



**Bwrdd Iechyd Lleol**  
**Local Health Board**  
Ynys Môn  
Anglesey

# **Healthcare Inspectorate Wales**

## **Action Plan**

**June 2006**

## Domain 1: The Patient's Experience

### Recommendation 1:

The LHB should further develop their complaints management to:

- a. Put in place a uniform complaints process designed to ensure the LHB is made aware of complaints made directly to all primary care contractors
- b. Ensure that the complaints / compliments procedure is visible on notice boards for the public at all primary care contractor service provider premises
- c. Ensure that lessons learned encompass primary and secondary care

### Action:

- a *To review and update the complaints policy and procedure*
- b *Ensure that the LHB complies with Welsh Risk Pool Standard H*

### Improvement outcomes:

- 1a That the Anglesey Local Health Board is aware of all complaints that are made to primary care contractors to enable the identification of any trends, the sharing of lessons learnt and to address and support any training implications
- 1b That members of the public are aware of how to lodge complaints, concerns and compliments
- 1c That lessons learnt (primary and secondary care) are shared as appropriate

### Monitoring Process

Action Ref	Completion date	Assessment of Risk	Milestones	Lead Accountability (named)	Relationship to Organisational Plans
1a	August 2006	High	LHB collate annual statistical information for GP and Dental practices as required by their Terms of Service. Analyse trends and identify areas for action	Patient and Public Involvement Manager	
1a	September 2006	High	Request primary care contractors to share details of all formal complaints /compliments they receive	Patient and Public Involvement Manager  PPI Complaints Monitoring Group	NHS Complaints Policy and Procedure CG Development Plan 2006 - 2009
	March 2007	High	Training approach (via NPSA) to primary care contractors on being open / no blame culture to gain the confidence of contractors to share complaints / compliments with the LHB	Patient and Public Involvement Manager  Clinical Governance Manager	
	September 2006	High	Formal review of complaints policy and procedure	Patient and Public Involvement Manager	
	September 2006	High	Set up system to share any lessons learnt etc by practices from complaints and compliments with appropriate profession	Patient and Public Involvement Manager	

1b	Completed	Low	Compliments – Suggestions – Complaints bilingual, coloured, A3 poster already produced by LHB and delivered to approximately half of primary care contractors on Anglesey	Patient and Public Involvement Manager	NHS Complaints Policy and Procedure
	June 2006	Low	Deliver poster to remaining primary care premises	Patient and Public Involvement Manager	
	July 2006	Low	Raise profile of complaints and compliments by means of a good news story in local newspapers	Patient and Public Involvement Manager	
1c	July 2006	Low	PPI Complaints Monitoring Sub Group to identify opportunities for lessons learnt from quarterly complaints report received from Trust	Patient and Public Involvement Manager	
	July 2006	Low	To approach the North West Wales NHS Trust to agree mechanisms for sharing lessons learnt from complaints etc	Nurse Director	
	March 2007	Low	To review current method of sharing lessons learnt from significant events and complaints to ensure that lessons learnt (primary and secondary care) are shared as appropriate	Public and Patient Involvement Manager / Clinical Governance Manager	

## Domain 1: The Patient's Experience

### Recommendation 2: The LHB should progress work to finalise and implement its Equality and Race Equality Action Plans for 2005/06

#### Actions:

- a *The Equality Action Plan was approved at the May 2005 Board Meeting – this now needs implementation in order to identify any gaps on compliance and progress the Equality agenda*
- b *Deliver Equality Awareness Training across the organisation and to Independent Contractors*

#### Improvement Outcomes:

- a Ensures that the LHB meets its statutory duties in all areas of Equality in order to improve the public and patients experience of health care
- b Ensure that LHB staff and Primary Care Contractors are fully aware of Equality issues and supported to deliver a fair and equitable healthcare service to the public and patients

#### Monitoring Process

Action Ref	Completion date	Assessment of Risk	Milestones	Lead Accountability (named)	Relationship to Organisational Plans
2a	Completed		Equality Action Plan approved at May 2005 Board Meeting	Corporate Services Manager	
2b	September 2006	Medium	Mandatory Equality Awareness Training held on 9 February 2006 – 'mop up' session required	Corporate Services Manager	Race Equality Scheme  Equality Action Plan  Disability Equality Scheme

2b	December 2006	Medium	Equality Awareness Training to Board Members	Corporate Services Manager	
2b	March 2007	Medium	Equality Awareness Training for Independent Contractors to be incorporated into Primary Care Training Plan	Clinical Governance Manager	
2a	Completed		Establish a joint Equality Workgroup with Gwynedd Local Health Board in order to implement respective Equality Action Plans and monitor progress. Report to be presented to board 6 monthly	Corporate Services Manager	

## Domain 1: The Patient's Experience

**Recommendation 3: The LHB should ensure that advocacy services are available for all children accessing NHS services.**

**Actions:** *Undertake a review of current advocacy services available for all children accessing NHS services*

**Improvement outcomes:** All partners will be aware of the advocacy services available to support children accessing NHS services and to be informed of their responsibilities to promote these services as and when necessary

### Monitoring Process

Action Ref	Completion date	Assessment of Risk	Milestones	Lead Accountability (named)	Relationship to Organisational Plans
3	December 2006	Medium	Carry out a baseline assessment to review and map current advocacy services available	Nurse Director	Children and Young People's Partnership Early Years Plan
	March 2007	Medium	From the outcome of the baseline assessment work with local authority and voluntary sector to review current services and develop one single access for all children	Nurse Director	Extending Entitlement Plan  Children's Safeguard Framework
	March 2007	Medium	In partnership with local authority and voluntary sector publicise this information and provide necessary training	Nurse Director	

**Domain 1: The Patient's Experience**

**Recommendation 4: The LHB needs to ensure closer engagement of local dental practitioners in implementing the Annual Service and Commissioning Plan for 2005/06**

**Actions:** *To enhance the engagement with Dental Practitioners via the local Dental Forum*

**Improvement outcomes:** To ensure Dental Practitioners are fully engaged in the development of dental services on Anglesey

**Monitoring Process**

<b>Action Ref</b>	<b>Completion date</b>	<b>Assessment of Risk</b>	<b>Milestones</b>	<b>Lead Accountability (named)</b>	<b>Relationship to Organisational Plans</b>
4	Completed  Completed		Dental Forum established in 2004  Local oral health action plan completed March 2005 with engagement of dental practitioners to produce plan	Director of Commissioning & Performance Management  Clinical Governance Manager	Annual Service and Commissioning Plan  Local Oral Health Action Plan
	December 2006	Low	Survey Dentists to evaluate continual engagement of dental practitioners for commissioning plans		Dental Contract
	December 2007	Low	Review effectiveness of Dental Forum when Dental Maturity Matrix is launched for LHBs		Dental Forum events

## Domain 1: The Patient's Experience

### Recommendation 5: The LHB should work with partners to address patient access issues in terms of:

- a Delayed discharges from hospital
- b Transport for Out of Hours and non-emergency services

#### Actions:

- a To present the North West Wales Community Action Plan to Welsh Assembly Government Regional Office following formal approval and adoption by North Wales LHBs, Local Authorities and North West Wales NHS Trust
- b To implement the North West Wales Community Action Plan
- c To review current provision of non-emergency patient transport on Anglesey, and consider options for the provision of transport during out of hours

#### Improvement outcomes:

- a To ensure that the LHB do not breach the Delayed Transfer of Care Welsh Assembly Government targets, thus ensuring that patients discharge management is safe, effective and timely
- b A system in place that improves patient access to non-emergency services in relation to transport

#### Monitoring Process

Action Ref	Completion date	Assessment of Risk	Milestones	Lead Accountability (named)	Relationship to Organisational Plans
5a	November 2006	Medium	Review last 12 months activity to identify trends and bottlenecks and obtain greater understanding of reason for delayed discharges	Integrated Care Manager	North Wales Community DTOC Action Plan

	Ongoing	Medium	Review reported delayed transfers of care list on a weekly basis as supplied by North West Wales NHS Trust (all reported delays validated by Social Services)	Integrated Care Manager	
	November 2006	Medium	Work in partnership with the North West Wales NHS Community to review and update as necessary the discharge planning process	Integrated Care Manager	
5b	February 2007	Low	Gwynedd and Anglesey OOH Consumer Group have established a Task and Finish Group to look at 'Patient Transport' for the OOH Medical Service. Recommendations to be presented to OOH Board	Public and Patient Involvement Manger	Gwynedd and Anglesey LHBs Out of Hours Service Level agreement
	February 2007	Low	Carry out baseline assessment of non-emergency patient transport schemes on Anglesey via Medrwn Môn's transport consortium	Public and Patient Involvement Manager	Clinical Governance Development Plan 2006/09
	March 2007	Low	Publicise arrangements in place on Anglesey for non-emergency patient transport scheme via Guide to Local Health Services on Anglesey, local newspapers etc	Public and Patient Involvement Manager	

**Domain 2: Patient and Public Involvement**

**Recommendation 6: The LHB needs to monitor the level of influence patient and carer representatives have within development groups and to fully consider the perceptions and opinions of local communities in consultation processes.**

**Actions:**

- a To review Terms of Reference of all service development groups to ensure patient and carer representatives are appropriately represented*
- b To produce a Consultation Policy ensuring that the principles of the Guidance contained within Welsh Health Circular – Shaping Health Services locally are followed in all public consultations*

**Improvement outcomes:**

An organisation that ensures arrangements are in place for involving patients, carers and the public in the development and consideration of proposals for change in the way that services are provided, and build and improve the methods of communication for the engagements and involvement of the general public

**Monitoring Process**

<b>Action Ref</b>	<b>Completion date</b>	<b>Assessment of Risk</b>	<b>Milestones</b>	<b>Lead Accountability (named)</b>	<b>Relationship to Organisational Plans</b>
6a	September 2006	Medium	Baseline assessment of existing groups, members and process for reviewing membership in order to identify gaps in patient/user involvement	Patient and Public Involvement Manager	Patient and Public Involvement Strategy
	September 2006	Low	Develop a PPI resource for Anglesey Local Health Board by the following	Patient and Public Involvement Manager	Clinical Governance

			<p>methods:</p> <ul style="list-style-type: none"> <li>• Establish data base of members of the public who have expressed an interest in participating in any PPI activities (via Expert Patient Programme, Heart Support Group, Wound Care Forum etc)</li> <li>• Health Watch Group</li> <li>• Work with GP practices to establish Patient Participation Groups – PPI Manager currently assisting 2 practices to set this up</li> </ul>		Development Plan 2006/09
	Completed  March 2007  March 2007	Low	<p>Raise profile of PPI role and function:</p> <ul style="list-style-type: none"> <li>• Clear identification of Board Member - PPI Champion</li> <li>• Ensure that all LHB steering group or service development group meetings consider patient views by having PPI as a standing agenda item. This process to be evaluated annually</li> <li>• Work closely with CHC (Healthwatch)</li> </ul>	Patient and Public Involvement Manager	Clinical Governance Development Plan 2006/09
6b	September 2006	Low	Review and further develop Consultation Process Framework encompassing any lessons learnt from current public consultation activities (ie Review of Community Hospitals and Review of Main Hospitals in North Wales). Review to be carried out by PPI sub-group	Patient and Public Involvement Manager	Clinical Governance Development Plan 2006/09

## Domain 2: Patient and Public Involvement

**Recommendation 7: The LHB needs to ensure that the PPI training and development needs of its own and contractor staff are incorporated into its training strategy.**

**Actions:** *To work with LHB and contractor staff to identify their training/development needs in relation to PPI*

**Improvement outcomes:** Better understanding of the principles of PPI in all aspects of the service

### Monitoring Process

Action Ref	Completion date	Assessment of Risk	Milestones	Lead Accountability (named)	Relationship to Organisational Plans
7	March 2007	Low	Review training strategy to ensure clear focus on PPI included	Patient and Public Involvement Manager / Clinical Governance Manager	PPI Strategy CG Development Plan 2006/09
	March 2007	Low	To write to all LHB Line Managers and primary care contractors to state the importance of identifying PPI training needs through the annual appraisal process and that any training needs identified informs the LHB and Primary Care training plan.	Patient and Public Involvement Manager / Clinical Governance Manager	
	March 2007	Low	Provide examples of training in relation to PPI that is available eg Complaints Management; Deaf Awareness; Customer Care; setting up Patient Participation Groups.	Patient and Public Involvement Manager	

January 2007	Low	Explore opportunities of joint working with neighbouring LHBs, LAs and Trust regarding training provision (customer care / handling complaints etc)	Patient and Public Involvement Manager
March 2007	Low	Arrange Board Development Day on PPI to also include Health Impact Assessment and HSCWB Needs Assessment	Patient and Public Involvement Manager

**Domain 3: Use of Information**

**Recommendation 8: The LHB needs to develop a clear strategic direction and co-ordinated approach to Information Management and Technology which considers all contractor professions and includes:**

- a Local adaptation / adoption of the BSC IM&T Strategy**
- b Review and Board approval of the IM&T Security Policy**
- c A review of current structures and links between various IM&T internal and external groups**
- d Progression of work to create an Unified and Fair system for Assessing and Managing Care (Unified Assessment) – MM currently piloting schemes and training programmes**

**Actions:**

- a IM&T Strategy framework developed on a North Wales basis – currently being reviewed for local adoption*
- b IM&T Security Policy developed on a North Wales basis – currently being reviewed for local adoption*
- c Review of current links between ALHB IM&T group and similar external IM&T groups e.g. NW IM&T Group, Local Trust and neighbouring LHB IM&T group and develop Action Plans as required.*
- d Agree mechanism for keeping board up to date with Unified Assessment progress and confirm method for distribution and implementation within primary care*

**Improvement outcomes:**

Develop a co-ordinated approach to IM & T with robust development plans ensuring effective and efficient lines of communication between health and social care professionals and agencies in order to improve patient services locally.

**Monitoring Process**

<b>Action Ref</b>	<b>Completion date</b>	<b>Assessment of Risk</b>	<b>Milestones</b>	<b>Lead Accountability (named)</b>	<b>Relationship to Organisational Plans</b>
-------------------	------------------------	---------------------------	-------------------	------------------------------------	---

8a	June 2006	Low	LHB to adopt North Wales IM&T strategy framework locally. Strategy approved by NW IM & T Group (April 2006) subject to some minor amendment. Now needs to receive ALHB Board approval	Director of Finance	IM&T Strategy Informing Healthcare
b	June 2006	Low	Draft IM & T Security Policy agreed by NW IM & T Group – requires equality impact assessment in preparation for adoption	Director of Finance	
c	September 2006	Medium	ALHB IM & T Group – to undertake a mapping exercise to identify gaps and to prioritise needs (to cover all 4 contractors – GPs, dentists, pharmacists and opticians)	Director of Finance	
c	Completed		Review Terms of Reference and Membership of ALHB IM & T Group	Director of Finance	
c	September 2006	Medium	Review of current links between ALHB IM&T group and similar external IM&T groups e.g. NW IM&T Group, Local Trust and neighbouring LHB IM&T group and develop Action Plans as required.	Director of Finance	
c	June 2006	Low	Agree appropriate reporting mechanisms to the Board for IM & T issues	Director of Finance	
	Completed		Clarify LHB lead for Unified Assessment	Nurse Director	Clinical Governance Development Plan 2006/09

d	August 2006	Medium	Clarify reporting mechanisms so that the board are informed of current progress – ensure 6 monthly update to Board	Integrated Care Manager	
D	March 2007	Medium	Develop action plan to successfully implement Unified Assessment within primary care	Nurse Director	

### Domain 3: Use of Information

#### Recommendation 9: The LHB needs to urgently review both its Caldicott Improvement Plan and Confidentiality Agreement

##### Actions:

- To ensure that there are minutes of the Clinical Governance Steering Group evidencing that the Caldicott Management Audit Improvement Plan 2004 has been fully implemented
- To review and update the Caldicott Management Audit Improvement Plan 2004 by re-issuing management audits to Optical, Pharmacy, Dental and GP practices

##### Improvement outcomes:

The LHB will be able to identify where urgent and further support is required to steer the confidentiality work programme agenda and evaluate the effectiveness of the confidentiality training and Caldicott Pack

##### Monitoring Process

Action Ref	Completion date	Assessment of Risk	Milestones	Lead Accountability (named)	Relationship to Organisational Plans
	Completed		The 1996 Confidentiality Agreement has been reviewed in September 2005	Corporate Services Manager	
	Completed		Policy established and issued to all LHB staff to ensure that there is a co-ordinated approach to ensure that policies and procedures are reviewed on a regular basis	Corporate Services Manager	
9	June 2006	Medium	Submit Caldicott Management Audit Improvement Plan 2004 to Clinical Governance Steering Group to record that	Clinical Governance Manager	Clinical Governance

			all actions have been implemented		Development Plan 2005-08
	January 2007	Low	Re-issue Caldicott management audits to Optical, Pharmacy, Dental and GP practices	Clinical Governance Manager	Clinical Governance Development Plan 2006-09
	April 2007	Low	Analyse feedback from Caldicott management audits and produce Caldicott Action Plan to support primary care organisation to implement Caldicott requirements	Clinical Governance Manager	

### Domain 3: Use of Information

**Recommendation 10: The LHB needs to work with the North West Wales Trust to develop mechanisms whereby the LHB is able to access information on outcomes of patient care to inform its own decision making in terms of commissioning and service developments.**

#### **Actions:**

- *To identify existing patient outcome information to inform future requirements (i.e. re-admission rates, Healthcare acquired infection rates (HCAI), surgical 30 day mortality rates)*
- *To ensure access to information on outcomes of patient care is included within current mechanisms via the LHBs Performance Management Framework*
- *To ensure relevant information is discussed at North West Wales Performance Management Group*
- *To ensure relevant information is discussed at the LHB Commissioning sub group to inform the decision making process*
- *To facilitate communication between Consultants and GPs*
- *To receive and process audit information, utilising such information to influence the commissioning process*

**Improvement outcomes:** Better collation and understanding of patient treatment outcomes will drive improvements in commissioning and service delivery

#### **Monitoring Process**

<b>Action Ref</b>	<b>Completion date</b>	<b>Assessment of Risk</b>	<b>Milestones</b>	<b>Lead Accountability (named)</b>	<b>Relationship to Organisational Plans / Groups</b>
10	October 2006	Medium	To identify a data set / set of key measures for patient treatment outcomes to inform future requirements	Associate Director of Public Health	NPHS Plan HSCWB Strategy and Local Development

					Plan Orthopaedic Plan Service and Financial Framework Local Oral Health Action Plan  LHB Commissioning sub Group  HSCWB Partnership Board  NWW PMG
	December 2006	Medium	Based on knowledge around availability of information, ensure regular, timely provision of appropriate information in line with the LHB Performance Management Framework	Assistant Director of Performance Management	North West Wales Performance Management Group  Commissioning and PM subgroup

	December 2006	Medium	To ensure appropriate patient outcome information informs decision making processes (HSCWB, LHB Commissioning sub Group etc.)	Director of Commissioning & Performance Management	LHB Commissioning sub Group  HSCWB Strategy / Partnership Board
	March 2007	Medium	Work with the Trust to develop a rolling programme for reviewing clinical services as part of assurance of future commissioning needs	Director of Commissioning & Performance Management	North West Wales Performance Mgt Group  North West Wales Modernisation Board / Implementation Group  Annual Service and Commissioning Plan identifies high priority areas  Individual review groups – currently undertaking CAMHS, Podiatry, Pathology, 22 Orthopaedics, Cancer, Urology, Adult

	Ongoing	Medium	Expand existing clinical engagement mechanisms (eg GP Modernisation group, Dental forum) in a prioritised way, linking in with service reviews and opportunities for modernisation.	Director of Commissioning & Performance Management	
--	---------	--------	---	--	--

### Domain 3: Use of Information

**Recommendation 11: The LHB should consider progression of its work in introducing the nurse practitioner role to support GPs and should develop related training opportunities through its collaboration with the University of Wales, Bangor**

**Actions:**

*The LHB had secured funding for 3 places on the Nurse Practitioner course during 2005/06 but these places were not taken up. Arrangement was made with the University to maintain these 3 places and this year 6 nurses have shown an interest*

- *To actively encourage the take up of three places this year*
- *Look at purchasing places on the course for next year*
- *Review the need for Nurse Practitioners in line with workforce plan*
- *To actively promote the role of the Nurse Practitioner and obtain GP support*

**Improvement outcomes:** The implementation of the Nurse Practitioner role on Anglesey will provide better access for patients and support workforce planning

**Monitoring Process**

Action Ref	Completion date	Assessment of Risk	Milestones	Lead Accountability (named)	Relationship to Organisational Plans
11	June 2006	Low	To promote Nurse Practitioner role with the GP's and Practice Nurses by: <ul style="list-style-type: none"> <li>• Speaking at Practice Nurse meeting regarding the role of the Nurse Practitioner</li> <li>• Meeting the Practice Nurses that have expressed an interest in the role individually</li> </ul>	Assistant Nurse Director	Work force planning Community hospital review

			<ul style="list-style-type: none"> <li>Meeting with the interested GPs to inform them of the role and the course</li> </ul>		
	June 2006	Low	Ensure 1 place on Nurse Practitioner course is offered to District Nursing service on Anglesey	Assistant Nurse Director	Community hospital review
	June 2006	Low	To support interested parties in submitting application to university	Assistant Nurse Director	
	September 2006	Low	To work closely with the University in supporting the course by meeting regularly with the University lecturers to discuss the course content and length and obtaining feedback from the students.	Assistant Nurse Director	
	October 2006	Low	To ensure funding available on a recurring basis to support Nurse Practitioner training	Assistant Nurse Director	

**Domain 4: Processes for Quality Improvement**

**Recommendation 12:** As a point of good practice that could be shared across Wales, the LHB should progress work with CSIW in developing Risk Management systems and processes in care homes

**Actions:**

- To set up group of which membership will include LHB, Local Authority and CSIW representation, to look at areas of concerns, good practice, training and competencies
- To work closely with the nursing homes to develop risk management systems

**Improvement outcomes:** The development of a robust risk management process is set up by cross boundary working

**Monitoring Process**

Action Ref	Completion date	Assessment of Risk	Milestones	Lead Accountability (named)	Relationship to Organisational Plans
12	July 2006 to set up group then ongoing  September 2006	High  High	To set up group to look at patterns, trends, good practice, inspection reports, training and develop a joint risk assessment tool that feeds into the LHB's Clinical Governance framework and CSIW inspections. Representation would be from the LHB, Local Authority and CSIW  <ul style="list-style-type: none"> <li>• Need to feed concerns, good practice into Matron's forum</li> </ul>	Integrated Care Manager	Clinical Governance Development Plan 2006-09

			<ul style="list-style-type: none"> <li>• To compile training needs analysis of nurses with nursing homes</li> <li>• To look into ways of how the training will be delivered and funding</li> <li>• Need to establish sharing information protocols</li> </ul>		
	September 2006	Medium	<p>Further developments with CSIW to inform the LHB of reported adverse incidents occurring in Care homes on Anglesey. This will be introduced through the Matron's Forum with a view to :</p> <ul style="list-style-type: none"> <li>• sharing good practice</li> <li>• identifying trends</li> <li>• develop and plan training requirements for Care Home staff.</li> </ul>	Integrated Care Manager	Clinical Governance Development Plan 2006/09

#### Domain 4: Processes for Quality Improvement

**Recommendation 13:** The LHB should develop a co-ordinated clinical audit programme which:

- Encompasses the Clinical Governance Framework as well as national priorities such as NICE Guidance and NSFs
- Provides evidence of implementation and evaluation of NICE guidance and evidence –based practice
- Crosses organisational boundaries
- Allows sharing of audit findings

**Actions:** To develop a Clinical Governance audit plan and report mechanisms to co-ordinate audit activity across organisational boundaries

**Improvement outcomes:** The LHB will be assured that all national guidelines are co-ordinated in relation to cross organisational work that promotes clinical effectiveness

#### Monitoring Process

Action Ref	Completion date	Assessment of Risk	Milestones	Lead Accountability (named)	Relationship to Organisational Plans
13	Completed		Guidelines group established with agreed terms of reference which includes the process for evaluating and monitoring implementation of NICE Guidance and NSFs (includes representation from secondary care).	NICE/NSF Co-ordinator	Clinical Governance Development Plan 2005-08
	Completed		Clinical Governance Audit Plan produced to ensure a co-ordinated approach to clinical and non-clinical audit that crosses organisational	Clinical Governance Manager	Clinical Governance Development Plan 2005-08

			boundaries. This plan will ensure that any LHB officer wishing to undertake audit use the appropriate audit proforma - approved by either Clinical Governance Steering Group (CGSG) or NICE/NSF guidelines group (as appropriate). Evaluation of any audit findings will be shared within the CGSG or NICE//NSF guidelines group and a database will be maintained to record all audit activity undertaken by the LHB within primary care.		
	July 2006	Low	Clinical Governance Audit Plan to be approved by CG Steering Group June 2006	Clinical Governance Manager	Clinical Governance Development Plan 2006/09
	July 2006	Medium Risk	Set up Joint Audit Group with representation from LHB, Trust and Local Authority	NICE/NSF Co-ordinator	Clinical Governance Development Plan 2006/09

#### Domain 4: Processes for Quality Improvement

**Recommendation 14:** The LHB needs to clarify the terms of reference and formalise the position in the LHB' clinical governance structure of the G7 Group.

**Actions:** *Agree and implement mechanism for formalisation of links between the modernisation group and the CG structure*

**Improvement outcomes:** To provide clinical input into the clinical governance agenda activities and identify issues that the LHB need to consider/adopt in order to ensure successful implementation of clinical governance within Anglesey practices

#### Monitoring Process

Action Ref	Completion date	Assessment of Risk	Milestones	Lead Accountability (named)	Relationship to Organisational Plans
14	June 2006	Low	Ensure that views and actions of GP Modernisation group are communicated to the Clinical Governance steering group and vice versa  Clinical Governance steering group to receive minutes of the GP modernisation group meetings	Clinical Governance Manager	Clinical Governance Development Plan 2006/09  Annual Service and Commissioning Plan
	June 2006	Low	Complete Terms of reference for GP Modernisation Group	Director C&PM – TOR to be completed by Modernisation Manager, liaising with Clinical Governance	Clinical Governance Development Plan 2006/09  Annual Service and Commissioning Plan

#### Domain 4: Processes for Quality Improvement

**Recommendation 15: The LHB needs to ensure that it puts in place structured systems to obtain information about the use of evidence based practice in its commissioned services in Secondary Care and Mental Health**

**Actions:** *To continue to utilise a mechanism to ensure that evidence based practice is implemented and its impact evaluated*

**Improvement outcomes:** Evidence based services will continue to be available to the population of Anglesey

#### Monitoring Process

Action Ref	Completion date	Assessment of Risk	Milestones	Lead Accountability (named)	Relationship to Organisational Plans
15	July 2006	Medium	Development of agreed Commissioning Framework	Director of Commissioning and Performance Management	Annual service and Commissioning Plan
	Completed		Continue to use evidence based information currently available to the LHB	Director of Commissioning and Performance Management	WAG Commissioning guidance
	March 2007		Utilisation of key local (e.g. prescribing and referral patters) and National evidence based standards as part of commissioning decision process, e.g., NICE,NSF, Welsh Audit Office Reviews, National Contracts, etc	Director of Commissioning and Performance Management	NICE / NSF Clinical Audit Wales Audit Office reports  Internal Audit – Primary and Secondary Care

	December 2006	Medium	Identify further key areas for obtaining evidence based information together with available outcome measures as identified in Recommendation 10	Director of Commissioning and Performance Management	
	Ongoing	Medium	Evidence based services, evaluated either internally or externally that do not reflect based practice will be required to be modernised or decommissioned as part of agreed priorities for service review (see recommendation 10)	Director of Commissioning and Performance Management	

#### Domain 4: Processes for Quality Improvement

**Recommendation 16: The LHB must work with the BSC to ensure that mechanisms are put in place whereby the LHB can assure itself that CRB and registration checks have been carried out amongst contractor staff**

*Actions: To establish mechanisms for ensuring that CRB and registration checks are being carried out amongst contractor staff in line with the NPHS/LHB Model Recruitment Policy – Good Practice Guidance for LHBs and Independent Contractors, and that this information is recorded on the Primary Care Training Database*

**Improvement outcomes:** The LHB will have a central record of CRB and registration checks amongst contractor staff

#### Monitoring Process

Action Ref	Completion date	Assessment of Risk	Milestones	Lead Accountability (named)	Relationship to Organisational Plans
16	Completed		Recruitment Policy approved by CG Committee February 2006 and issued to all contractors detailing process for undertaking CRB checks, cost and which level CRB checks staff require	Clinical Governance Manager	Children's Safeguards Framework
	September 2006	High	Work with BSC in devising template for monitoring CRB and registration checks amongst contractor staff	Clinical Governance Manager Modernisation Manager	Clinical Governance Development plan 2006-09  Performers Procedures
	July 2006	High	Regularly update primary care training database on CRB and registration	Clinical Governance Manager	Clinical Governance

			checks completed by practices, through undertaking a validation exercise at annual Clinical Governance practice visits.		Development Plan 2006-09
--	--	--	---	--	--------------------------

## Domain 5: Staff Focus

**Recommendation 17:** The LHB should review the SLA with the BSC and negotiate the provision of support and resources to:

- a** Collect and analyse the views and opinions of staff
- b** Finalise the development of the local training and development strategy
- c** Monitor the performance of contractor staff
- d** Take forward the development of the LHB training database, ensuring that evaluative information links together training related to complaints and incident reporting, PPI, Child Protection, risk management, clinical audit and clinical effectiveness
- e** Agree responsibilities and definitions for mandatory training
- f** Agree and develop mechanisms for measuring and reporting staff based indicator outcomes

### **Actions:**

- *Staff Opinion Survey recently undertaken jointly by WAG and NHS Partners initial report received by ALHB Executive Management Team*
- *BSC in partnership with LHBs, to undertake analysis of recent staff opinion survey in order to identify areas that require attention/improvement*
- *Develop an ALHB Training and Development Strategy*
- *Develop a Training Needs Analysis for 2006/07*
- *Consider the integration of Training and Development for LHB & Primary Care staff*
- *Review staff based indicators, to harmonise with Electronic Staff Record format/availability*
- *Improve evaluation of LHB staff training systems*

### Improvement outcomes:

- An agreed revised LHB/BSC Service Level Agreement, supported with an HR Strategy, to define and measure HR activities, for the period 2006-07
- Identification of general and specific targets/actions, in response to the LHB Staff Opinion Survey indicators
- LHB Training database and TNA integrated within ESR, to allow further analyses and T & D activities
- Key performance indicator data and reports, to continue to link with Performance Management and Organisational Development

### Monitoring Process

Action Ref	Completion date	Assessment of Risk	Milestones	Lead Accountability (named)	Relationship to Organisational Plans
17	July 2006	High	To adopt the finalised BSC HR Strategy	Executive Management Team / LHB Board	HR Action Plan
17	June 2006	High	To consult LHB on any interim BSC HR SLA	BSC Head of HR	
	Completed		Share results of staff survey with staff	Chief Executive	
a	June 2006	Medium	Undertake analysis of recent staff opinion survey in order to identify areas that require attention/improvement	BSC Head of HR	Staff Opinion Survey
a	July 2006	Medium	Agree Action Plan arising from analysis work	Chief Executive / BSC Head of HR	Training and Development Strategy
b	July 2006	Medium	Review and revise the ALHB Training and Development Strategy	Chief Executive / BSC	

b	July 2006	Medium	Develop a Training Needs Analysis for 2006/07, identifying priorities and resources highlighted through staff appraisals	HR Department, BSC	
c	September 2006	Low	Consider the integration of Training and Development administration process for LHB & Primary Care staff	Chief Executive / Clinical Governance Manager	
d	September 2006	Medium	LHB Training database to be integrated within Electronic Staff Record	BSC HR Department	
e	August 2006	On-going	Following review of training needs analysis, improve LHB staff training (mandatory and non-mandatory) by <ul style="list-style-type: none"> <li>• Exploring the opportunities regarding Training conducted by the BSC on a Regional basis</li> <li>• Share lessons learnt from NW Clinical Governance Managers Forum</li> <li>• Collect further information regarding work undertaken by Denbighshire LHB in respect of Integrated PDP/ KSF, and liaise with BSC HR to deliver appropriate activities</li> </ul>	Chief Executive / BSC HR Department	
f	June 2006	Medium	Review staff based indicators (monthly reports presented to HR & Remuneration Committee)	Chief Executive HR Dept BSC	

g	September 2006 December 2006 March 2007	Low	<ul style="list-style-type: none"> <li>• Through the HR Committee ensure annual reviews are undertaken against the BSC service level agreement</li> <li>• Engaging with the BSC on the outcomes of the reviews as necessary. Chief Executive has quarterly meetings with BSC Liaison Manager</li> </ul>	Chief Executive	
---	---	-----	---	-----------------	--

## Domain 5: Staff Focus

**Recommendation 18: The LHB should ensure equity of access by all Board Members to its internal electronic information and communication systems.**

### **Actions:**

- *Identify Board Member requirements as regards to IT access issues*
- *Identify Board Members' IT training needs*
- *Include information regarding availability of Laptops, Hot Desks etc in Induction Packs*

### **Improvement outcomes:**

Improved lines of communication across all staff groups including Board members and contractor professions leading to full understanding of LHB strategies and their implementation, in order to develop and improve healthcare services and patient care

### **Monitoring Process**

<b>Action Ref</b>	<b>Completion date</b>	<b>Assessment of Risk</b>	<b>Milestones</b>	<b>Lead Accountability (named)</b>	<b>Relationship to Organisational Plans</b>
18	July 2006	Low	Discuss IT access and training requirements with Board members as part of appraisal process	Chairman	
	July 2006	Low	Identify level of information required by Board members and what benefit would accrue from IT access and training	Chairman	
	December 2006	Medium	Implement findings of above with the support of BSC IT department	Corporate Services Manager BSC IM&T Dept	
	May 2006	Low	Include relevant IT information within the Non Officer Member Induction Pack	Corporate Services Manager	

## Domain 5: Staff Focus

### Recommendation 19: The LHB should consider succession planning for Non-Officer Board members.

#### Actions:

- *Develop a formal succession plan for Non-Officer Board Members (NOM's), to include mandatory period of office for sub committee chairs, ensuring that vice-chairs automatically succeed*
- *Develop a mentoring process for new NOM's*
- *BSC HR Department to develop a term of office profile*
- *Raise profile of LHB Board structure outlining roles and responsibilities of NOM's*
- *Encourage Board Member attendance at public events such as NHS Open Days*
- *Develop marketing/promotional issues via routes such as the Annual General Meeting and Annual Report*

#### Improvement outcomes:

Developing a Succession Plan for NOM's will ensure stability, continuity and the correct skill mix to further strengthen the ability of the LHB Board to perform its duties in accordance with statutory requirements, in order to deliver tangible improvements in the health and well being of the population.

#### Monitoring Process

Action Ref	Completion date	Assessment of Risk	Milestones	Lead Accountability (named)	Relationship to Organisational Plans
19	December 2006	Medium	Develop a Succession Plan for non officer members (NOM's)	Chairman / Chief Executive	
	December 2006	Medium	Develop a mentoring process for new NOM's	Chairman / Chief Executive	

	Completed		Develop a term of office profile	Corporate Services Manager	
	December 2006	Medium	Develop a Marketing Plan in order to raise the profile of NOM's roles and responsibilities within the public domain	Chairman / Chief Executive	

**Domain 6: Leadership, Strategy and Planning**

**Recommendation 20: The LHB should ensure that it integrates clinical and non-clinical audit in order to reinforce links across corporate and clinical governance.**

**Actions:**

Research developments and good practice regarding Integrated Governance in order to reassess Committee Structures. Ensure that Internal Audit have an Integrated Work Plan to include all systems and processes – both clinical and non clinical.

**Improvement outcomes:**

Strengthen links across corporate and clinical governance to ensure that clinical and non-clinical issues are considered equally.

**Monitoring Process**

<b>Action Ref</b>	<b>Completion date</b>	<b>Assessment of Risk</b>	<b>Milestones</b>	<b>Lead Accountability (named)</b>	<b>Relationship to Organisational Plans</b>
20	September 2006	Low	Produce a briefing paper on proposals for the LHB to move away from the current Risk Management, Clinical Governance and Audit Committee structure to a single Integrated Governance Committee structure. Current timetable is:-	Director of Finance	
	October 2006	Low	Proposal considered by sub-committees	Director of Finance	

	January 2007	Low	Proposal considered by Board (if approved by sub-committees)	Director of Finance	
	April 2007	Low	Establishment of Integrated Governance Committee (if approved by Board)	Director of Finance	

## Domain 6: Leadership, Strategy and Planning

### Recommendation 21: The LHB should take steps to develop and evaluate leadership roles of Board Members

#### Actions:

- *Further develop the Non Officer Member (NOM) Induction Process, Appraisal system and resulting Personal Development Plans*
- *Develop a NOM Training and Development Programme*
- *Formalise 'Buddy' system to include regular reviews within a standard agenda and format*
- *Clarify the roles and responsibilities and processes within the LHB both for NOM's and staff*
- *Identify areas of best practice on a local, regional and national basis*
- *Identify areas of interest / expertise in order to nominate 'champions' within NOM's*
- *List meetings / Groups that board members attend which may impact / relate to LHB work*

#### Improvement outcomes:

Improve support and guidance to NOMs in order that they are fully involved in the decision making process of the LHB

#### Monitoring Process

Action Ref	Completion date	Assessment of Risk	Milestones	Lead Accountability (named)	Relationship to Organisational Plans
21	May 2006	High	Complete non officer member's (NOM's) Induction Pack and circulate to all Board members	Corporate Services Manager	
	May 2006	Medium	Review available NOM development documentation from the Assembly (eg 'Setting the Direction'), and assess opportunities for Workshops, Briefings, etc.	Corporate Services Manager/ BSC HR Dept	

	September 2006	High	Ensure all Board members receive annual appraisal and prepare Personal Development Plans	Chairman	Training and Development Strategy
	October 2006	High	Produce a training needs analysis for Board members – to be developed from Board member's Personal Development Plans	BSC HR	Training and Development Strategy
	October 2006	Medium	Develop Board members' training programme	Chairman/Chief Executive/BSC HR	Training and Development Strategy

**Domain 7: Public Health**

**Recommendation 22: The LHB needs to agree with the NPHS the provision of local NPHS staff support which includes the working arrangements of the team across Anglesey and Gwynedd and adjust the SLA accordingly**

**Actions:** *N.B. For clarity - the SLA is between WAG and NPHS not with LHBs individually*

*To work closely with NPHS locally, regionally and nationally to secure an agreed and acceptable programme of work and level of service under the terms of the SLA*

**Improvement outcomes:** An effective and valued service ensuring that safe and robust public health measures are in place, and that the LHB is supported to discharge its public health responsibilities with confidence

**Monitoring Process**

<b>Action Ref</b>	<b>Completion date</b>	<b>Assessment of Risk</b>	<b>Milestones</b>	<b>Lead Accountability (named)</b>	<b>Relationship to Organisational Plans</b>
22	Completed		The Local Public Health Team workplan has been agreed by the Chief Executive	Associate Director of Public Health	Corporate objectives HSCWB
	June 2006 September 2006 December 2006 March 2007	Low	Local Public Health Team workplan to be monitored and reviewed on an annual basis by the Associate Director of Public Health and Chief Executive	Associated Director of Public Health Chief Executive	Corporate objectives HSCWB

	November 2006	Medium	With advice and agreement from NPHS regionally and nationally, produce a local working agreement which includes local functions, priorities and roles of local team members	Associate Director of Public Health	
	November 2006	Medium	Raise awareness of NPHS National and Local priorities: <ul style="list-style-type: none"> <li>▪ Board Development Day</li> <li>▪ LHB Staff (induction and Talk/Chalk)</li> <li>▪ HSCWB Co-ordinators Group</li> </ul>	Associate Director of Public Health	HSCWB

## Domain 7: Public Health

**Recommendation 23: The LHB needs to work with the relevant organisations to ensure mechanisms are in place for the local monitoring of screening services.**

### Actions:

- To review and report to the Board on the efficiency and effectiveness of the local implementation of national screening programmes.
- To make recommendations on areas for improvement in the quality and accessibility of services
- To develop action plans for the ongoing increase in uptake of all screening programmes

### Improvement outcomes:

Improved access to locally provided, but nationally structured screening services

Improved quality of screening services for the population

Maximisation of uptake of screening within national programmes

### Monitoring Process

Action Ref	Completion date	Assessment of Risk	Milestones	Lead Accountability (named)	Relationship to Organisational Plans
23	December 2006	Low	Produce and update a matrix of all National screening programmes (Breast Cancer screening, Cervical Cytology, New Born Hearing and Diabetic Retinopathy) and clarify where specific information on local take up is obtained from. Ensure this information is regularly reported on to the Commissioning and Performance Management sub-	Associate Director of Public Health / Director of Nursing	LPHT Workplan  LHB Performance Management Framework

			committee.		
	March 2007	Medium	Ensure information is utilised to improve uptake of services locally in partnership with provider organisations e.g. Velindre	Associate Director of Public Health / Director of Commissioning & Performance Management	HSCWB Needs Assessment

## Domain 7: Public Health

**Recommendation 24:** In terms of its Major Incident Plan and Health Emergency Preparedness the LHB needs to:

- Ensure the plan addresses risks which are specific to Anglesey
- Develop necessary guidance in response to the need identified

**Actions:** *Review and update Major Incident Plan*

*Review and develop training plan for meeting identified emergency preparedness needs of LHB and Contractor staff*

### Improvement outcomes:

Major Incident Plan in place which is fit for purpose

LHB and Contractor Staff aware of responsibilities and action required in the event of a major incident

### Monitoring Process

Action Ref	Completion date	Assessment of Risk	Milestones	Lead Accountability (named)	Relationship to Organisational Plans
24	July 2006	Medium	Provide Business Continuity management training for key members of LHB staff. Also provide Business Continuity management training for key GP and Pharmacy staff	Director of Finance	
	October 2006	Medium	Undertake review of major incident plan to ensure: <ul style="list-style-type: none"> <li>• Up to date</li> <li>• Major local risk areas included / identified (e.g. Wylfa, RAF Valley, Holyhead Port)</li> <li>• Adequate utilisation of the local</li> </ul>	Director of Finance / Associate Director of Public Health	LHB Major Incident Plan

			<p>knowledge and intelligence within LA and other partners with Civil Contingency responsibilities</p> <ul style="list-style-type: none"> <li>• Appropriate reflection of major incident risks within Risk Register</li> </ul> <p>Participate fully in Major Incident Planning exercises and apply any lessons learned for local situation</p>		
	December 2006	Low	Review provision of training in light of results from analysis of emergency preparedness training needs identified by LHB and key primary care contractor staff	Director of Finance / Clinical Governance Manager	Training and Development Strategy

**Domain 8: Commissioning**

**Recommendation 25:** The LHB should develop a commissioning strategy which encompasses all the various commissioning elements and activity currently underway and provides clear long term direction

**Actions:** To develop a commissioning strategy that effectively meets the needs of the population of Anglesey whilst recognising the Regional/National developments in commissioning following the publication of Designed for Life

**Improvement outcomes:** Improved effectiveness in commissioning process, continuing to use evidence based information whilst utilising best use of current resources

**Monitoring Process**

Action Ref	Completion date	Assessment of Risk	Milestones	Lead Accountability (named)	Relationship to Organisational Plans
25	July 2006	Medium	Develop and implement a Commissioning Framework based on Welsh Assembly Government and Institute of Public Care Guidance	Director of Commissioning & Performance Management	Annual Service and Commissioning Plan
	July 2006	Medium	Collate, develop and utilise a matrix of relevant objectives to inform a long term (10year) commissioning strategy	Director of Commissioning & Performance Management	Modernisation assessment

HSCWB Strategy

Estates Strategy

Primary Care Strategy 52

Secondary Care Operational Plan

	July 2006	Medium	Develop and Implement an Anglesey Local Health Board Long Term Commissioning Strategy	Director of Commissioning & Performance Management	
	July 2006 onwards	Medium	Utilisation of Performance Management structure to monitor achievement against identified key targets set against commissioning strategy objectives	Director of Commissioning & Performance Management	
	December 2006	Medium	Identify and agree Local, Community and Regional commissioning structures in accordance with Designed for Life	Director of Commissioning & Performance Management	