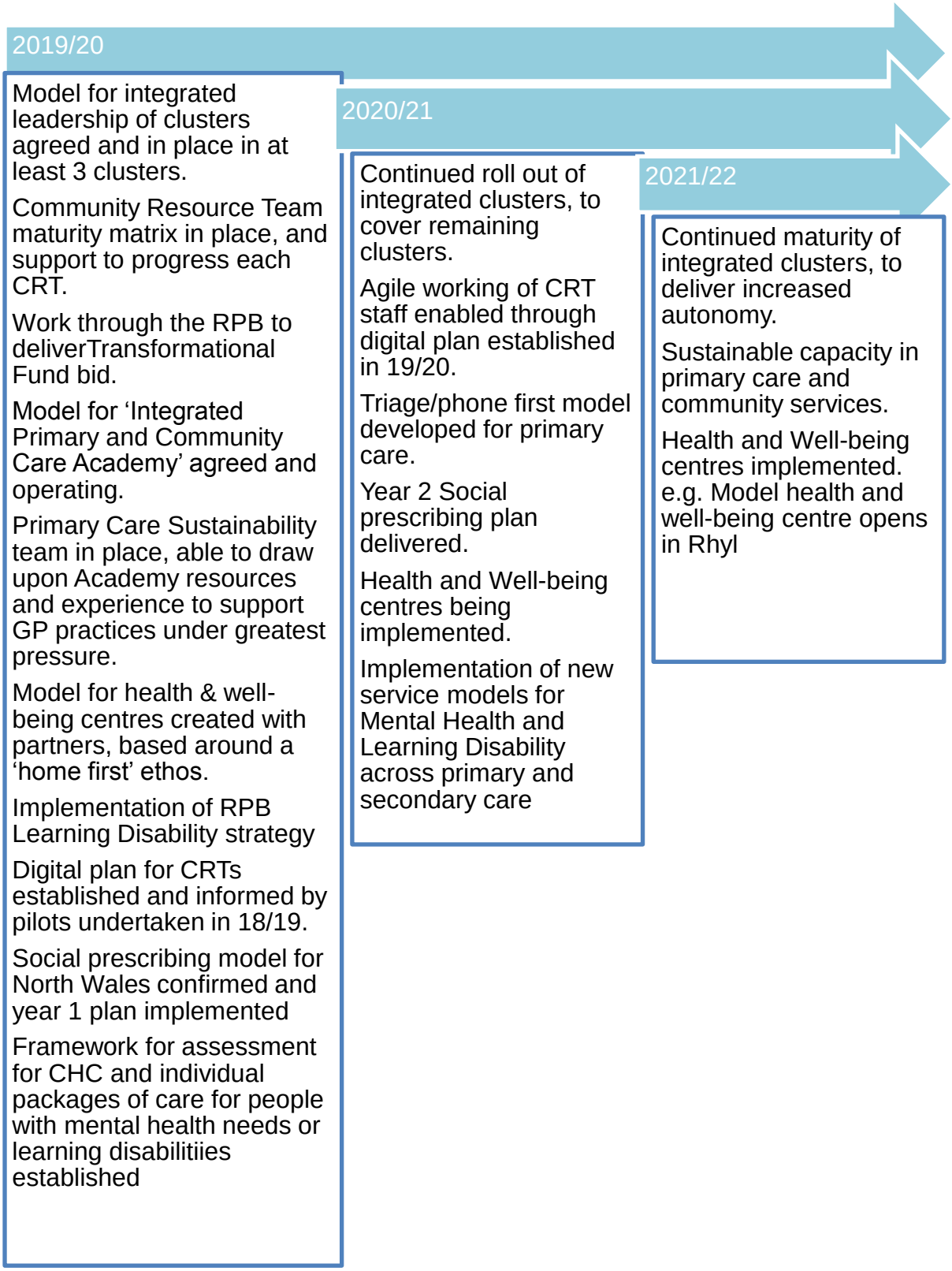
We will also work with our GP teams to identify opportunities for federated service delivery, contributing to GP practice sustainability as well as the provision of more local services.

We will maximise the use of technology to reduce the number of people needing to travel for appointments, particularly when they have a long-term health condition. We know that not everyone

uses new technology, and we will support people to have the access they need. By 2020/21 we plan to develop telephone triage services that will complement the national rollout of the 111 service.

We will invest in modern, purpose-built facilities to bring services together under one roof, working with other public sector and third sector partners. We will use our premises, partner organisations' or other community facilities to develop health and well-being centres in local areas. This will include our community hospitals as part of the network of resources available to local areas.

Three Year Ambition - Key Deliverables for Care Closer to Home in 2019/22



3.3 Excellent Hospital Care

When health needs are more serious people may need hospital care, or care from more specialist teams reaching into the community. People want timely access to the safest and highest quality of care possible and a good experience.

These are the outcomes we want to achieve:

- People have an accessible and responsive health care system that supports them when they have a more serious health need.
- People have the best possible outcome, conditions are diagnosed early and treated in accordance with clinical need.
- People are safe and protected from harm through high quality care, treatment and support.
- People know and understand what specialist care and support is available to improve their health.
- Staff will always take time to understand ‘what matters’ and take account of individual needs when planning and delivering care.
- People will be cared for in the right place, at the right time, and by the most appropriate person.
- People are supported to make the right choices so they have a long, healthy life.
- Standardised, accessible and comprehensive data and information on service delivery.

We will improve our services to reduce waits. We will ensure we have the right capacity in our hospitals to achieve access standards and meet future demand. To help us do this we will develop and adopt new and innovative ways of working and continually review the way resources are deployed to improve patient and carer experience, efficiency and productivity. For example, changing the skill mix of the workforce and developing new ways to access and deliver services.

We have also strengthened the staffing resource available in secondary care through support from Welsh Government, so that we are better able to manage hospital services.

We know that improvements in efficiency and productivity alone will not be sufficient to reduce waiting times and we will implement the Care Closer to Home initiatives so that more people can have access to more services (where appropriate) out of the main hospital settings.

Planned Care

This is the name for those services, activities and treatments, which are not carried out in an emergency or crisis. They are often those that service users and patients are referred to by their GP or other frontline health and care professionals. This plan seeks to review treatment / care provided within both community and hospital settings with a view to reducing inconsistencies in waiting times and ensuring that local referral processes follow best practice. At the same time, we aim to implement new policy and develop the strategic approach to service delivery. Ultimately, we need to ensure that patients receive the treatment that is most appropriate for their needs, at the right time and in the right place.

Waiting times from GP Referral to Treatment (RTT) are too long. We need to reshape services in key areas, specifically orthopaedics, ophthalmology, and urology which will improve this but will require investment.

We have been working to co-produce service models in these priority areas. In September 2017 the Board endorsed a strategy to deliver a sustainable elective orthopaedic service for North Wales. The North Wales eye care strategy was supported by the Board in April 2018 and a review of acute urology services commenced in October last year

In addition, a number of service reviews are currently underway including stroke haematology, rheumatology and dermatology.

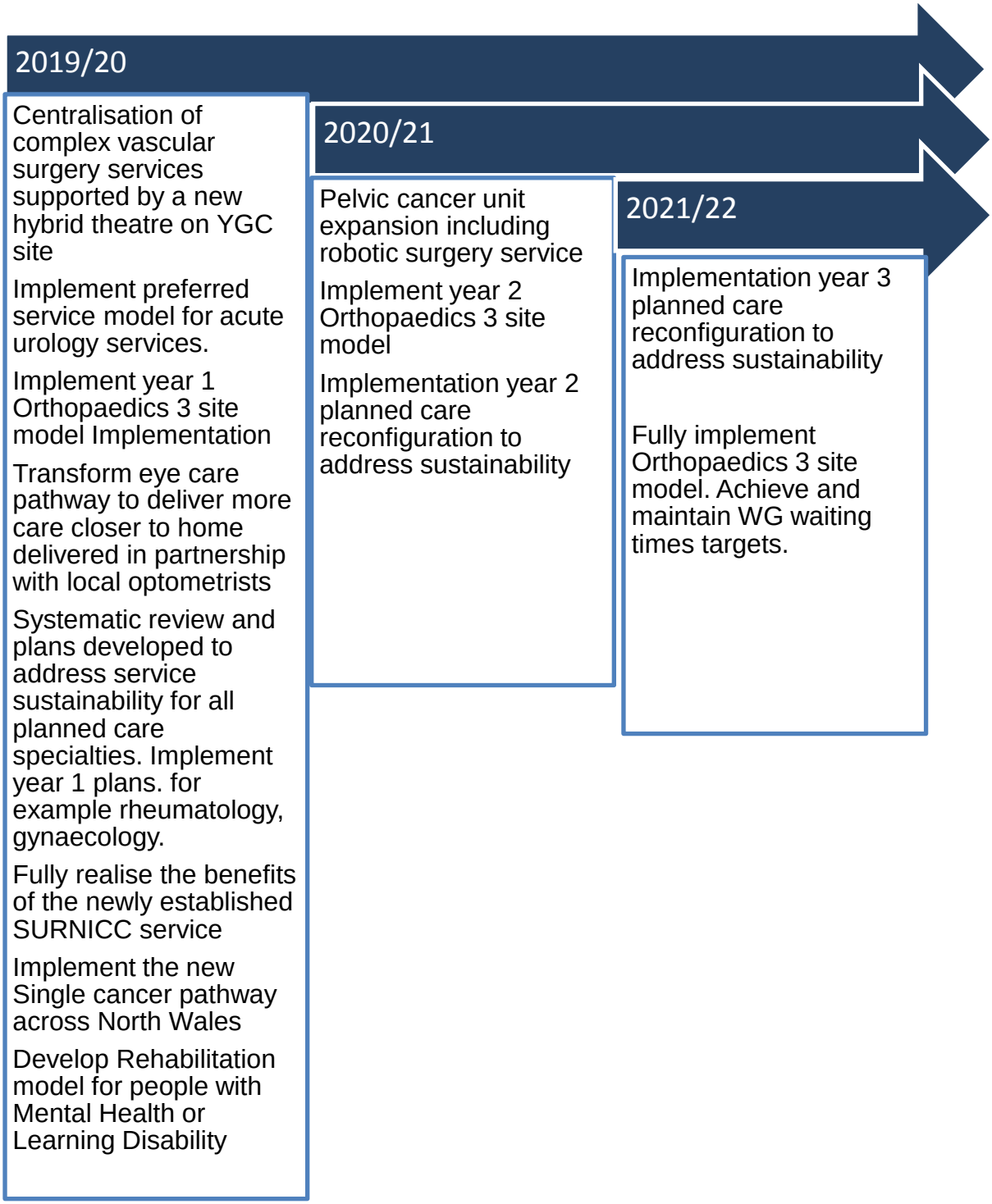
We are proposing to:

- consolidate inpatient urology services onto two sites. (rather than three);
- develop a pelvic cancer centre linked with development of robotic assisted surgery and co-located with the urology service;
- consolidate elective orthopaedics onto the three main acute hospital sites (rather than five sites); and
- consolidate hyper acute stroke care onto a single site (rather than three).

In developing these plans we are considering their combined impact on the range and scale of services on each of the three main acute hospital sites. We will ensure that each site has sufficient capacity to deliver the services required.

Sometimes people will still have to travel outside North Wales to get very specialised care that is better provided for a larger population - such as neurosurgery at the Walton Hospital, or specialised paediatric care at Alder Hey. We have strong partnerships with hospitals outside North Wales and we will continue have these where necessary in the future.

Three Year Ambition - Key Deliverables for Planned Care in 2019/22



Unscheduled Care

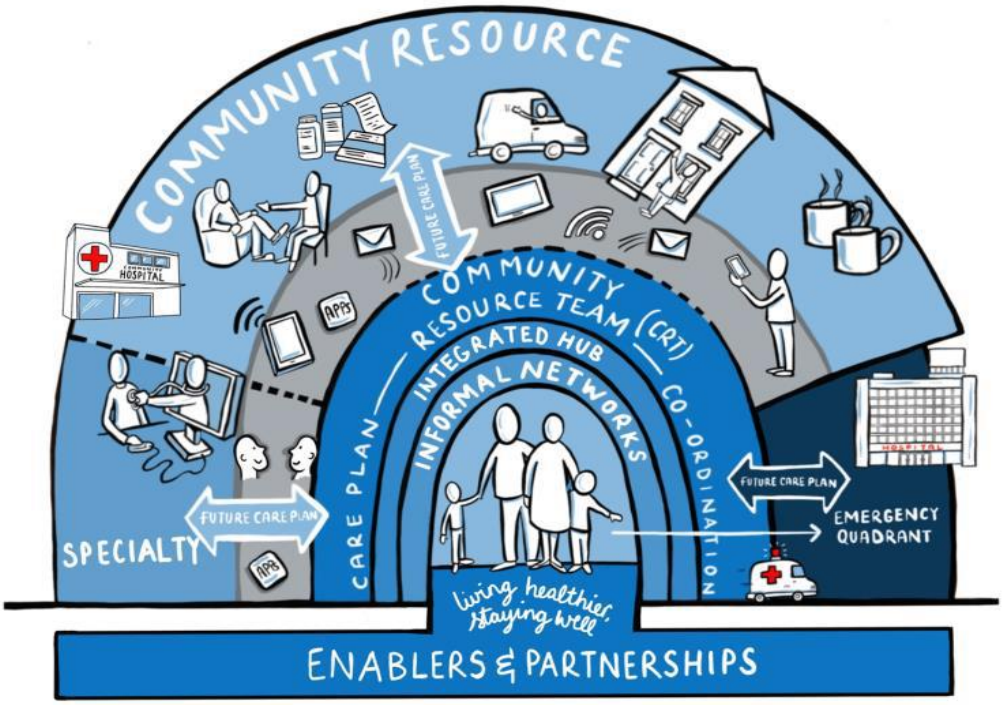
In North Wales we have a large, geographically dispersed population distributed across dense urban areas and isolated rural areas. As a result they experience particular challenges of deprivation and poor health outcomes. These population and geographical characteristics present specific challenges for how emergency / unplanned services (termed 'unscheduled care') can be delivered in a safe, high quality and affordable way. For some time, the unscheduled care system has failed to address the needs and expectations of our population and the Board, as well as not meeting nationally set performance measures.

During 2018/19, we undertook a major piece of work to review the current position, understand best practice and define the system model, that would begin to deliver the outcomes we want for our population, and enable our staff to deliver the service that they aspire to provide. This work was undertaken with support from Welsh Government.

Our work to design an improved system was assisted by a number of partners. The plan is ambitious and will require significant changes in the way the Health Board, care professionals and the population in North Wales behave on a day-to-day basis. With demand and complexity rising in unscheduled care, the development of the system is a long term exercise.

The future model of unscheduled care

Proposals for a future model of unscheduled care were produced following a series of workshops at which a large number of our staff (clinical and non-clinical), partner organisations and third sector and community representatives contributed. The diagram below shows a pictorial representation of the system we wish to move towards.



The future model has been designed in keeping with our overarching strategy, **Living Healthier, Staying Well**. The features of the model include:

- patients and their informal networks;

- an integrated hub;
- a Community Resource Team (CRT) and community resources;
- specialty resource; and
- the hospital emergency department.

This model is underpinned with the following enablers: technology, people, resources, processes, culture, partnership and governance.

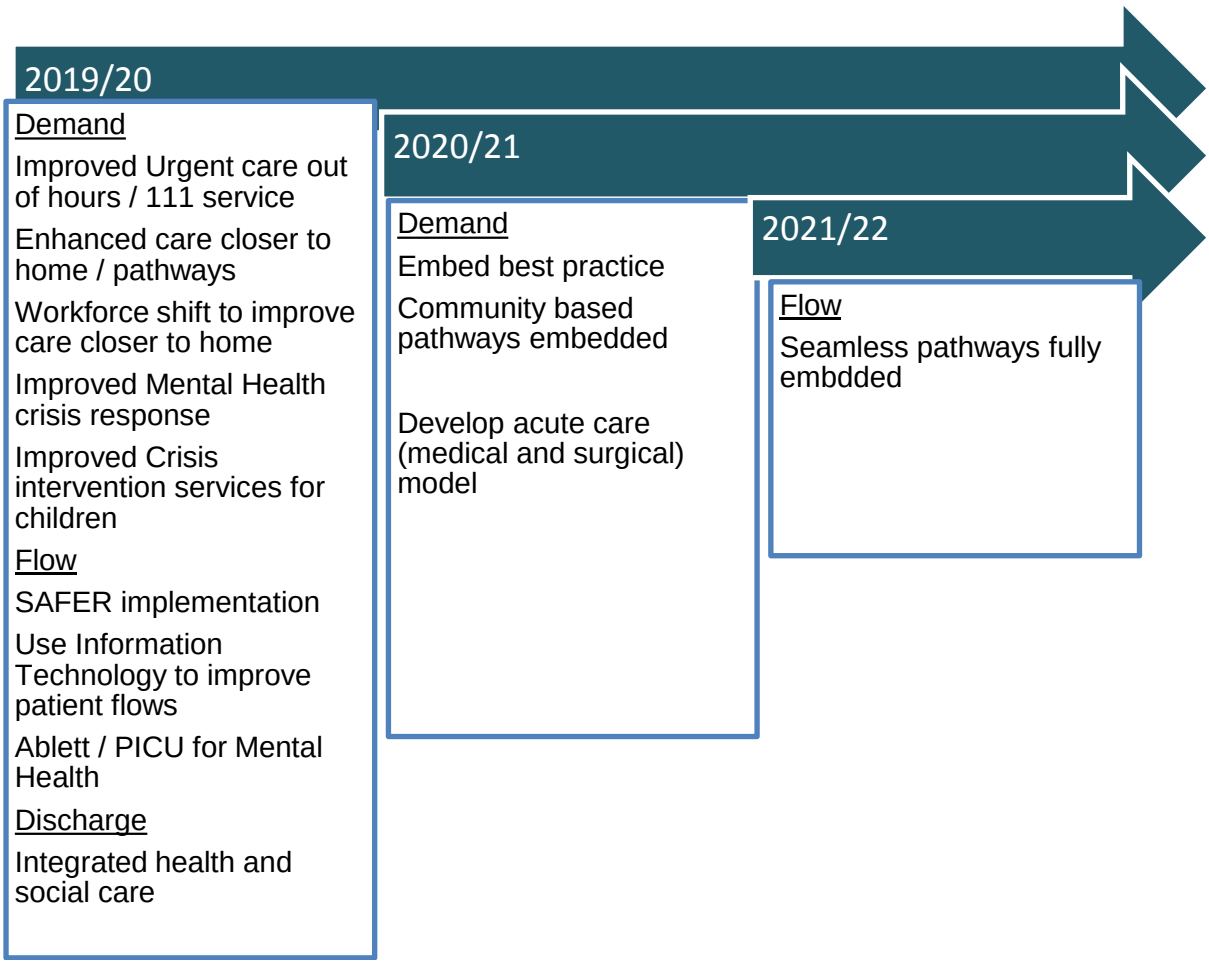
The model fits closely with the Care Closer to Home priority; this sets the direction of travel working with the whole of the North Wales health and social care support system. It is focused on maintaining independent living arrangements and giving patients more control over their care, adopting person centred care and the principle of “What Matters” to people who use our services. The unscheduled care model builds upon the Community Resource Team model, an integrated hub which has been established and preventative measures specific to unscheduled care.

The Welsh Government ‘A Healthier Wales’ publication and associated plan outlines the transformation required to drive the changes we need to see in our health and social care system, so that it is able to meet the needs of current and future generations in Wales. The new model for unscheduled care aligns to this plan as it is scalable and in keeping with the 10 design principles specifically prevention and early intervention, promoting independence, giving people a voice and putting the person's needs first, seamless services and information and a focus on transformation.

Our three year plan is focused around working with partners including Welsh Ambulance Services Trust to reduce reliance upon hospital services through better management of patient needs within peoples own homes and communities.

We are also working to streamline clinical management processes within our hospitals to improve patient experience and flow through our hospitals. Finally working with our partners in local authorities, the voluntary and independent sector we plan to deliver more seamless discharge from hospital to home first wherever possible.

Three Year Ambition - Key Deliverables for Unscheduled Care in 2019/22



Section 4 – Enabling Strategies

	**Improving Quality and Outcomes**

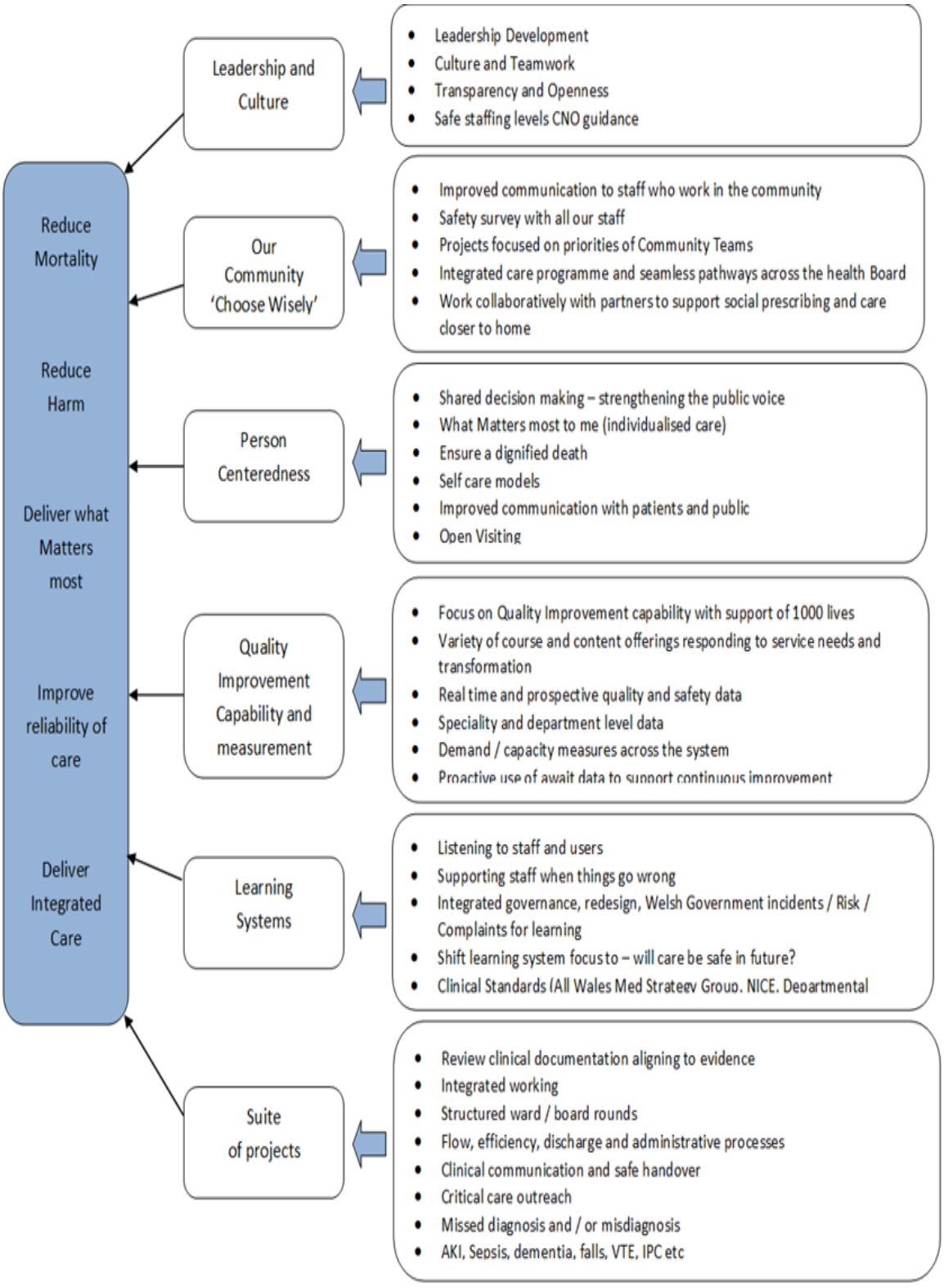
Improving health and outcomes whilst providing excellent care is a responsibility that we take seriously. Our intention is to work collaboratively across the whole organisation and all stakeholders to continue to improve the quality and safety of care that we provide and commission. Continuously improving quality and safety is a fundamental principle across all our services.

Our Quality Improvement Strategy (QIS) 2017/20 sets out the clear intentions to keep patients health and well-being at the heart of all areas of improvement as follows:

- Aim 1 – No Avoidable Deaths;
- Aim 2 – Safe; Continuously Seek Out and Reduce Patient Harm;
- Aim 3 – Effective; Achieve the Highest Level of Reliability for Clinical Care;
- Aim 4 – Caring; Deliver What Matters Most: Work in partnership with patients, carers and families to meet all their needs and actively improve their health; and
- Aim 5 - Deliver innovative and integrated care close to home that supports and improves health, well-being and independent living.

What changes can we make that will result in improvement?

In order to accomplish our ambitious aims we will need a far-reaching plan to engage with staff on finding solutions right across the Health Board. The following driver diagram summarises the areas of work we are tackling:



The Quality Improvement Strategy can be accessed through the following link.
http://howis.wales.nhs.uk/sitesplus/documents/861/QIS%20Final.pdf

Workforce and Organisational Development

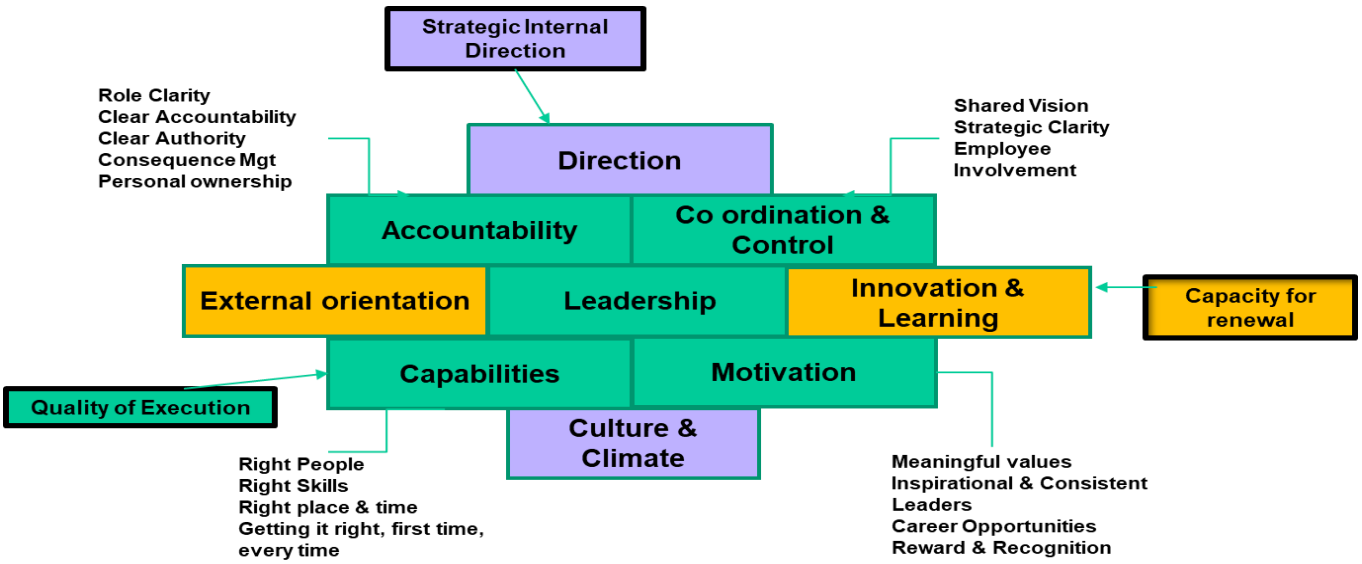
Our organisation employs over 16,000 people, the majority of whom are members of communities across North Wales and are, as such, part of the communities we serve. In addition to ensuring that we employ the right people to provide the right services in the right place, we are committed to building upon the work undertaken to date to further contribute to improving health and reducing inequalities through employment and social interaction either directly or with our partners as well as through the services we commission.

In the context of the increasing and changing health needs of our population, together with the operational and financial challenges we face, we are clear that our ability to deliver the long term strategy Living Healthier, Staying Well is predicated upon the health of our organisation. In essence, do we have the ability to align our people around a clear vision, strategy, and culture; to execute with excellence; and to renew the organisation's focus over time by responding to changes in our environment?

The purpose of our new three year Workforce Strategy is

to enable the delivery of the long term strategy for the Health Board through aligning the workforce using the key ingredients of organisational health and performance.

The model underpinning the development of the Strategy is based on the nine outcome measures of organisational health as illustrated below:



The Workforce Strategy is informed by our current position, our model for the future and it outlines the steps needed to take us forward over the next three years and beyond.

Critical to delivery of our plans for the future will be working with our employees to create the changes we need to see.

Strategic Internal Direction – direction, culture and climate

Since its creation, the structure and organisational design of our Health Board has changed many times. Whilst there are many examples of development and modernisation, significant influencers on the workforce challenges we face are the service models for delivery of care across our expansive geography.

Our current environment and culture is focused on the challenges of delivering what we do in the here and now rather than looking forward to how this could be better. This impacts on our ability to protect time and empower people to focus on improvement together with our appetite for investment in new ways of working, new roles, and new services.

The Living Healthier, Staying Well Strategy, provides a long term vision for our organisation and importantly a vision to align our staff to. The development of this three year plan provides a real opportunity to be clear about the way we will work towards delivery of the Strategy, the role that our people will undertake and how this contributes to delivery and how we will support and empower individuals, teams and services to identify and make the changes we need to make.

We will identify a smaller number of higher impact improvement objectives and align our values, behaviours and performance measurables to them.

Quality of Execution – accountability, co-ordination and control, leadership, capabilities and motivation

Our current service configuration is largely focused on a secondary care medicalised “illness service” model for both physical and mental health. Due to increasing demands on services, additional capacity on both a long and short term basis is needed. We currently replicate hospital services across three or more sites and face recruitment challenges in moving towards new models of primary care. We only deliver a small number of specialist services which attract professionals to work in North Wales. This has resulted in significant gaps in our medical and nursing workforce. In order to provide services, we are reliant on temporary staff which attract higher costs. This is against a backdrop of national shortages across the UK. However, there is much we can do to improve and this needs to be our focus at this stage.

Where we have delivered changes in service model, or introduced a new service, there is evidence of subsequent improvements in benefits to the workforce. For example, the development of the SuRNICC; a new vascular specialist centre and a new primary care model as part of the Healthy Prestatyn Iach project has led to filling traditionally hard-to-recruit to posts.

We also recognise the challenges we are likely to face in light of our workforce demographics. The age, health and socio economic demographic of our staff correlates with that of our community. For instance, our proportion of staff aged over 56 years is higher and continues to increase than the proportion of staff aged below 30 years, which continues to decrease.

It is clear we will only deliver the improvements required by working with our partners, both in education and in health and social care to create seamless pathways of education, training, and employment across professional and organisational boundaries.

In 2018/2019 we have focused on establishing a range of systems to provide greater clarity and oversight of our workforce performance. These systems, such as, establishment control and roster improvement will enable us to identify where particular issues develop and devise plans to address the root causes.

This will be important as we move towards shifting the balance of our resources in line with our organisational priorities, for example providing more Care Closer to Home.

We need to make it easy for people across the organisation to help us to deliver our organisational objectives. This includes the way we describe who is accountable for what; where authority for decision making rests; how we measure, recognise and reward performance and improvement. We will review how we lead and manage, focusing on what matters to and what will inspire and motivate our staff.

Key to this is developing our leaders at all levels to practice compassionate leadership, living the values of the organisation and exhibiting the expected behaviours consistently and authentically. This will form a thread running through all education and learning provided and will be a core element of outcome objectives for all development activity.

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

The deployment of the 'ByddwchYnFalch/BeProud' engagement tool to augment and support the 3D listening leads will help us to understand the temperature of the organisation or particular teams/services in a more timely way. This will give us a rich source of intelligence to support more timely support/intervention and to then measure the impact/outcomes of this activity.

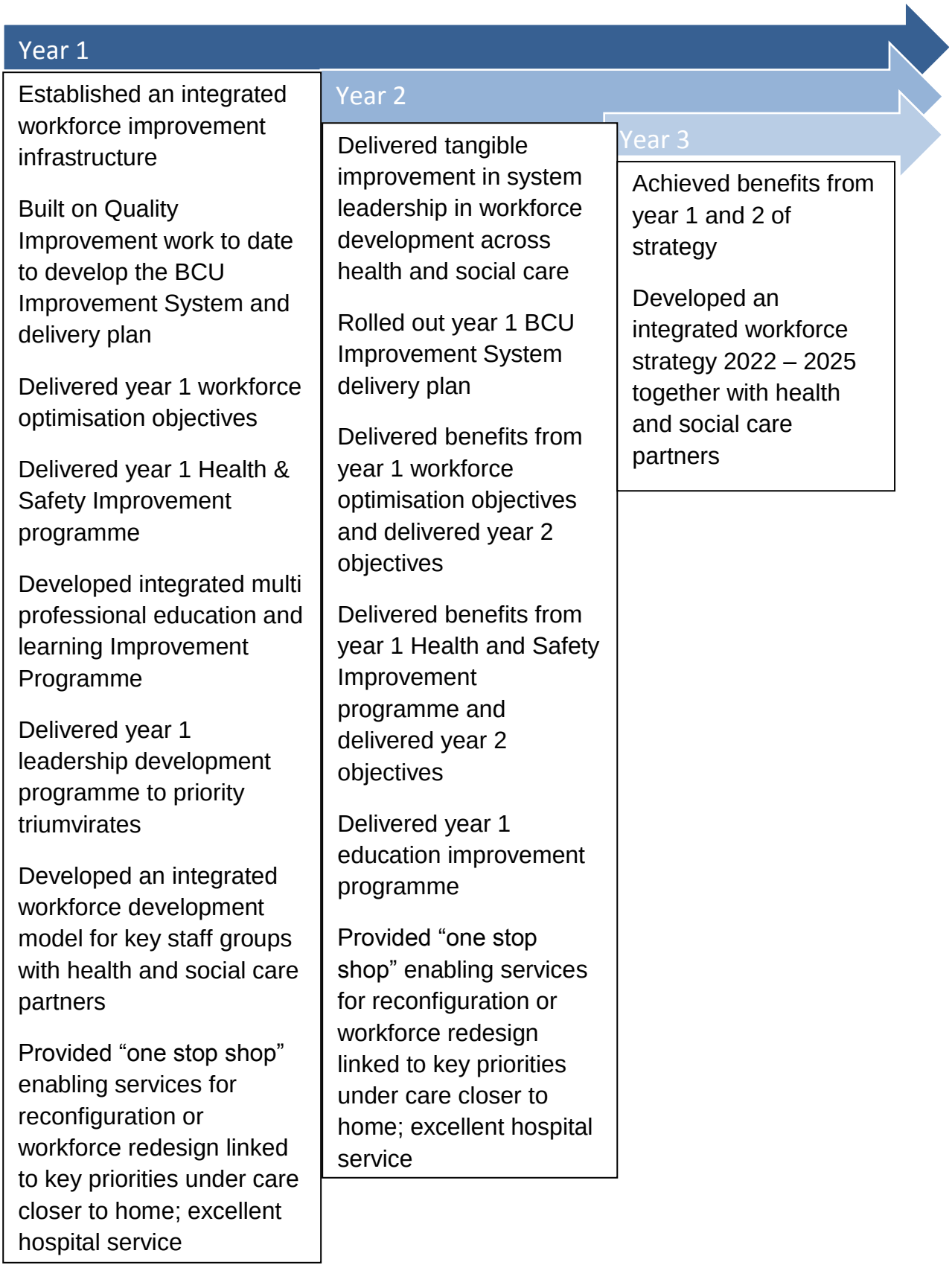
We will develop an overarching improvement system for the Health Board. This will provide staff with the skills and opportunities to make improvements and will be central to our organisation's development. This will build on the progress made through the improvement methodology and the Quality Improvement Hub. This system will be supported by a core of improvement specialists bringing together the traditional service improvement, programme management and organisational development expertise. A comprehensive skills development plan will be produced, complimented by specific modules in our leadership, management and induction training and incorporated into our systems for performance and development review (PADR).

Capacity for Renewal – external orientation, innovation and learning

As we move forward in the formulation of our transformation plans, we will explore different models for delivery and employment and opportunities to create career pathways across organisational boundaries. We will also explore shared learning and innovation opportunities to further develop our understanding of the wider determinants of health as well as the most effective ways to deliver our core services.

We will continue to develop our safety and learning culture, encouraging greater focus on learning from and preventing adverse events, empowering people to test improvements/changes and reinforcing the importance of reflective practice.

Three Year Ambition - Key Deliverables for Workforce and Organisational Development 2019/22



Estates Strategy

Developing our Estates Strategy

In developing our estates strategy we have identified the major risks presented by our current estate and set out a vision for the future. The vision includes:

- an estate that is fit for purpose and provides a safe and effective environment for the clinical and business needs of the Health Board;
- assets are employed effectively to deliver value for money;
- improving the efficiency of the estate through appropriate utilisation and investment;
- eradicating duplication and releasing resources for direct patient care;
- an estate that is aligned to the organisation's clinical and enabling strategies and supports transformation plans;
- assurance to patients, carers and visitors that services will be provided in an appropriate environment that enhances care; and
- assurance to staff that they will have an appropriate working environment.

Our strategy for health and health services sets out the ambition to develop existing health and well-being, primary and community services through a network of well-being centres. This network will be supported by three acute hospitals campuses providing acute and regional specialist care. This ambition provides the **Strategic Framework** for our future estate:

Wellbeing Information Hubs	Services in support of improving health and reducing inequalities will be delivered in a range of public and commercial settings
Primary care	The network of Level 2 facilities will build upon the existing portfolio of primary care centres and health centres.
Health and Wellbeing Hubs	It is expected that each primary care cluster will be supported by at least one Level 1 facility.
Mental Health, Learning Disabilities and Substance Misuse Services	Community services will be co-located with the wider community teams in level 1 and 2 facilities with additional accommodation required for inpatient, rehabilitation, specialist support & interventional services.
Excellent hospital care	Will continue to be provided from the three main hospitals at Bangor, Ysbyty Gwynedd (YG), Bodelwyddan, Ysbyty Glan Clwyd (YGC) and Wrexham Maelor Hospital (WMH).

Our programme to deliver improved primary and community care will drive the need for a major investment programme to ensure that we have the right facilities available across North Wales to deliver more Care Closer to Home. Our strategy sets out a need for facilities to deliver health and well-being services at three levels in the community. We will continue to engage with staff, communities and stakeholders at a cluster level to determine the future estate needs and reflect these within our estates strategy.

We have set out our intention to maintain our three main hospitals as the key delivery points for hospital care across North Wales. We have also indicated that we will provide more specialist services in key locations to ensure that we deliver the best possible outcomes for people.

Within mental health services we have undertaken work in recent years to address immediate risks in our inpatient environments, however we recognise that we currently deliver care in some environments which are not fit for purpose. Our mental health strategy sets out our ambition for services in the future and we require a fit for purpose estate to deliver high quality services in the future. Our estates strategy will also include clinical support services and our non-clinical estate. It will support new business models and develop alternative delivery models and partnerships.

Through targeted development and rationalisation, the existing property portfolio will therefore be aligned to support the 14 primary care clusters and three acute hospital campuses. The size and capacity of the future estate will reflect the shift in Care Closer to Home and new models of working. It will support the development of regional facilities providing centres of clinical excellence and support services to all of North Wales.

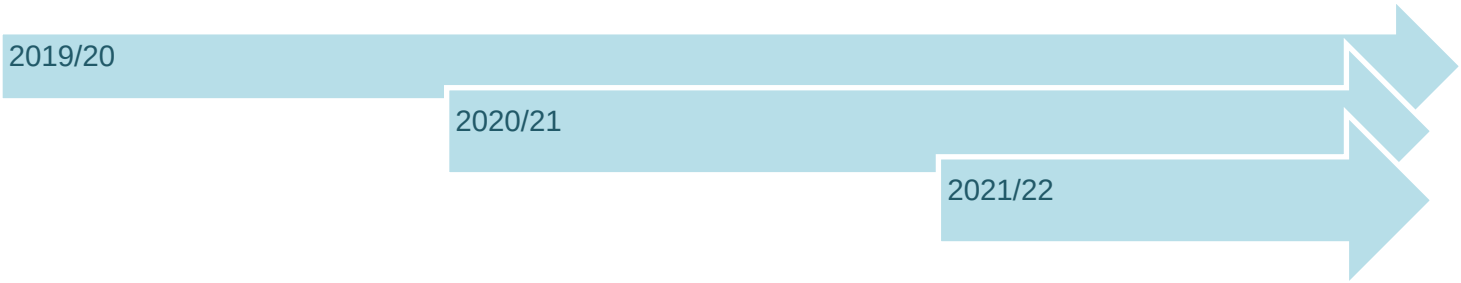
The future estate will be designed to reduce our impact upon the environment, to be sustainable and to support the wider economic, social and cultural well-being of North Wales.

We will work with partner organisations including local authorities and the voluntary sector to develop solutions that make the best use of our collective property assets irrespective of ownership.

Our approach offers the opportunity to eliminate high, significant and moderate backlog maintenance risks, to meet all national performance targets, to reduce the overall property portfolio and thereby significantly reduce the cost of the estate over the longer term.

The realisation of this vision is expected to take in excess of 15 years. The detailed implementation will be regularly reviewed and may be subject to change in response to the organisation’s changing clinical and business needs

The project pipeline for the first three years is summarised as follows:



Primary care
Llanfair PG
Pen y Groes
Conwy/Llandudno Junction
Plas y Bryn/Beechley

Care Closer to home
Ruthin Hospital
North Denbighshire Hub
Vale of Clwyd
Integrated Care Fund

Llandudno Hospital Site Development Plan

Excellent Hospital Care
Service Transformation
Orthopaedic Services
Stroke Services
Robotic assisted surgery
Ablett Mental Health Unit
Sustaianability and Resilience
Wrexham Maelor Infrastructure

Wrexham Maelor Site Development Plan
Ysbyty Gwynedd Site Development Plan
Abergele Hospital

Corporate Estate
Central Medical Records
Laundry
Residencies

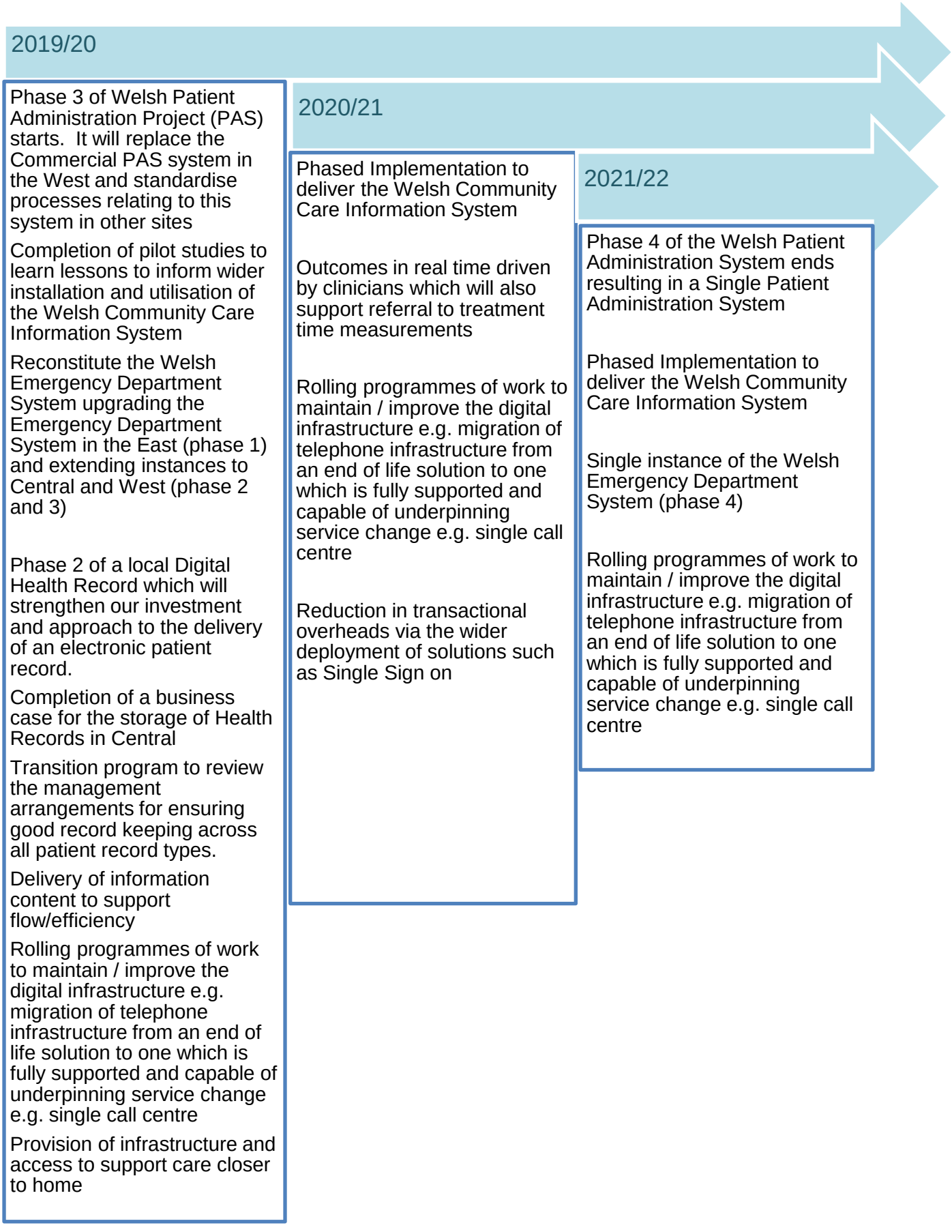
	Digital Health (Informatics and Information)

Our priorities for 2019/22 are set out below and consistent with our five-year digital strategy for 2019/24, which is to implement technology to maintain and improve our existing infrastructure and systems whilst supporting patient care, service transformation and growing our capacity and capability.

This strategy has been developed to underpin service needs and support the delivery of a number of developments in digital records, analytics, information management and information communications technology. Our plans and proposed developments are based on *Informed health and care - A digital health and social care strategy for Wales.*

Our approach and pace to deliver the vision considers resource availability, the national and legislative context that influences priorities, direction and pace of delivery and our previously published "guiding principles" [(1)]. The need to "get the basics right" and maintain our focus on the delivery of this plan is essential.

Three Year Ambition - Key Deliverables for Digital Health 2019/22



FINANCE AND TURNAROUND

Financial section to follow

Section 5 – Supporting Plans

5.1 Research, Development and Innovation

We continue to increase our research and innovation presence across the Health Board with regular awareness sessions in public areas and local and national events, where we promote the value of research and to engage staff with the research and development strategy.

The Bevan Commission works with Health Boards and Trusts to build an Academy of innovators ready to drive change in health and healthcare in Wales. We continue to develop our Bevan Exemplars and over the next three years we will identify and support additional Exemplars and Fellows and engage staff further to develop research and innovation ideas and skills within the organisation.

The newly launched BCUHB Quality Improvement Hub will serve to support a synergy between research, quality improvement and innovation, reducing artificial barriers between different strands of work that all has the overarching aim to improve the health and well-being of our population. The translation into practice and mobilisation of research findings needs to be improved further with knowledge mobilisation, spread and impact a key factor within our developing strategies.

5.2 Welsh Language

The Health Board's Welsh Language Plan signals a clear commitment to delivering the Welsh Language Standards and sets out our key priorities and actions:

- *Meeting statutory requirements* – Our Welsh Language Standards Work Programme will ensure that we deliver the Welsh Language (Wales) Measure 2011 on an organisation wide basis with services taking ownership of local actions in order to influence delivery;

- *Increasing the capacity of the workforce to deliver services in Welsh* – Through our Bilingual Skills Strategy we will ensure that we have identified the language skills competency of our staff and kept this under continuous review in keeping with population needs. Gaps in capacity and capability will be highlighted and a Welsh Language Training Programme will be delivered and tailored to suit individual service needs;

- *Ensuring that we act on language preference of our patients* - We will continue to roll out our Language Choice Scheme to ensure we deliver an "Active Offer" which is centred around the communication needs and preference of the service user;

- *Developing a bilingual primary care service* – We will build upon our current partnerships with independent primary care providers by planning how to take a joined-up approach to raise awareness of the importance of providing a Welsh language service and providing access to support implementation; and

- *Ensuring that we provide a comprehensive translation service for the organisation* – We will further develop our translation service to include provision for staff and patients, whilst innovatively working with external organisations to develop Welsh medium assessments and training programmes.

Section 6 – Accountability and Governance

6.1 Accountability Framework

Performance against our plan will be monitored through the Board's accountability arrangements as set out in the Board's revised Performance and Accountability Framework. Biannual accountability reviews for divisions and corporate directorates will be scheduled in accordance with the revised Framework, with divisional meetings taking place before the biannual joint executive meeting with Welsh Government.

Escalation arrangements are set out within the Framework for areas of non-delivery, resulting in more frequent reviews and transparent consequences of escalation being identified.

The Executive Management Team meeting will receive and lead on operational actions required for improvement on a monthly basis.

Committees of the Board will scrutinise performance against domains applicable to their terms of reference at each meeting and the Board will receive the key performance indicators aligned to this Plan, the national delivery framework and special measures improvement framework at its bimonthly meetings.

Quarterly reporting of progress against the overall plan will be scrutinised through the Board's Strategy, Partnership and Public Health Committee and subsequently reported to the Board.

Through these arrangements, there will be regular detailed reporting of performance and delivery, which is transparent and conducted through the Board and Committee meetings held in public.

Corporate Governance

Work will continue to strengthen and refine our governance systems , to support improvement in the financial and operational challenges faced. This will include accountability arrangements, revisions to Executive portfolios and developing the capacity of the senior leadership team.

The Special Measures Improvement Framework (SMIF) will inform the focus of the Health Board in 2019, and in future years we will build on the actions already underway. Board development will be ongoing through a combination of Board workshops, externally facilitated development sessions and expert seminars.

Information governance activities will focus on compliance with legislation, increasing levels of training and learning from incidents. This will include the continuation of an information governance service desk to support staff.

Embedding risk management processes will continue in line with our risk management strategy, which will be refreshed annually. Opportunities to further integrate risk management systems and processes will be considered to improve the effectiveness of the current governance and reporting arrangements across all areas of the Health Board.

Section 7– Risks and Mitigation

We place safety and quality as our top priority. Managing risk is core to improving and maintaining quality and safety.

We will seek out and reduce risks that are a threat to the delivery of safe and effective services and put in place actions that can address the likelihood and impact of each risk to manage it at an acceptable level.

Effective risk management is maintained through our Directorates, Divisions, Sites, Services and Departments in accordance with our risk management strategy.

Section 8 – Further Information

For further information please contact Mark Wilkinson, Director of Planning and Performance

mark.wilkinson@wales.nhs.uk

Appendix 1 – Special Measures Improvement Framework (SMIF)

Organisational development	**Planning**
Ensure structure is fit for purpose Improve staff engagement Executive team and board development and cross disciplinary working Observe high performing boards Develop primary care clusters and sustainable primary care Workforce and OD strategy Review job roles to boost clinical recruitment Strengthen financial and business skills across management including central planning team	Financial re-basing and savings identified from benchmarking Align financial and business plans and change programmes Active leadership of partnership groups Further development of clinical services strategy led by clinicians informing an estates strategy Robust plan including orthopaedics and ophthalmology, out of hours Robust seasonal resilience plans
Performance and accountability	**Delivery**
Team to support financial plan / transformation both centrally and across divisions connecting key enablers using technology to deliver transformation Improve performance management and accountability, following up on Deloitte HASCAS and Ockenden	Deliver financial and all other plans including MH measures Improve clinical audit Demonstrate improved public engagement and perception Learning from concerns complaints incidents and claims Implement patient safety huddles Reduce conveyance by ambulance SAFER

	Workforce & OD strategy	Three year plan	Accountability framework	Estates strategy	Governance review
Ensure structure is fit for purpose	✓	✓			✓
Improve staff engagement	✓	✓	✓		✓
Executive team and board development	✓	✓			
Observe high performing boards	✓				
Support financial plan / transformation	✓	✓	✓		✓
Develop primary care clusters / sustainable primary care	✓	✓			
Deliver plans including MH measures	✓	✓	✓	✓	✓
Improve performance management and accountability	✓	✓	✓		✓
Workforce and OD strategy	✓				
Review job roles to boost clinical recruitment	✓	✓			
Strengthen financial and business skills	✓	✓	✓		✓
Financial re-basing and benchmarking		✓	✓	✓	
Align financial and business plans and change programmes		✓	✓		✓
Improve clinical audit					
Demonstrate improved public engagement and perception					
Learning from concerns complaints incidents and claims					
Active leadership of partnership groups	✓	✓			
Further development of clinical services strategy		✓			
Robust plan: orthopaedics, ophthalmology, out of hours		✓			
Implement patient safety huddles					
Reduce conveyance by ambulance					
Robust seasonal resilience plans					
Implement SAFER		✓			

Glossary

A Healthier Wales: Our Plan for Health and Social Care

Published by Welsh Government in 2018 the document sets out a long term future vision of a 'whole system approach to health and social care' focused on health and well-being, on preventing Illness and on enabling people to live independently for as long as they can, supported by new technologies and by integrated health and social care services which are delivered closer to home, on close collaborative working and the impact on health and well-being throughout life. These are consistent with the aims of our Living Healthier, Staying Well strategy.

The Plan builds on Prudent Healthcare, which is designed to meet the needs and circumstances of patients and actively avoid wasteful care that is not to the patients benefit.

A Healthier Wales confirms the use of the Quadruple Aim as a central feature in developing a shared understanding. The four themes of the Quadruple Aim are:

- Improved population health and well-being
- Better quality more accessible health and social care services
- Higher value health and social care; and
- A motivated and sustainable health and social care workforce.

It also sets out ten national design principles which will facilitate the Quadruple Aim and the wider principles of Prudent Healthcare being used to drive change in the whole system.

Bevan Commission

The Bevan Commission is a group of international experts providing advice to the Minister for Health and Social Services and ensuring that Wales can draw on best healthcare practices from around the world while remaining true to the principles of the NHS as established by Aneurin Bevan

Clusters

Care closer to home section refers to Clusters. Services are already delivered from local areas that we term as 'clusters' serving a population between 30-50,000. Our new service model will build on a foundation of local innovation through clusters of primary and community care providers. Primary and community care will offer a wider range of professionally led services and support. Within a local area, clusters of GPs, nurses and other professionals in the community, such as dentists, community pharmacists and optometrists, will work closely with an expanded range of professionals, including physiotherapists, occupational therapists, paramedics, audiologists and social workers as a seamless health and well-being service focussed on prevention and early intervention. These services will support people in making decisions about looking after themselves and staying independent, so that they have access to the best professional or service to meet their particular need – including by using rapidly evolving in-home web based support, as well as in person. There will be better ways to access other sources of non-medical care and support, such as how to manage debt, housing problems or local community services and activities.

Health and Well-being Centres

Care closer to home plan makes reference to Health and Wellbeing Centres which are locations where a range of services are available with co-location of other service providers, inclusive of GP practice services and enhanced care, they could include minor injuries and illness services or step up step down beds. The Health and Wellbeing Centres have been further developed following engagement into three levels, the service descriptions are below:

The Health & Well-being Centre - Medium to large local campus, based around existing Primary Care practices, Health Centres or Community Hospitals.

Health & Well-being Centre - Access points to health and wellbeing services in primary care and community settings.

Health and Well-being Access Points - Access points to health and wellbeing services in community hubs, non-primary care settings. In some circumstances these could be connected to other health sites, e.g. pharmacy, dental surgery etc.

Primary Care provision and Health and Wellbeing Access Points will be developed in partnership with other organisations.

PICU – Psychiatric Intensive Care Unit

SAFER

The Unscheduled care plan refers to SAFER:-

S – Senior review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions.

A – All patients will have an expected discharge date and clinical criteria for discharge. This is set assuming ideal recovery and assuming no unnecessary waiting.

F – Flow of patients will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10 am.

E – Early discharge. 33% of patients will be discharged from base inpatient wards before midday.

R – Review. A systematic multi-disciplinary team review of patients with extended lengths of stay (>7 days – ‘stranded patients’) with a clear ‘home first’ mindset

SuRNICC – Sub-Regional Neonatal Intensive Care Centre

The Social Services and Well-being Act

Strategic Direction (section 2) refers to The Social Services and Well-being (Wales) Act which focuses on the individual well-being of people who need care and support, and carers who need support. A major aim is to maximise their ability to feel good and function well by increasing their

sense of control; strengthening their resilience and ability to access resources to cope when needed; and feeling included and being able to participate.

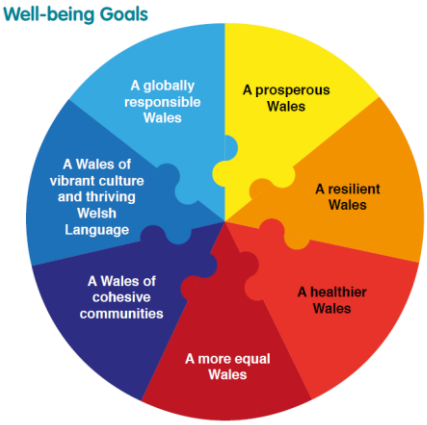
One of the major requirements of the SSWB Act was the development of a Regional Population Needs Assessment and Area Plan. The North Wales Area Plan was approved earlier in 2018 and prioritises partnership working in the following areas:

- Older people with complex needs and long term conditions, including dementia
- People with learning disabilities
- Carers, including young carers
- Children and young people
- Integrated Family Support Services
- Mental health

Partnership work programmes have been established for each of these priority areas, and the priorities also link with Health Board well-being objectives.

The Well-being of Future Generations (Wales) Act

Strategic Direction (section 2) refers to The Well-being of Future Generations (WBFG) Act which gives us the opportunity to think differently and to give new emphasis to improving the well-being of both current and future generations. The Act requires us to think more about the long-term, work better with people, communities and other organisations, seek to prevent problems and take a more joined-up approach. The Act puts in place seven well-being goals, and we need to maximise our contribution to all seven.



We need to change the way we work, ensuring we adopt the sustainable development principle defined within the Well-being of Future Generations Act – this means taking action to improve economic, social, environmental and cultural well-being, aimed at achieving the seven goals.

There are five ways of working which we need to think about when working towards this:

Throughout the development of our plan we have sought to use the five ways of working to inform our decisions and help us prioritise the actions we will take to work towards our own well-being objectives and in turn, contribute to the seven national well-being goals.