

Bundle Performance, Finance & Information Governance Committee 21

March 2024

09:30 – PF24/25 Welcome and Apologies

09:30 – PF24/26 Draft 3 year Plan 2024–2027 and annual delivery plan 2024–2025 (including Finance, Capital and Workforce planning) Chief Executive, Executive Director of Transformation & Planning and Interim Executive Director Finance

PF24.26 Draft 3 year Plan 2024–2027 PFIG Coversheet – Three Year Plan

PF24.26 Draft 3 year Plan 2024–2027 – Annual Plan–MAIN DOC–19–Mar–24–PFIG

PF24.26 Draft 3 year Plan 2024–2027 24–25 – Ministerial Templates–collated–230319

10:14 – PF24/27 Special Measures Closure Reports – To note

PF24.27.1 PFIG 2024–03–21 – Special Measures Cycle 2 Closure Report

PF24.27.2 FINAL 2024–03–21 – Special Measures Cycle 3 Closure Report

10:19 – PF24/28 Date of next meeting

Tuesday 30th April, 9.30–12.30pm

10:20 – PF24/29 Resolution to Exclude the Press and Public

"Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."



Teitl adroddiad: <i>Report title:</i>	Three Year Plan 2024-2025			
Adrodd i: <i>Report to:</i>	Performance, Finance and Integrated Governance Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 21 March 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this paper is to:</p> <ul style="list-style-type: none"> present to PFIG the Three Year Plan 2024-25 confirm the approval of these documents confirm that the documents will be submitted to Welsh Government on 28 March 2024 in accordance with the timeline agreed by Welsh Government. <p>At the Performance, Finance and Information Governance Committee (PFIG) meeting held on 7th March 2024, it was noted that the Health Board had already confirmed it is not in a position to submit a balanced and approvable IMTP, given that we are unable to meet all the requirements of the NHS Planning Framework.</p>			
Argymhellion: <i>Recommendations:</i>	<p>The PFIG Committee is asked to:</p> <ul style="list-style-type: none"> Receive the updated Plan and delivery objectives. Approve the Plan Note that the final annual plan and supporting documents require submission to Welsh Government by 28 March 2024 in accordance with agreed timescales. 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Dr Chris Stockport, Executive Director of Transformation and Strategic Planning.			
Awdur yr Adroddiad: <i>Report Author:</i>	Dylan P Williams, Assistant Director – Health Strategy and Planning			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p>				

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	<p>The Plan sets out the Health Board response to national strategic objectives, including A Healthier Wales and the updated Ministerial priorities, as well as addressing local priorities and strategic objectives as described within the HB's long term strategy, Living Healthier, Staying Well.</p> <p>The Plan is also required to respond to requirements following the escalation into Special Measures in March 2023.</p> <p>The Plan also reflects shared priorities within the strategic partnerships in North Wales and nationally.</p>
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	<p>There is a statutory duty to develop an IMTP under the NHS (Wales) Act 2006, as amended by the NHS Finance (Wales) Act 2014. The Health Board must prepare a plan which sets out its strategy for securing financial balance, whilst improving the health of the population and providing healthcare to meet needs.</p> <p>As the Board is unable to submit an approvable IMTP, this statutory duty has therefore been breached.</p>
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?	<p>An Integrated Impact Assessment Template was included within the papers presented to the Board meeting on 28 March 2024 and summarises key issues.</p>
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?	<p>An Integrated Impact Assessment Template was included within the papers presented to the Board meeting on 28 March 2024 and summarises key issues.</p>
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	<p>Failure to fulfil the statutory duties as described above. This links to BAF risk 2.4 (see below.)</p> <p>Risks in relation to the financial position are noted within the Plan.</p> <p>Individual service areas are accountable for ensuring any risks within service delivery areas are identified and recorded, and mitigations set in place as far as is feasible.</p>

Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	The financial implications are set out in the Finance section of the Annual Plan and reflect the organisations agreed Financial Plan.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	The workforce projections for 2024-25 are set out within the Plan.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	The approach to the development of the IMTP, and sharing of outline priorities has been presented and discussed at the Health Partnership Forum (HPF), Health Professionals Forum (HPF), Stakeholder Reference Group (SRG) and PFIG Committee. This has shaped the approach in formulating the annual plan.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> <i>(or links to the Corporate Risk Register)</i>	Failure to deliver an approved integrated medium term plan incorporating service, workforce, financial balance and delivery of key performance targets to Welsh Government (to ensure statutory duties are met) resulting in a regulatory audit opinion.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	N/A
<i>Next Steps:</i> <ul style="list-style-type: none"> - Confirmation of accountability conditions will be communicated by WG following review of the final submission - Note the commitment to ongoing work to seek to improve the financial and delivery projections within the Plan. 	
Rhestr o Atodiadau: <i>List of Documents:</i> Three Year Plan 2024-27 Appendix 1 – Planning Templates	

ANNUAL PLAN 2024-25

1. Introduction/Background

The Health Board is required to develop an Integrated Medium Term Plan (IMTP), financially balanced, under the requirements of the NHS Finance (Wales) Act 2014. The duty requires each health board to produce a three year IMTP that:

- Improves the health of the population
- Improves the provision of health care
- Is balanced over a three year period and
- Is approvable by Welsh Ministers.

The development of a three year IMTP aligned with national and Health Board strategies is also a key element within the Targeted Improvement framework.

Where an NHS organisation is unable to deliver a Plan that meets the requirements for approval as an IMTP, an Annual Plan must be developed and agreed to ensure that there is a clear set of delivery objectives supported by finance, workforce and operational plans including planned care and unscheduled care.

In light of the financial position and projected performance against Ministerial targets, Accountable Officer letters were sent to Welsh Government confirming that the Health Board is unable to submit a balanced IMTP and would instead be submitting an Annual Plan by the 28 March 2024. The Health Board is not alone amongst Health Boards in Wales in being unable to achieve production of a balanced IMTP, reflective of the unprecedented financial context for the NHS.

2. Body of report

During 2024-25 we will be seeking to further stabilise and recover our delivery and performance. This is extremely challenging given the current financial environment, the whole system pressures and the improvement plans that will need to progress at pace. Specific challenges within the Plan are outlined as follows:

- The overall financial plan for 2024/25 is a £19.7m deficit. This reflects the financial challenges from 2023/24 continuing into the new financial year, with the ability to achieve financial balance and the key financial duty challenging in the current climate (despite the receipt of an uplift in funding), evidencing the need for transformational plans for healthcare as we look to the future.
- Mandated Planning Templates are included at Appendix 1 of the Annual Plan. These include estimated delivery positions, projected as of 28 March. There are further improvements to be made in terms of consistent delivery, efficiency and productivity levels, and regular formal review of the trajectories will take place through the year.
- An annual delivery plan will now be created that provides more granular, SMART, actions required to meet the priorities laid out within the plan. These actions will be cascaded through the organisation. Delivery of these will cascade through the Health Board using agreed delivery and performance frameworks and personal and team objective setting discussions.

The deliverables within the Plan will be monitored and regularly reported, including details of any remedial action required.

3. Budgetary / Financial Implications

The Finance section within the Annual Plan reflects the Financial Plan for the year. The financial plans align to the strategic ambition of the Health Board, and whilst not in 2024/25 attaining the key financial duty to break-even, it is envisaged the foundations will be laid that will enable attainment of a productive, efficient and employed workforce offering high quality patient care that is financially sustainable.

4. Risk Management

There is one BAF risk directly related to the production of an approvable IMTP (BAF risk 2.4.) It has been confirmed that the Health Board is unable to address all the requirements needed for an approvable IMTP to be achieved. There are risks associated with working to an Annual Plan, including the time constraints for delivering against objectives, the impact of resource shortfalls in specific areas, and the whole system pressures the Health Board are facing.

5. Equality and Diversity Implications

Full Equality Impact Assessment and SocioEconomic Impact Assessment were undertaken to support the 2022–2025 three year plan (the first year of which was subsequently adopted as the Annual Plan for 2022-23) . These assessments have being updated alongside the development of the 2024-25 Annual Plan. An Integrated Impact Assessment Template has been completed which summarises key issues for considaratoin at Board on 28 March 2024.

The financial plan clearly causes constraints in terms of delivery. The requirement to stabilise and recover our performance means that patients will be waiting longer for treatment than would otherwise be expected during 2024/25. Care will need to be taken to assess the impact of any individual developments on groups who share equality protected characteristics, to ensure that any barriers to health and health care are not further exacerbated and disproportionately experienced, and that specific community and individual needs are considered and addressed.

Three Year Plan 2024 – 2027

Betsi Cadwaladr University Health Board



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

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Foreword

We are pleased to introduce the Integrated Three Year Plan for Betsi Cadwaladr University Health Board for the period 2024 to 2027.

This Integrated Plan marks an important point for the Health Board. It is the first plan developed by the Health Board under the leadership of a new Chair and Chief Executive Officer, supported by a substantial change in Board membership and in it we signal a clear ambition to move beyond the challenges that have led to Special Measures escalation by Welsh Government to a position where the Health Board can operate sustainably to deliver high quality services. This plan outlines many of the actions needed to do this and in particular highlights that permanent success requires us to address current challenges with a strong understanding of the needs of the future.

As such, we are signalling the need to establish a clear strategic vision for the Health Board over the next ten year period. This will guide us to build further upon the services that work well whilst supporting services that need reconfiguring to meet current and future demand.

To do this will require us to reshape our relationship with the public of North Wales and our partners and our intent to do this is clearly identified within this Plan. This will lead to the best solutions for North Wales and recognises that those solutions involve deep and meaningful relationships built upon trust and an understanding that working together as a 'whole system' will support the Health Board and our partners, and lead to better outcomes.

The Health Board is the biggest employer in North Wales, with an annual budget of around £2 billion. This Plan and our future actions reflect this to maximise the opportunities that this provides. This includes how we can create opportunities for our current and future workforce working carefully with partners whilst doing so. It also includes opportunities to improve how we spend our budget to get the best health outcomes for the population of North Wales and to maximise our role as an 'anchor organisation' in Wales.

Finally we would like to thank our public and partners for their support and willingness to share advice and ideas. We look forward to building upon this as we strengthen these relationships and together explore ways of improving health care services in North Wales now and in the future.



Carol Shillabeer
Chief Executive



Dyfed Edwards
Chair

Introduction

The Betsi Cadwaladr Three Year Plan for 2024-27 builds upon previous annual plan submissions and the current Special Measures escalation plan for the Health Board, to produce a coordinated response to development and improvement.

The plan includes a range of priority areas selected to combine actions that will deliver in-year (2024-25) improvement whilst also ensuring that a more long-term view is considered. The Health Board considers that this twin-track approach of planning ahead as well as continuing to improve 'here and now' is particularly important to ensure that progress made is consistently applied and that it is sustainable.

Key actions within the plan are collated under the five priority objectives that the Health Board uses for Special Measures. In this way the Health Board is increasing the alignment of planning and special measures response to allow focus upon the areas that are most likely to lead to greatest improvement.

Objective 1: Building an effective organisation		Objective 4: Improving quality, outcomes and experience	
1A	Board Effectiveness	4A	Patient Experience
1B	Risk Management	4B	Prevention
1C	Operating Model	4C	Primary Care and Early Intervention
1D	Performance and Accountability Framework	4D	Community Care and Clusters
1E	Value and Sustainability	4E	Planned Care
1F	Legislative Improvements	4F	Cancer Care
1G	Workforce Planning	4G	Urgent and Emergency Care
1H	Quality Management System	4H	Diagnostics
1I	Welsh Language	4I	Adult Mental Health, Learning Disability, CAMHS & ND
1J	Decarbonisation	4J	Currently 'Challenged Services'
Objective 2: Developing strategy and long-lasting change		4K	Women's Services
2A	10 year Strategy	4L	Children
2B	Clinical Services Plan	4M	Pharmaceutical services
2C	Commissioning	Objective 5: Effective environment for Learning	
2D	Capital Priorities: supporting change to happen	5A	University Partnership
2E	Digital, Data and Technology (DDaT)	5B	Research, Development and Innovation
2F	Prioritisation	5C	Academic Careers
2G	Effectively delivering Major Change	5D	Intelligence Led
2H	Strengthening Planning	5E	Learning Organisation
2I	Finance Governance Environment		
2J	Early identification and support of Challenged Services		
Objective 3: Compassionate culture, leadership & engagement			
3A	Compassionate Leadership & Organisational Development		
3B	Citizen Engagement		
3C	Being a Good Partner		

Table 1: Key Priority Areas for the 2024-27 Plan

Key Priorities that will improve performance during 2024-25

Most, if not all, of the priorities within the plan will positively impact upon performance during 2024-25. Some, for example commencing work to create a renewed ten year plan for the Health Board, focus upon future demand and sustainability and will have the greatest impact in the future. To achieve this impact the work must commence in 2024-25.

Priorities within outcome four, are particularly important to improve performance delivery within 2024-25 and have been structured to achieve this.

Key Strategic Priorities

As outlined above, the Health Board has looked beyond the coming year to identify the work required to address the root causes that have resulted in Welsh Government Special Measure escalated monitoring, and to ensure that actions and solutions are fit for both the present and the future population needs within North Wales. These priorities include a range of actions to improve how the Health Board is organised to work most effectively, and the development of strategic thinking, with improved involvement of the public and partners, to better inform our decision making and priorities over the coming years.

Planning Templates

The change activities highlighted within this plan are provided at high level. Sitting behind the plan are national planning templates and performance trajectory estimates which provide greater detail of expected impact.

Annual Delivery Plan

The Health Board will deliver the 2024-25 year of this plan and our associated cluster plans through the use of an *Annual Delivery Plan*. This will be launched in early 2024-25, and will include detailed actions which are smart, measurable, achievable, relevant and time-bound (SMART) covering the breadth of priorities in this Plan. Delivery of these will cascade through the Health Board using agreed delivery and performance frameworks and personal and team objective setting discussions.

Strategic context

Legislative Framework

It is a statutory duty that all Health Boards in Wales prepare and submit an Integrated Medium-Term Plan (IMTP) to Welsh Government. The IMTP should provide a road map towards delivering improvements to population health needs, whilst also confirming plans for delivering financial break-even. For 2024/25, and in common with other Health Boards, the BCUHB has been unable to produce a three-year plan that meets all of the requirements required by Welsh Government. We have formally advised the Welsh Government of the position, and confirmed our intention to submit this 3 Year Plan, with a specific focus on the 2024/25 annual plan.

Primary statutory duties in relation to integrated planning

The statutory duty to plan is set out in the NHS (Wales) Act 2006, which requires each Local Health Board to prepare a plan which sets out a strategy for

- Improving the health of people for whom the Board is responsible, and
- Improving the provision of health care for those people

The plan must be kept under review; involve Local Authority partners in preparation; seek participation of, or consult, people as directed by Ministers; and respond to directions relating to the content of the plan. The Health Board must have regard to the plan in exercising its functions.

The NHS Finance (Wales) Act 2014 legislated for integrated planning as the bedrock of the health system in Wales and introduced the requirements for development of Integrated Medium Term Plans (IMTPs) to secure financial balance in respect of each three year period.

The NHS Wales Planning Framework, issued in accordance with the above Acts' provision for making directions, confirms that plans must

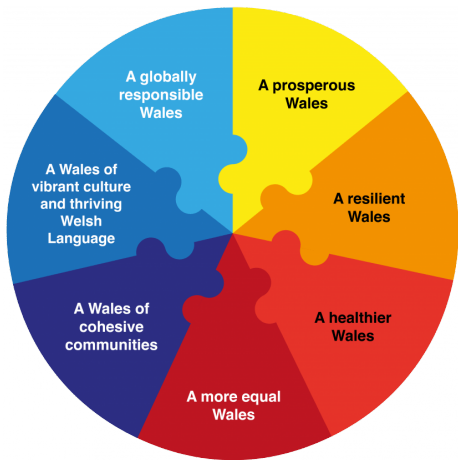
- Meet the statutory requirements to commission and/or provide services to improve population health outcomes and to achieve financial balance
- Set out clear actions and milestones that demonstrate how planning intentions will be achieved
- Deliver the key milestones within the Delivery Framework
- Triangulate finance, activity and workforce in the plans

The Social Services and Well-being (Wales) Act 2014

The Social Services and Well-being (Wales) Act 2014 requires the Health Board to co-operate with Partners in the formation of a Regional Partnership Board to prepare and publish a 5 year Area Plan setting out the range and level of services to be provided in response to the population needs

assessment, including resources to be deployed ¹. Health Boards are additionally required to set out actions proposed in relation to the duty to have regard to the importance of preventative action.

The Well-being of Future Generations (Wales) Act 2015



The Well-being of Future Generations (Wales) Act is about improving the social, economic, environmental and cultural well-being of Wales.

The Act requires the Health Board to consider the long-term impact of decisions, and to achieve the seven Well-being Goals, applying the ‘5 Ways of Working’ to do so.

The Health Board recognises the importance and value of doing this and

has integrated the ethos of the Act into the objectives and priorities within this Plan.

Collaboration
Integration
Involvement
Long-term
Prevention

Table 2: The 5 Ways of Working

The Well-being of Future Generations (Wales) Act 2015 has a number of requirements under the well-being duty. As a designated public body, the health board is required to carry out sustainable development, using the five ways of working which support the sustainable development principle.

The Health Board is further required to set out well-being objectives designed to maximize the contribution to achieving the national well-being goals. The Health Board will review and refresh the well-being objectives as part of the Health Board 10 year strategy priority, outlined later in the plan.

The Board is also required to work in partnership through Public Services Boards to prepare and publish a local well-being plan, which sets out local well-being objectives and the steps proposed to be taken to meet them. In relation to North Wales, the following Well-Being Plans have been published:

- Gwynedd and Anglesey PSB ².
- Conwy and Denbighshire PSB ³.
- Flintshire and Wrexham PSB ⁴.

NHS (Wales) Act 2006: Engagement and consultation

The Health Board has a statutory duty under the NHS (Wales) Act 2006 to involve and consult citizens in:

¹ <https://www.northwalescollaborative.wales/north-wales-population-assessment/regional-plan/>
² <https://www.llesiantgwyneddmon.org/en/Cynllun-Llesiant/>
³ <https://conwyanddenbighshirelsb.org.uk/well-being-plan/>
⁴ <https://www.flintshire.gov.uk/en/PDFFiles/Policy-and-Performance/PSB/Flintshire-and-Wrexham-Public-Services-Board-Well-being-Plan-2023-2028.pdf>

- Planning to provide services for which they are responsible;
- Developing and considering proposals for changes in the way those services are provided; and,
- Making decisions that affect how those services operate

The legislative requirement is supported by recently updated guidance on engagement and consultation for service changes. During 2023-24 the Health Board has worked with colleagues attending Stakeholder Reference Group, Trade Union Forum, and Health Professions Forum to develop this Plan, alongside wider Partnership colleagues. Priorities outlined later within the Plan will be progressed to embed this progress and to mature engagement and consultation further.

Equality Act (2010)

The Equality Act (2010) sets out the general duty in relation to equality and human rights for listed bodies, of which the Health Board is one. The Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 set out specific duties for listed bodies in Wales.

A listed body must involve people who it considers representative of those with different protected characteristics and those who have an interest in how an authority carries out its functions. The listed body may also consult and involve other people considered appropriate.

▪ *The NHS Wales Planning Framework*

Each year the NHS Wales Planning Framework sets out the statutory planning Directions for NHS organisations in Wales.

The Framework for 2024-2027 includes direction in the following areas:

- To prepare a plan that is integrated in nature
- To prepare a plan that sets out improvements to be made to services and their future sustainability, reduce inequalities and improve health outcomes within the resources available
- To take a long-term strategic view in line with the Well-being of Future Generations Act
- To prepare a plan that aligns with the vision of A Healthier Wales
- To deliver the 5 'National Programmes': Enhanced Care in the Community, Primary and Community Care, Urgent and Emergency Care, Planned Care and Cancer, and Mental Health including CAMHS.
- To incorporate guidance and support from the national Value and Sustainability Board

Efforts to recover access to healthcare will be central in addressing the priorities which the Minister for Health and Social Care has set out in the NHS Wales Planning Framework.

Additionally, there is a gap between the growth in demand on healthcare and the ability for healthcare systems to respond, given the fiscal constraints. The drivers for this are set out in more detail on the pages that follow and include:

- Demographic changes, with an increase in older populations
- Healthcare demand trends including those associated with the pandemic
- Evidence of increasing health inequalities
- Socioeconomic challenges including cost of living increases – which also impact on healthcare need, demand and utilisation

▪ **Ministerial Priorities**

In addition to the NHS Wales Planning Framework the Minister has identified a number of areas of particular priority, against which National Programmes support the delivery of relevant services. These five areas are

- **Enhanced Care in the Community**, with focus on reducing delayed pathways of care
- **Primary and Community Care**, with focus on improving access and shifting resources into primary and community care
- **Urgent and Emergency Care**, with focus on delivery of the '6 goals' programme
- **Planned Care and Cancer**, with focus on reducing the longest waits
- **Mental Health, including CAMHS**, with focus on delivery of the national programme

▪ **A Healthier Wales**



A Healthier Wales¹ sets out the Welsh Government plan to create a whole system approach to health and social care that focuses on health and well-being and the prevention of illness.

This requires new models of care that build upon local innovation rooted in

clusters of primary and community care providers working together. In this way people would only use General Hospital care when it is essential with more treatment and care, focusing upon wellness, being delivered closer to home.

Whilst primary and community services will be more networked, so too will

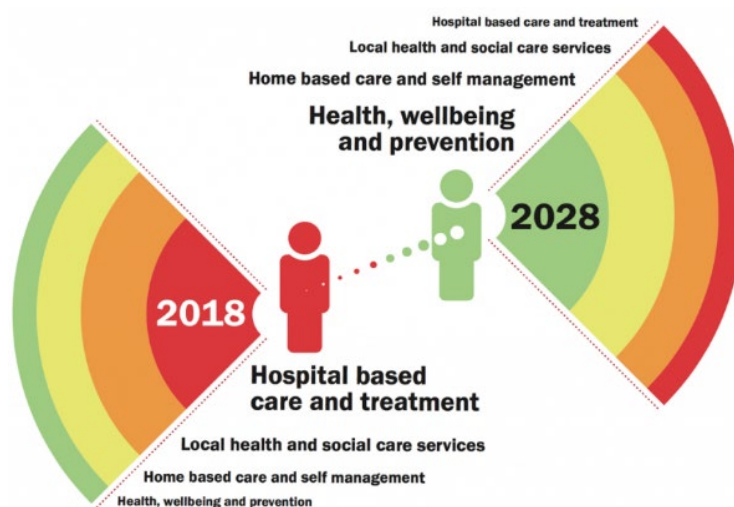


Figure 1 A Healthier Wales: Shifting from an approach focused upon Hospital based care to one focused upon Health, wellbeing & prevention

hospital services where specialist services delivered in major hospitals will become networked to allow centres of excellence to evolve.

The recent Covid-19 Pandemic has inevitably impacted upon progress in rolling out A Healthier Wales. The Health Board plans to now reinvigorate progress towards delivery in North Wales; this will involve working with colleagues in NHS Wales to review actions laid out within A Healthier Wales, and in ensuring the themes and enablers within A Healthier Wales underpin our 10 year strategy work (referenced later).

▪ *The Quadruple Aim of NHS Wales*

A Healthier Wales⁵ reinforces the importance that the NHS in Wales places upon the internationally recognised 'Quadruple Aim' to drive forwards improving healthcare services that are fit and sustainable for the current and future generations of residents in Wales. In this regard sustainable health and social care remain a global challenge. The four themes of the Quadruple Aim, interpreted for our context in Wales are:

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

▪ *Quality Management*

The Duty of Quality came into effect in April 2023, supported by the 12 Health and Care Quality Standards 2023: Safe, Timely, Effective, Efficient, Equitable and Person-centred (STEEP) care delivered through: Leadership, Workforce, Culture and Valuing People, Information, Learning, Improvement and Research, Whole systems approach.



The Standards provide a framework that enables health services to look across the range of their services in an integrated way to ensure that all that they do is of the highest quality and that they are doing the right thing, in the right way, in the right place at the right time and with the right staff.

They are a way to apply the Duty of Quality in practice across all services and functions, whether clinical or non-clinical. Quality-driven decision making should improve the quality of health services and maintain focus on improving outcomes for people.

⁵ <https://www.gov.wales/sites/default/files/publications/2021-09/a-healthier-wales-our-plan-for-health-and-social-care.pdf>

The Health Board is making progress on the implementation of an effective Quality Management System, benefitting from the help and advice of the Institute of Healthcare Improvement. Further progress is required and is included within this Plan.



Population Health & Inequity

Population Needs Assessment

Addressing the needs of the North Wales population in order to improve health and well-being and tackle health inequalities is a key aim of the Health Board.

The North Wales Regional Partnership Board *Population Needs Assessment* (PNA)⁶, revised in 2022, outlines the changing demography against which the Health Board must plan.

Between 2025 and 2040 the number of residents aged over 65 years of age will continue to grow (by 19%), whilst the number of residents aged under 65 years of age will decrease across North Wales.

This means that between 2025 and 2040 there will be a net increase in population in North Wales, with an increased proportion of residents over 65 years of age.

Population Projections – Aged 65 years and over			
	2025	2040	Change
Anglesey	19,400	22,500	3,100 (16.0%) ↑
Gwynedd	29,600	34,300	4,700 (15.9%) ↑
Conwy	35,400	43,500	8,100 (22.9%) ↑
Denbighshire	25,100	30,400	5,300 (21.1%) ↑
Flintshire	35,500	42,400	6,900 (19.4%) ↑
Wrexham	29,100	34,500	5,400 (18.6%) ↑
NORTH WALES	174,100	207,600	33,500 (19.2%) ↑

Population Projections – Aged under 65 years of age			
	2025	2040	Change
Anglesey	50,300	47,000	3,300 (6.6%) ↓
Gwynedd	96,700	97,000	300 (0.3%) ↑
Conwy	83,800	79,500	4,300 (5.2%) ↓
Denbighshire	71,500	67,900	3,600 (5.0%) ↓
Flintshire	122,800	118,800	4,000 (3.3%) ↓
Wrexham	105,800	98,000	7,800 (7.4%) ↓
NORTH WALES	530,900	508,200	22,700 (4.3%) ↓

Figure 3: Population profiles, North Wales RPB

▪ Long term conditions

Although many people are staying healthy later into life, some will face increasing levels of long-term conditions and a consequent need for care and support. The Regional Partnership Board Population Needs Assessment estimates that the number of people struggling to complete activities

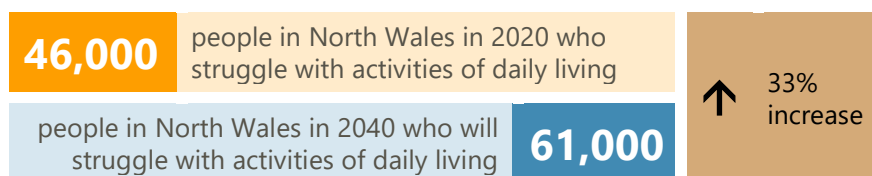


Figure 4: Long term conditions

of daily living (ADLs) as a consequence of long-term conditions will significantly increase. This is coupled with increasing age-related frailty and continued prevalence of the phenomenon of the

Inverse Care Law. The Inverse Care Law was first described in 1971⁷, and means that many of those with the greatest need are least likely to receive the care they require.

⁶ Populations Needs Assessment. The full PNA can be found at <https://www.northwalescollaborative.wales/north-wales-population-assessment/>

⁷ <https://www.kingsfund.org.uk/publications/articles/inverse-care-law>

This has an impact not only on individuals experiencing increased levels of need but also upon the 78,000 family members or relatives providing unpaid care.

▪ **Prevention**

	BCU	Wales
High blood pressure	16.9%	15.8%
Diabetes in adults	7.8%	6.1%
Heart disease	3.8%	3.6%
Cancer	3.7%	3.1%
COPD	2.7%	2.4%
Stroke	2.2%	2.1%

Many of these long-term conditions can be prevented, reduced, or more effectively treated by adopting good public health principles and good lifestyle choices.

Many of these are found at higher prevalence in North Wales than across Wales as a whole.

This underlines the importance of ensuring a focus on interventions to prevent future ill-health alongside addressing current ill-health.

Figure 5: Prevalence of long-term conditions

▪ **Wider determinants of health**

Recognising the wider determinants that affect health is critically important and reinforces the importance of working collaboratively with non-NHS partners.

In the Welsh Index of Multiple Deprivation (WIMD), which is the Welsh Government official measure of relative deprivation, divided in 1,909 areas, North Wales has the first, second and ninth most deprived communities in the highest ten areas. Elsewhere in North Wales communities are disproportionately affected by the challenges of rurality and fuel poverty.

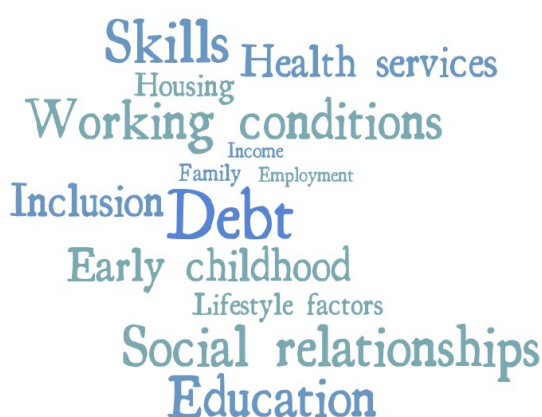


Figure 6: Wider determinants of health

This will require the Health Board to continue to work with partners in a range of ways, including to further develop Clusters of community services that can address these wider determinants.

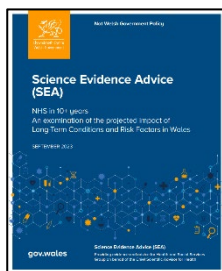
▪ **Pharmaceutical needs**

In accordance with the National Health Service (Pharmaceutical Services) (Wales) Regulations 2013 the Health Board has a comprehensive Pharmaceutical Needs Assessment (PNA) in place. The current PNA runs to 2026 and gives regard to the provision of pharmaceutical services across North Wales⁸.

The pharmaceutical needs assessment assists the health board in determining applications by pharmacies, dispensing appliance contractors and dispensing doctors for new, additional or relocated premises, changes to opening hours or the provision of more pharmaceutical services.

⁸ <https://bcuhb.nhs.wales/about-us/governance-and-assurance/pharmaceutical-needs-assessment-pna/>

Chief Scientific Adviser for Health report: “NHS in 10+ years”



Published in September 2023⁹, the report from the Chief Scientific Adviser for Health identifies the need to make bold decisions around how to deliver care and allocate resources in response to an ageing population at risk of chronic conditions that are mostly preventable. This will require both a shift in focus to prevention, and improvements in how we support patients with complex and multi-morbidity.

The report outlines the changes in population demographics and health care needs expected over the coming ten years. Key messages include

- The diagnoses of many long-term conditions (LTCs) will rise, in part due to an ageing population in Wales. This means that there will be a higher proportion of the population living with frailty, dementia, cancer, heart and other cardiovascular diseases, diabetes, and poor mental health.
- In many conditions, rates are increasing at a greater rate than that explained by age and other demographic factors alone. These include diabetes; dementia; cardiovascular illnesses including atrial fibrillation, heart failure, high blood pressure, and peripheral vascular disease (PVD); lung illnesses including chronic obstructive pulmonary disease (COPD) and asthma; osteoporosis; inflammatory bowel disease; and anxiety disorders.
- There will be increasing numbers of people in Wales living with multiple long-term conditions, with the proportion of people living with four or more diseases doubling between 2015 and 2035, with people living with multiple diseases currently required to attend significantly more outpatient appointments.
- There will be increasing numbers of people in Wales living with frailty and who require greater access to urgent and emergency hospital services and delays in discharge after hospital stays.
- Workforce challenges are the biggest single challenge for the NHS and social care going forwards. Changes in technology and the skill-mix composition of the NHS workforce offer the potential to reduce the rate of growth of the NHS and social care workforce but increases in capacity will be required in some areas, including general practice, community care and social care.

The Health Board has considered this report in identifying priorities and approaches for 2024-27 within this plan, recognising that there will be a continuing transformation required beyond this. Priorities within the plan are focused around longer term planning, such as developing a new ten year strategy reflects this need.

⁹ <https://www.gov.wales/sites/default/files/publications/2023-09/science-evidence-advice.pdf>

Value based health and care

Considering the *value* of the care the Health Board delivers is an important way of ensuring that the greatest focus is placed upon those outcomes that most matter to individuals. When the outcomes that most matter are considered in relation to the costs of achieving them, the Health Board is able to make decisions that offer the greatest impact from the resources available to it.

The Health Board has already made good progress into considering value within decision making. For example the ongoing programme of redesigning key pathways of care incorporates asking value questions at each step, builds in the increased use of Patient Reported Outcome Measure (PROM) tools and benchmarks outcomes and costs with other providers.

The Health Board has received support from the national Value Based Healthcare team and intends to further progress this work into 2024-25, and beyond. This includes a specific programme of work that will focus upon translating the work of the National Value and Sustainability Board into Health Board practice as well as developing health board identified and driven opportunities to increase the value of health and care.

Health Board Performance

▪ *Escalation and Intervention*

The Health Board was placed into Level 5 Escalation ('Special Measures') arrangements on 27 February 2023^{10, 11}. Since then, progress has been made within all required areas, recognising that further progress is essential; delivering this is an important and necessary requirement of this Plan.

Since February 2023 the Health Board has focused upon '**stabilisation**' of the organisation and services delivered, making the most significant and immediate changes necessary after the intervention to continue to provide services to the residents of North Wales.



During 2024-2027 the Health Board will build upon these foundations to implement to ensure a more '**standardised**' approach, making the changes needed to place the Health Board and services delivered onto a '**sustainable**' footing for the future.

▪ *Post-Pandemic Recovery*

The Health Board continues to experience challenges in improving access to care to the required standard timeframes following the changes that were required because of the Covid-19 pandemic. Waiting lists for planned care have not reduced as quickly as desired, and delays in accessing hospital care when requiring urgent treatment are particular challenges to address within this plan.

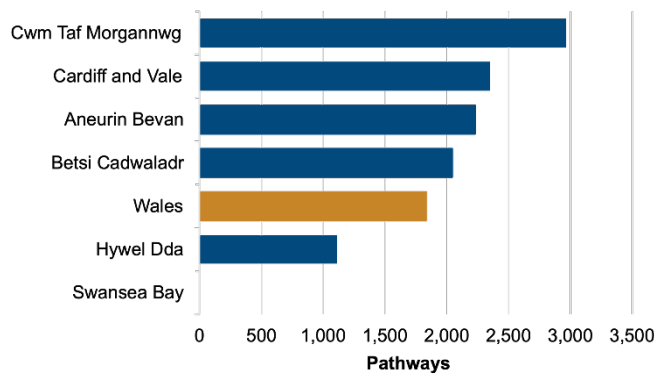
▪ *Demand and Capacity*

The Health Board continues to experience high demand across Mental Health, Primary Care, Community, Secondary care planned services and Urgent and Emergency services. Attendances to emergency departments have continued to increase and further work is required to improve ambulance handover times. Work is required with partner organisations to improve the timeliness of discharge for people awaiting community care services and who no longer require medical care in hospital.

Although the Health Board made good improvements in 2023-24 in many planned care areas, waiting times continue to exceed Ministerial expectations in a number of clinical areas. These areas are prioritised throughout this plan.

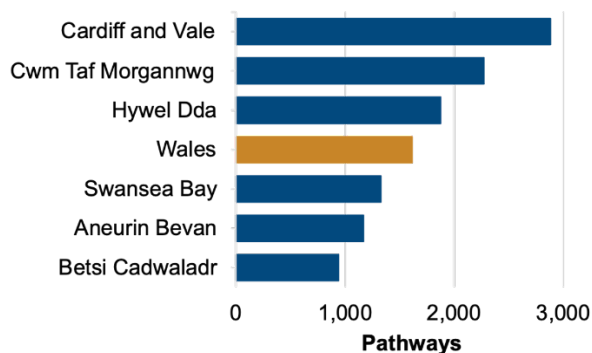
¹⁰ <https://www.gov.wales/nhs-wales-escalation-and-intervention-arrangements>

¹¹ <https://www.gov.wales/betsi-cadwaladr-university-health-board-put-special-measures-board-stepping-aside>



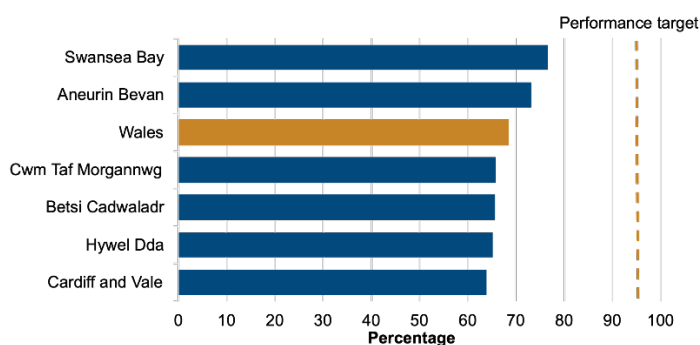
Planned care pathways waiting more than a year for their first appointment per 100,000 population, by Local Health Board, December 2023

Source: NHS Activity and performance summary, Welsh Government, Feb 2024 ¹²



Patient pathways waiting over the target time for diagnostic tests and therapy services per 100,000 population, by Local Health Board, December 2023

Source: NHS Activity and performance summary, Welsh Government, Feb 2024 ¹²

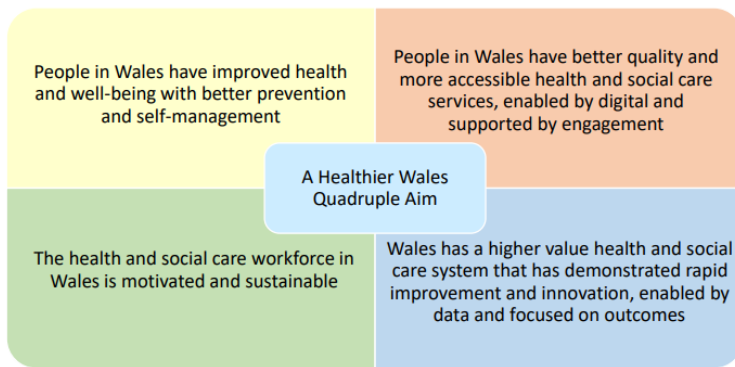


Percentage of patients admitted, transferred or discharged within 4 hours at emergency departments, by Local Health Board, January 2024

Source: NHS Activity and performance summary, Welsh Government, Feb 2024 ¹²

¹² <https://www.gov.wales/nhs-activity-and-performance-summary-december-2023-and-january-2024-html>

Delivery against the Quadruple Aim



Performance of the Health Board against the 'A Healthier Wales Quadruple Aim' is measured against the national NHS Wales Performance Framework and the Health Board reports against these during public Board sessions throughout the year.

Figure 7: Welsh Government. Quadruple Aim.

Key headlines of performance, at the end of quarter 3 (31 December 2023) include:

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

- The organisation had comparatively strong performance in vaccination rates. Target levels are set high to maximise the opportunities of 'mass immunity' and the Health Board was within five percentage points of target for Human Papillomavirus (HPV) vaccination and influenza vaccination in those aged over 65 years. Although eight percentage points below target, the Health Board had the highest vaccination rates for childhood vaccination within Wales. The Health Board continues to strengthen efforts to improve this further given the increasing risks of measles outbreaks.
- The organisation continues to target Covid-19 vaccination rates, having average performance compared to the rest of Wales.
- Rates of quit attempts using evidence based smoking cessation services has continued to increase.
- Uptake of newborn baby screening programmes has remained high.
- Use of colonoscopy screening has improved steadily, with the Health Board having one of the highest rates, but with further scope for improvement.

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

- Dental access has been improving though with significant improvement still required.
- More opportunity is being made of the Independent Prescribing service in Community Pharmacy settings with other 12,000 eligible consultations in the first three quarters of the year, and growing.
- Mental health access rates for all ages and neurodiversity access rates for children, remain mixed in comparison across Wales, and below requirements and expectations.
- The organisation has maintained its comparatively strong performance within Wales in time to start cancer treatment from the point of referral/suspicion, with work within this Plan to further improve this.
- In most other regards, access to planned care has continued to be a challenging position through the year. Although waits of over 104 weeks from referral to treatment have reduced in the first three quarters of the year by 2,000 patients (20%), too many patients still have to wait for long periods in some specialties.
- Urgent and emergency care performance has remained highly challenging. Whilst the Health Board has maintained improved performance in triage times when presenting to an Emergency Department, delays in time from arriving at an Emergency Department to being seen by a senior decision making clinician and time spent in Emergency Departments remained some of the most challenging in Wales.

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

- During 2023-24 the Health Board has been able to consistently reduce the proportion of our wage costs spent on agency staff rather than substantively appointed staff. This is in keeping with a Ministerial Priority area for the coming year.
- There has also been a reduction in leaving rates for nurse and midwifery staff.
- Sickness rates of staff have remained static.

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

- Handover delays for ambulances arriving at Health Board Emergency Departments have remained extremely challenging with a further worsening reflecting the context of a highly pressurised urgent care system throughout the year.
- The organisation has improved the timeliness of investigating 'reportable incidents' though with further progress required.
- Comparatively good rates of MRSA and MSSA have been maintained, but further work is required to improve Klebsiella and Pseudomonas Aeruginosa infection rates that although similar to those of 2022-23 in the Health Board, are comparatively poor compared to other parts of Wales.

▪ ***GIRFT – ‘Getting It Right First Time’***

Getting It Right First Time, GIRFT, is a national programme that is designed to improve patient care by reviewing services, and then applying benchmarking and the evidence base to support local change.

These reviews are clinically led and bring together Health Board clinicians and clinicians from elsewhere to examine ways in which improvements can be made based upon the experiences of others.

During 2023 reviews have been undertaken in a number of clinical areas, including orthopaedics, urology, general surgery, gynaecology and ophthalmology. These reviews have reported opportunities to improve productivity, efficiency and better outcomes. Whilst a number of improvements have already been made the Health Board is committed during 2024 to embed these initial changes into ‘business as usual’ as well as drive further using the GIRFT methodology and recommendations. Areas of GIRFT review implementation are discussed within our Plan priorities for 2024-25 described later.

▪ ***The Financial Context***

The Health Board has a duty to effectively manage its responsibilities within the resources provided by the Welsh Government. The organisation, since its formation in 2009, has struggled to achieve financial breakeven and it currently spends more than it is allocated from Government. It is essential that the organisation improves its financial performance.

During 2023-24 the Health Board set a deficit budget of £134m and a savings target of £25m. Given the significant inflationary pressures as well as increased demand for services, the health board recognised the level of risk in containing the deficit to the £134m, despite seeking to reduce this level of deficit in moving toward a more financially sustainable position. The Welsh Government in-year allocation of £101m has recognised these significant pressures, alongside a further requirement for health board financial performance to improve to a £20m control total. Whilst the financial year for 2023/24 is not complete, it is expected that the out-turn position will reflect significant improvement and although the control total is unlikely to be met, there will be evidence of progress toward it.

The Health Board approach to 24-27:

5 Strategic Objectives

During 2023-24 the Health Board has continued to progress through its objectives against the Special Measures framework. As the year has progressed this has coalesced around five main areas where improvement was most necessary. Recognising the need to prioritise improvements in the areas that led to Special Measures, the core of the Health Board 2024-27 plan builds further upon those five objective areas:

1: Building an effective organisation

Objective area 1 recognises the importance of governance and effective procedures and decision making in high functioning Healthcare organisations. This will better ensure that decisions are made in a timely way, using appropriate information, and that the right people have been involved to ensure the right decisions are made first time.

2: Developing strategy and long-lasting change

Objective area 2 draws upon the need for the Health Board to be clear about population needs in North Wales and that services are configured in a way to get the highest value from the resources available to us. In this way the Health Board can provide services that are reliable, more cost-effective, and that make the best use of healthcare professionals.

3: Creating compassionate culture, leadership and engagement

Objective area 3 capitalises upon the huge body of evidence that demonstrates how culture, leadership and engagement with residents, staff, communities and partners significantly impact upon the quality of services and patient experience provided. The Health Board has identified opportunities to make improvements in these areas that would then in turn lead to better outcomes.

4: Improving quality, outcomes and experience

Objective area 4 covers a large thematic area where improvements are required to improve clinical performance across a number of key areas. The Health Board wishes to build further upon good work commenced that takes a pathway focused approach to this.

5: Establishing an effective environment for Learning

Objective area 5 provides opportunity to learn when things don't go as planned, to teach, and to widely use the many sources of information available to us in order to support decision making and knowledge.

▪ *Design Principles*

Organisational Design Principles will be used to inform the designing and aligning of the strategic vision, goals, capabilities, processes of the organisation. The use of design principles will provide simple clarity to improve effectiveness, efficiency, quality, and innovation. This approach will also incrementally move the Health Board towards a common direction, as well as provide assurance in terms of best use of public finances.

The Health Board has commenced the drafting of Design Principles but there is further work to do to engage, discuss and refine those before finalising them. The Principles will contribute as a route map to help focus and inform improvement activity.



Building an effective organisation

1: Building an effective organisation

2

3

4

5

Objective area 1 recognises the importance of governance and effective procedures and decision making in high functioning Healthcare organisations.

Immediately prior to the Health Board being escalated into Special Measures, Audit Wales published a Board Effectiveness review outlining changes required to better understand risk and to ensure better governance. Since then subsequent reviews commissioned to explore this in greater detail have identified recommendations that the Health Board is implementing understanding that this will better ensure that decisions are made in a timely way, using appropriate information, and that the right people have been involved to ensure the right decisions are made first time.

The organisation has some way to go before it can be deemed to be highly effective. It is essential to put in place, embed and evaluate the foundations that underpin organisational effectiveness. These include the way on which the Board leads, oversees performance and creates a compassionate culture. Ten key elements form this Strategic Objective, and significant emphasis will be placed on enabling a clear approach and expectation to be set in relation to each element; intensive work to embed high standards of practice and evaluation and assurance mechanisms put into place to monitor progress.

Summary

Objective 1: Building an effective organisation		National Planning Framework	Special Measures Framework
1A	Board Effectiveness		✓
1B	Risk Management	✓	✓
1C	Operating Model		✓
1D	Performance and Accountability Framework	✓	✓
1E	Value and Sustainability	✓	✓
1F	Legislative Improvements		✓
1G	Workforce Planning	✓	✓
1H	Quality Management System	✓	✓
1I	Welsh Language	✓	
1J	Decarbonisation	✓	

1A: Board Effectiveness

Considerable work has been undertaken to re-establish and re-set the Board following significant changes in membership in early 2023. Whilst a great deal of progress has been made there is further work required in pursuit of an established, stable and highly effective Board and that work is underway. Several Independent Members of the Board have recently joined and a number of Executive Board Member roles are presently being recruited to. The full recruitment of Independent Members of the Board allows the remaining committees of the Board to be re-established and these will continue to evolve during 2024-25.

The Audit Wales Follow-up of Board Effectiveness was reported in February 2024, identifying significant progress during 2023 whilst noting there is more to do. The audit report provided further recommendations that have informed the further work planned here.

Why this has been prioritised in the 2024-27 plan?

Building upon the work undertaken during 2023 continues to be an area of priority within the BCUHB Special Measures framework.

Priorities

In 2024-25 the Health Board will

- Complete substantive recruitment of Executive members of the board.
- Progress a Board Development Programme, supporting a substantively appointed Board.
- Complete the re-establishment of a full complement of Board committees.

Review the approach to the Board Assurance Framework and Risk Management Framework, under the leadership of the recently appointed Director of Governance

What difference to outcomes will this make?

An effective and efficient Board is essential in order to best steer the organisation through the challenges in performance and decision making that have led to the organisation being placed in Special Measures escalation.

1B: Risk Management

The Health Board's corporate Risk Register provides an oversight to ensure that any risk to the strategic objectives of the Health Board is effectively managed. A revised 'Board Assurance Framework' (BAF) is now established, providing the Board with assurance related to the controls and action plans for high risks that relate to any possibilities of not delivering on key objectives. It is recognised that further work is required to simplify the BAF and fully embed it.

Why this has been prioritised in the 2024-27 plan?

Over the next 3 years the Health Board wishes to progress the work done so far to develop and then fully embed an integrated risk management framework that enhances patient safety, quality of care, and operational resilience across all levels of the organisation. This will allow the Health Board to align risk areas with the internal oversight mechanisms that are already established.

Doing this will allow clearer governance line of sight connecting Health Board risk appetite and assurance mechanisms with operational delivery teams across the organisation.

Priorities

- Alignment of the Board Assurance Framework with risks appetite, this three year plan, and the emerging strategic objectives of the Health Board.
- Development of a risk management dashboard to improve triangulation with planning and performance as well as other directorates.

Moving into years 2 and 3 the Health Board will

- Further embedding of risk management triangulation with planning and performance as well as other directorates.
- Continuing improvement of KPIs towards a tolerable level.
- Reviewing and updating of risk management business continuity plans.
- Consistent ongoing testing of risk management maturity against established benchmarks.

What difference to outcomes will this make?

An effective Risk Management process will reduce the number of overdue and draft risks to a tolerable level. As a contributor to the Health Board quality assurance process this has direct links to improved patient care and experience.

1C: Operating Model

The operating model agreed in 2022 has only been partially implemented. In the intervening time it has become clear that elements of this model are working less well than envisaged. In particular the current configuration is missing the ability to flex as a large organisation to deliver improved services for those conditions where the volume of activity is low, and where delivering a 'once for North Wales' or 'twice for North Wales' approach would be safer and lead to better outcomes. This is a challenge across the UK and one where the Health Board could make better opportunity of its size. Other challenges with the current model include decision making governance and duplication of leadership, that together impede making timely decisions.

There is strong cross-connection between this key priority and additional organisational development work outlined in 3A: *Compassionate Leadership and Organisational Development*.

Why this has been prioritised in the 2024-27 plan?

For the organisation to be effective, it needs an Operating Model (Structures) that enables both the day to day leadership and management of services and improvement to take place systematically, including service delivery approaches that support and enable sustainability into the longer term.

Furthermore, international evidence consistently reports the importance of having an operating model that is constructed to effectively deliver the strategy of the Health Board and that organisations without that clarity often fail in their delivery of improvements.

Improving the effectiveness of the Health Board operating model will better align operational delivery with strategic requirements. It will also improve administrative efficiency which is a Ministerial priority for 2024-25.

Priorities

During 2024-25 the Health Board will:

- Complete the wider stock-take of the Operating Model, utilising the work of Internal Audit, feedback from external colleagues/stakeholders and feedback from colleagues internally to understand benefits and issues.
- Assess the Business Partnering model across the organisation, drawing together proposals for revision where necessary.
- Develop proposals for any revision to the current operating model, considering a careful approach to supportive change.
- Review and revise where necessary the clinical leadership model in the organisation, drawing in the learning from the Rapid Review of (Clinical) Engagement, to build a stronger clinical leadership and engagement approach.
- Identify opportunities for greater efficiency through the use of digital tools e.g. Microsoft Office 365.

What difference to outcomes will this make?

Decision making in the Health Board will be more agile, with greater accountability, and in pursuit of the strategic goals of the Health Board (which are built upon better health outcomes). Clarity of operating model principles will therefore contribute to the Health Board achieving better health outcomes.

1D: Performance and Accountability Framework

The Health Board has approved an Integrated Performance Framework during 2023-24 to underpin the improvement of performance monitoring and performance leadership. Whilst the Health Board has made important steps forward during 2023-24 in this regard, it is recognised that further development is required in our performance oversight, improving our performance projections and early intervention when off-course to limit adverse impact.

Alongside, the use of performance monitoring and clear performance objectives that are grounded in the 2024-27 plan, provide the basis for a more robust accountability model for the Health Board.

Why this has been prioritised in the 2024-27 plan?

The Health Board wishes to tighten the accountability model in use within the organisation to provide a clearer line of sight of Board agreed priorities into team and individual objectives. This will focus performance in those areas where greatest improvement is required and will help ensure that decision making aligns with agreed governance.

Priorities

During 2024-25,

- The Health Board will continue to fully implement the Integrated Performance Framework, enhancing the capability of the organisation, and individuals, to manage performance.
- Senior leadership, and Directorate/Service Team objectives will align with the Health Board priorities for 2024-25 as laid out within the 2024-27 Health Board Plan.
- The Health Board will review and redesign the approach of reporting through Executive Team, to Board Committees and to Board to further enable openness, transparency, accessibility, analysis, and a focus upon improvement.

During 2025-27,

- The Health Board will further mature the alignment of objectives with Health Board priorities to other staff within the organisation through effective use of appraisal, and full embedding of the Integrated Performance Framework.
- The Health Board will monitor the effectiveness of the Integrated Performance Framework, making revisions where necessary to reflect learning and to ensure it remains aligned to the Health Board's corporate governance structure and Operating Model changes.

What difference to outcomes will this make?

The Framework supports performance improvement through a partnership approach of openness and innovation, and by engendering a commitment at all levels of the organisation to improve.

Delivery against key national and local performance indicators, special measure expectations and against activity and financial metrics will be improved.

Successful delivery will lead to better outcomes for patients and Health Board staff, and ensure that all involved understand their roles, responsibilities, and accountabilities.

1E: Value and Sustainability

Although the Health Board has made good progress in adopting 'Value Based Care' principles in recent years there is local recognition and ambition to take this further.

Alongside this local ambition, there is a requirement within the national Planning Framework guidance to ensure a full contribution to, and benefit from, work undertaken by the national Value and Sustainability Board.

Continuing Healthcare (CHC) and Funded Nursing Care (FNC)
Clinical variation and service configuration
Medicines management
Workforce
Procurement

This national work covers five work-streams: continuing healthcare and funded nursing care, clinical variation and service configuration, medicines management, workforce, and procurement.

The Health Board recognises the opportunity that tightly aligning with this offers and will mirror this within the organisations approach to Value and Sustainability in order to support maximum impact.

Within this, there is a Ministerial expectation that Value and Sustainability considerations

- reduce the reliance upon high-cost agency,
- ensure that 'Once for Wales' arrangements for workforce enablers are strengthened,
- that regional working opportunities are maximised,
- that Health Boards support the redistribution of resources towards community and primary care,
- that unwarranted variation and low value interventions are recognised and addressed, and
- that administrative efficiency is improved.

These expectations will be included in our oversight of this Value and Sustainability priority and are also reflected in cross-linkages throughout this Plan.

Why this has been prioritised in the 2024-27 plan?

The Health Board recognises that applying 'value' principles to decision making contributes both to increased sustainability and better clinical outcomes. In addition, adopting the recommendations of the national Value and Sustainability Board is a key national planning requirement in 2024/25 and one the Health Board wishes to fully benefit from.

Priorities

- Agree a programmed approach within the Health Board to oversee Value Based Care during 2024/25, ensuring this is configured to fully encapsulate the learning from the national Value and Sustainability Board.
- Continue to embed the principles of *Value Based Care* into all decision making throughout the Health Board.
- Identify a clear and forward looking programme of work for Value Based Care within the Health Board.

What difference to outcomes will this make?

Improving value and the sustainability of services means that the limited resources available to the Health Board will go further to allow delivery of more care to the residents of North Wales.

1F: Legislative Improvements

The Health Board recognises the importance of continuing to make improvements in regard of Health and Safety legislation and Civil Contingencies legislation compliance.

Having high regard for Health and Safety best practice is a key way to reduce as far as possible workplace injuries, ill health, and unsafe working practices. This relates to staff, patients, visitors, volunteers, and contractors. The Health Board is two years into a three-year plan based upon the Health and Safety Executive (HSE) HSG65 Plan, Do, Check, Act process methodology but further work is required, including assessing risks and in ensuring rapid learning where problems do occur.

Civil Contingencies legislation relates to Emergency Planning and Preparedness. The Health Board wishes to make improvements based upon learning from the Covid-19 pandemic to ensure that preparedness for emergencies going forwards are robust and appropriate.

Why this has been prioritised in the 2024-27 plan?

The Health Board was subject to HSE prosecution in 2023 regarding a failure to control ligature anchor points.

Learning from Covid-19 provides opportunities for the Health Board to refresh Civil Contingencies preparation and oversight. Furthermore, the challenging post Covid-19 environment has seen the

Health Board need to briefly enter Business Continuity Arrangements in recent months. It is important to maximise Civil Contingencies arrangements as a priority.

Priorities

- Undertake a comprehensive gap analysis that informs a clear Health and Safety Improvement Plan approach.
- Review the programme of Health and Safety training across the Health Board, and engaging with managers to enable the right level of support to improve health and safety practice, including the Managing Safely course and the Leading Safely course for Executives and senior managers.
- Review the effectiveness of rotational support visits from Health and Safety advisors to individual areas across the Health Board, revising approaches where necessary.
- Develop systems that identify, record and provide focused and escalated support to areas that require the greatest improvement.
- Appoint to a substantive Head of Civil Contingencies, and develop a team approach across the organization to take forward civil contingencies priorities.
- Review Business Continuity Plans and arrangements across the Health Board.
- Review Emergency Plans across the Health Board.
- Consider any emerging findings from the UK Covid-19 inquiry evidence hearings that might improve our Civil Contingencies preparation by addressing in advance of formal recommendations.

What difference to outcomes will this make?

Robust adherence to both HSE and Civil Contingencies Act legislation will reduce the risk of avoidable harm and improve the overall effectiveness and confidence of the organisation.

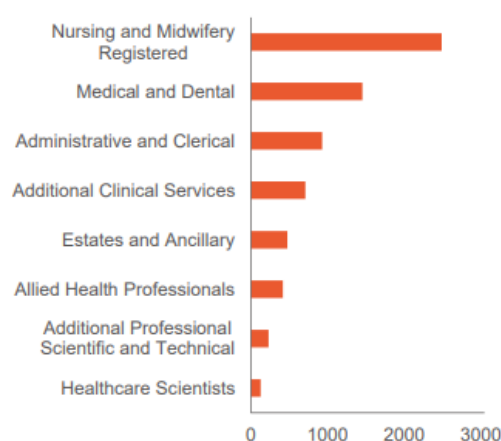
1G: Workforce Planning

Like other NHS organisations, the Health Board is grappling with difficult workforce planning conditions. This means that although the Health Board has made considerable in-roads into workforce planning in recent years ongoing development is necessary and a priority.

The underpinning principles are to create workforce plans that enable the services to recruit the 'right people' with the 'right skills' to provide services in the 'right place'.

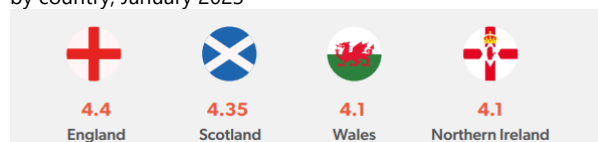
Work undertaken by Audit Wales in 2023 illustrates the current workforce challenges that exist¹³:

Across the whole of Wales, there are around 6,800 full-time equivalent vacancies, of which around 2,500 are for registered nursing and midwifery posts, and around 1,500 are for medical and dental vacancies.



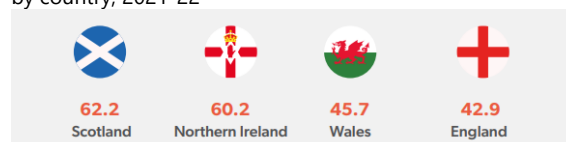
Source: Audit Wales, 2023

Number of Doctors (headcount) per 1,000 population, by country, January 2023



Source: Audit Wales, 2023

Number of dentists registered to practice (per 100,000 population), by country, 2021-22



Placing the focus upon seeking to recruit like-for-like professionals to fill vacancies will not be successful and a range of complementary approaches are required to reach a satisfactory workforce equilibrium. This includes

- The need to review our structures to ensure they are as efficient as possible across the Health Board.
- Ensuring that the Health Board does everything reasonably possible to retain staff and to grow skills from within.
- Ensure that the Health Board makes the most efficient use of its workforce, recognising that, in recent years, productivity has not always improved with increasing staffing.

¹³ https://www.audit.wales/sites/default/files/publications/NHS_Workforce_data_briefing_English_Webvrs.pdf

- Ensure that we prioritise workforce planning and a shift of workforce capacity focused around the areas of greatest need and service value.

Why this has been prioritised in the 2024-27 plan?

The Health Board has a range of workforce challenges, particularly (but not only) in clinical environments. Further developing our workforce planning approaches at pace will reduce the number of critical vacancies the Health Board faces, and importantly start building a more sustainable workforce for the future. There are opportunities to develop new roles and new ways of working, taking advantage of local and the national transformation programmes.

Many services require complex changes to skill-mix that take a number of years to plan, with clinical training sometimes requiring several years to complete. It is therefore important to prioritise this work in order to address current challenges and to minimize any delays in making changes for the future.

In addition to recruiting new staff, the focus remains on supporting our valued workforce, and enabling opportunities for them to meet their fullest potential.

Priorities

The Health Board will

- An organisational 'Approach to Workforce Planning' will be designed, building on the already established 6-step approach of HEIW. The health board will systematically assess services against the workforce planning approach, starting with 'challenged' services. Each 'challenged' service will have an agreed workforce plan.
- Specific partnership work with Health Education and Improvement Wales (HEIW) will be strengthened to focus on key 'challenged' services to identify and build strategic approaches.
- Continue to identify opportunities for innovative skill-mix redesign in addressing hard to recruit vacancies.
- Continue to develop local training opportunities through the Primary Care Academy and Dental Academy approaches adopted in North Wales.
- Support Bangor University to ensure that the experiences of students in the North Wales Medical School are high, thus encouraging graduates to remain in North Wales once qualified.
- Support all academic partners to ensure that the experiences of students across all professional groups are high, encouraging graduates from across healthcare sectors to remain in North Wales once qualified.
- Support ongoing and new initiatives to streamline national and international recruitment.
- Continue to work with local education providers in Higher and Further Education to support 'Grow our Models' initiatives that ensure development opportunities are available for staff progression, and for others across North Wales, supporting a local Health Board workforce supply.

- Continue to support flexible working and the redesign of services in order to stabilise the current workforce by optimising the way in which we work across services and localities.
- Continue to reduce agency usage, reviewing fixed term and locum arrangements to provide a more sustainable workforce. Remain focused upon maintaining the improvements in nursing and midwifery staff turnover seen in 2023-24.
- Ensure that enablers, such as digital, continue to be considered in respect to the improvements they offer for workforce skill-mix, recruitment and retention, as well as the improvements offered to service quality.

What difference to outcomes will this make?

Developing further skills in workforce planning will reduce the number of significant gaps in the Health Board workforce by allowing a prioritised approach to current vacancies, develop future models of care, and to minimise the dependency upon expensive agency staff often available on an inconsistent basis.

These changes will improve patient experience in-year, and will ensure that changes the Health Board makes are more likely to succeed and deliver the best outcomes.

1H: Quality Management System

The Duty of Quality came into effect in 2023, placing a legal responsibility upon organisations within NHS Wales to work to improve the standard of services. However quality is more than just meeting service standards; to be successful, quality management will require a system-wide way of working in order to continuously, reliably and sustainably meet the needs of the population that the Health Board serves. To do this well the Health Board will need to make fundamental changes in the way that Quality considerations are woven in to control systems and decision making.



A culture of candour, continuous learning and improvement is crucial in pursuit of an effective Quality Management System. The Health Board recognises the considerable work still required to build this culture and for staff to be confident of support. For this

reason work to embed appropriate cultures has been prioritised within Objective 3 on compassionate leadership and organisational development, on engagement, and upon improving partnership working, and within Objective 5 ensuring we learn from every opportunity.

An effective quality management system (QMS) is about much more than Quality Improvement. Rather, it draws together the interrelated elements of quality planning, quality improvement, quality control, and quality assurance to create a system of quality that spans everything that is undertaken in the organisation. To be successful these elements, supported by an ethos of continuous learning,

need to work together seamlessly and be hardwired into Health Board decision making and performance monitoring.

The purpose of this key priority is to undertake work to build these principles more deeply into the systems and processes of the Health Board.

Why this has been prioritised in the 2024-27 plan?

The Health Board is making progress, working with staff to explore the best way of implementing a robust Quality Management System with which to support and assure quality-focused decision making.

The Health Board wishes to continue to make use of expertise and support provided by Improvement Cymru and the Institute of Healthcare *Improvement in progressing this work.*

Priorities

- The Health Board will continue to work with the Institute of Healthcare Improvement to inform the QMS design and to incorporate learning from other organisations.
- During 2024-25 the Health Board will complete the redesign of an appropriate Quality Management System (QMS) for deployment across the organisation.
- During this time, the Health Board will apply the emerging QMS to arising quality improvement initiatives, so that they follow a whole system QMS ethos, and to also learn so that the overall QMS deployment is successful.

During 2025-27 the Health Board will continually review and monitor the impact of the QMS iterating it as appropriate to ensure it meets the objectives laid out within the Duty of Quality.

What difference to outcomes will this make?

Revising the Health Board approach to quality in such a systematic and robust way will lead to improved reliability, improvements in sustainability, better experience and improvement in clinical outcomes.

11: Welsh Language

The Health Board operates within a legislative framework for Welsh language, in the form of compliance with Welsh Language Standards under the Welsh Language (Wales) Measure 2011. The Health Board also operates in line with the Welsh Government's Strategic Framework for Welsh Language Services in the Health and Care sector, 'More than just words'.

In addition to the statutory duties to ensure provision of Welsh language services for patients, the Health Board recognises the importance of promoting the Welsh language for staff. As a large employer the Health Board can make a significant contribution to sustaining the language both within the organisation and across North Wales.

Why this has been prioritised in the 2024-27 plan?

Delivering services to patients and service users in their preferred language is a key factor in providing high quality care, and is particularly important for our more vulnerable patients and their families.

Priorities

During 24/25 the Health Board will focus on:

- Establishing a consistent approach to the delivery of the Welsh Language Standards, by adopting Standard Operating Procedures for specific compliance areas.
- Aligning short and medium-term targets established within 'More than just words' with the Welsh Language Standards work programme, to enable the Health Board to focus delivery for specific areas and groups.
- Informing the future workforce of the opportunities Welsh language skills can provide for careers within healthcare.
- Incorporating an additional Service Level Agreement into the in-house translation demand, which will see the Health Board maximising its potential and expertise, providing a translation service to two health sector organisations in Wales.

What difference to outcomes will this make?

Focusing on these priorities will ensure that the Welsh language needs of patients, public and staff are met and that the Health Board workforce can develop their language skills within the workplace.

1J: Decarbonisation

In April 2021, the Welsh Government launched the *NHS Wales Decarbonisation Strategic Development Plan 2021-2030*, a plan to tackle the Climate Emergency that it declared in 2019¹⁴. The Health Board has developed a five year decarbonisation action plan (DAP) 2022-2026 with support from the Carbon Trust. The plan considers our buildings and energy, procurement, transport, travel, healthcare and corporate carbon management. There are 104 actions in the Health Board DAP, and over 70 actions in the Welsh Strategic Plan.

Why this has been prioritised in the 2024-27 plan?

The Health Board DAP is a response to the Welsh Governments ambition for the public sector to be net zero in carbon emissions by 2030. NHS Wales contribution to the net zero carbon target is to reduce carbon by 16% by 2025 and 34% by 2030.

Capital investment funding is expected to be challenging in the coming years, and so it is important to take a prioritised approach that sees progression each year.

Priorities

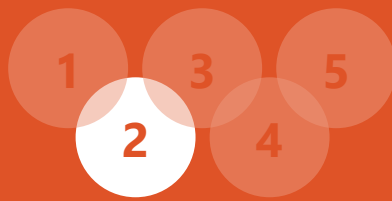
The Health Board will

- Fully replace all existing lighting with LED lighting by 2025.
- Prepare to be able to progress low carbon heat generation for non-acute sites larger than 1,000m² by 2030.
- Ensure that all new medium and large freight vehicles procured after April 2025 meet the future modern standard of ultra-low emission vehicles in their class.
- Continue to make the case for digital solutions that offer the potential of using less paper, in addition to the patient safety opportunities that digital solutions can provide.
- Continue to support our workforce to identify other decarbonisation opportunities for wider adoption.
- Install onsite renewable energy generation facilities where viable to do so.
- Progress the procurement of 100% REGO-backed electricity.
- Consider carbon impact when procuring services, sourcing locally where possible.

What difference to outcomes will this make?

Consistent improvements in Health Board carbon emissions across 2024-27.

¹⁴ <https://www.gov.wales/nhs-wales-decarbonisation-strategic-delivery-plan>



Developing strategy and long-lasting change

The Health Board is clear that through the development of clear strategy, rooted in addressing clear objectives built upon population needs, long-lasting change can be prioritised and then delivered leading to services that best meet the requirements of our public and that are sustainable and of high quality.

Objective area 2 draws upon the wish of the Health Board to be clearer about this and to progress the development of strategy and long-lasting change in a structured, evidence-based and inclusive way.

Summary

Objective 2: Developing strategy and long-lasting change		National Planning Framework	Special Measures Framework
2A	10 year Strategy	✓	✓
2B	Clinical Services Plan	✓	✓
2C	Commissioning	✓	✓
2D	Capital Priorities: supporting change to happen	✓	✓
2E	Digital, Data and Technology (DDaT)	✓	✓
2F	Prioritisation	✓	✓
2G	Effectively delivering Major Change	✓	✓
2H	Strengthening Planning	✓	✓
2I	Finance Governance Environment	✓	✓
2J	Early identification and support of Challenged Services	✓	✓

2A: 10 year Strategy

The Health Board has a strategy 'Living Healthier, Staying Well' but observations are that it doesn't provided sufficient direction around which the Health Board can plan in the coming years. It is important that the Health Board addresses this in order to shape direction and prioritise service delivery that is fit for both current and future needs of the population of North Wales.

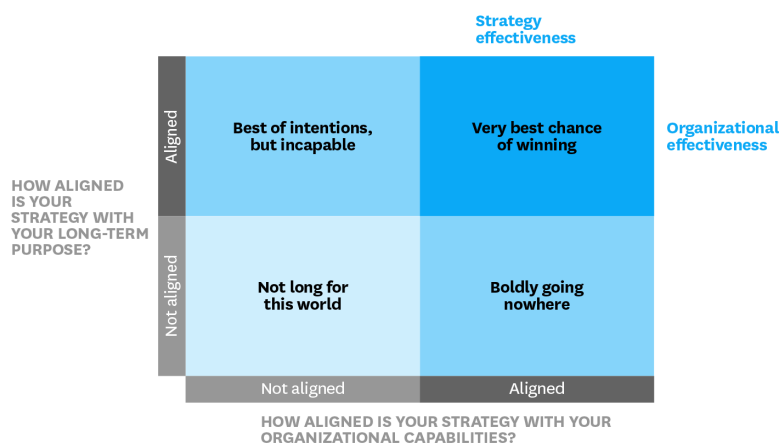


Figure 8: The need for Strategic Alignment. Trevor & Varcoe, reproduced from Harvard Business Review

The success in creating a 10 year strategy that is able to provide this direction lies in being able to have honest conversations about the competing challenges and pressures being faced, and the advantages and disadvantages of the different ways of best meeting addressing those challenges. These conversations will require time to ensure that the solutions identified have been identified and co-produced with the full input of the public of North Wales, our partners, and clinician experts. As

such, this activity will be supported by the work laid out in Objective 3 later. That work will underpin our approach to continual conversations that are meaningful and how we incorporate the evidence-based concept of 'open strategy' that draws in all ideas and views, into this work¹⁵.

Why this has been prioritised in the 2024-27 plan?

The Health Board is currently unable to operate within budget to the expected standards. Whilst our staffing establishment has increased, output and throughput has not increased to the same extent and the Health Board is spending attention and increasing resource to maintain services that in some instances are not viable in their current configuration. Whilst this is impacting upon productivity presently, the impact will increase in the coming years if reconfiguration does not occur, because of changing population demographics, advances in healthcare and the impact this has upon how we train, recruit and retain healthcare professionals of the future.

The Health Board wishes to firmly address this and bridge the gap between population need and how our services are prioritised and delivered. The first part of this journey involves reestablishing clarity of purpose, agreed through honest and meaningful conversations with the population of North Wales. A clear ten year plan will in turn inform the creation of a clinical services plan for the coming years, and will identify the areas where prioritization of change will be necessary. These inter-related activities are discussed later in this Objective 2 section.

¹⁵ Open Strategy (2021); Stadler, Hautz, Matzler, Friedrich von den Eichen. Massachusetts Institute of Technology Press.

Priorities

- Collaboratively refresh Health Board well-being assessments.
- Establish a systematic approach, commencing with identified health needs, collation of evidence, design principles, and clinical and citizen reference groups.
- Agree a schedule of 'what matters' conversations focused upon what has been identified above, and an understanding of successful service developments undertaken elsewhere that have helped to address similar issues.
- Undertake conversations as scheduled, continually evolving the conversations based upon what has been heard in earlier events.
- Collation of a high level summary of findings, and commence identifying the key strategic opportunities to test with stakeholders.

Moving into years 2 and 3 the Health Board will

- Agreement of a ten year strategic plan for BCUHB that reflects the contributions received during 2024/25 and that aligns with the resources that are likely to be available.
- Whilst completing the ten year strategy, the Health Board will use the emerging findings from this work to fully inform the 2025-28 plan.
- The Health Board will use the strategic plan from this work to fully inform the 2026-29 plan.

What difference to outcomes will this make?

A refreshed strategy for the Health Board will provide a roadmap around which to prioritise improvements and clinical service configurations that best meet the needs of the north Wales population. In turn this reduces the risk of fragile services providing sub-optimal services. Taking a structured planning approach will allow the Health Board to develop services in an efficient way, getting the best outcomes from the resources available.

2B: Clinical Services Plan

Clinical Service Planning is necessary to ensure that we are prioritizing the right clinical services, in the right way, in the right places to best meet population need. But to do this, the Health Board requires a clear strategic roadmap for the ten years ahead, meaning this Clinical Services Plan work must follow progress being made in the ten year strategy. Prioritisation (and where appropriate, deprioritisation) will be required to ensure our clinical services plan is deliverable using the resources available to us.

This means that successful creation of an effective, complete Clinical Services Plan requires our work upon our ten year Strategy, above, and how we approach Prioritisation (priority 2D below) to also be progressed. In addition there are also a number of other interdependencies and related pieces of work that touch upon the delivery of an effective Clinical Services Plan including in this current 3 year

plan, including Value & Sustainability (priority 3C) and all of the Objective 4 (Improving quality, outcomes and experience) priorities.

Thus, the different elements of the three year plan that have been prioritised complement each other. The Clinical Service Plan will draw these elements together to create a clear and deliverable clinical plan for how to enact the Strategy over a rolling three year horizon.

Why this has been prioritised in the 2024-27 plan?

Whilst the CSP will draw upon the 10 year Health Board strategy the Health Board cannot wait until the refreshed strategy is agreed before working on how this could be delivered clinically. To do so risks addressing clinical changes in an order that does not reflect our greatest areas of clinical risk, or in ways that do not consider clinical inter-dependencies and nuances.

The Health Board wishes to agree a draft Clinical Service Plan approach, with the draft updated as the 10 year strategy conversations progress to maturity.

Priorities

- During 2024/25 the Health Board will develop a draft Clinical Services Plan that adequately incorporates the *known* clinical requirements of the next 3 years.
- Moving into years 2 & 3 the Health Board will refine and mature the Clinical Service Plan to reflect the emerging Health Board 10 year strategy and the expected changing demographic requirements.
- The Clinical Services Plan will be deliverable within the resources anticipated to be available to the Health Board.

What difference to outcomes will this make?

The Health Board will be better able to make decisions about Clinical Service provision that are better tested for sustainability, leading to less instances of having to urgently resolve service delivery difficulties and leading to better patient experience.

2C: Commissioning

The Health Board recognises that there is an opportunity to further improve the services that are contracted from other organisations. The pandemic saw a shift to contracting services on a block basis across the UK in order to focus priorities upon delivering covid-19 care; however in many instances block contracting has continued and reduces the opportunity to ensure commissioning for quality and outcomes is foremost. Moving from a contracting approach to one build upon commissioning principles that systematically consider population needs, priorities, well governed procurement and the monitoring of quality would lead to higher value from the services that other organisations provide on behalf of the Health Board.

Adopting a commissioning framework approach, delivered with a timely approach, also contributes to the sustainability of partners, helping them to plan well.

Whilst the Health Board will prioritise the largest areas of opportunities first, commissioning principles will be extended to reach across all areas of contracted clinical care as this will help to embed a 'once for North Wales' approach, promoting partnership working, integrated care, and co-ordination across the Region and with partners in NHS Wales and NHS England.

Ministerial priorities for 2024-25 include an expectation that organisations maximise opportunities to work regionally. In many respects the geography of North Wales means that the Health Board covers a whole regional footprint. However there are considerable opportunities yet to be realised to re-configure existing services within the Health Board on a more strategic, North Wales regional basis and the needs to do this, including improved quality, recruitment potential, and efficiencies will inform our conversations with the people of North Wales as the Health Board progresses its 10 year strategy and clinical service priorities covered in previous pages. Furthermore, the Health Board will continue to prioritise work contributing to the mid-Wales collaborative.

In addition, this commissioning approach will help the Health Board to address the significant challenges that it experiences in the 'operational planning' and delivery of services delivered within the Health Board. It is recognised that the Health Board has struggled to recover and then improve the efficiency of planned care (both outpatient assessment and subsequent treatments) following the pandemic. Operational planning capability and capacity within the organisation requires ongoing support and applying commissioning principles to this will be beneficial.

Why this has been prioritised in the 2024-27 plan?

Implementing a more systematic commissioning approach has previously been postponed due to the Pandemic and capacity to approach this during the previous 12 months. Prioritising this activity now will enable the Health Board to reset contracts for areas of commissioned activity that would lead to a greater focus upon value and quality.

Priorities

The Health Board will

- Appoint a Director of Performance and Commissioning, with specific experience of whole system NHS commissioning.
- Design and commence implementation of a new organisational framework approach to commissioning and contract management, built upon learning from best practice across the UK.
- Review current block purchase NHS contracts, applying our commissioning framework.
- Monitor NHS contracts against the agreed Health Board commissioning framework.
- Support operational teams within the organisation to apply commissioning principles to services provided directly by the Health Board, using best practice 'demand and capacity' modelling and prioritising additional support to areas of highest clinical need.
-

What difference to outcomes will this make?

Prioritising this activity now will enable us to reset contracts for areas of commissioned activity that would lead to a greater focus upon value and quality.

2D: Capital Priorities – supporting change to happen

In a number of areas of service improvements that the Health Board wishes to progress, capital funding support is required. Capital funding resource is over-subscribed and so the Health Board has carefully prioritised plans to ensure that those providing the highest value to the population of North Wales are put forward for additional planning and funding support from the all-Wales NHS Capital Programme, and the Health and Social Care Integration and Rebalancing Capital Fund (IRCF).

The Health Board has been fortunate to secure funding support during 2024-25 to improve clinical facilities at Llandundo Hospital, creating an Orthopaedic hub that will significantly help to address the backlog delays that currently exists for joint replacement surgery.

Amongst other programmes of work, the Health Board is also working to secure funding for much needed new mental health inpatient facilities on the Glan Clwyd site, and for expanded facilities at the Royal Alexandra Hospital in Rhyl. The Health Board is also progressing the completion of anti-ligature work across the Health Board.

These projects reach across multiple teams within the Health Board, partners, and 3rd party contractors and require dedicated management to deliver on time and within scope.

The Health Board also recognises the opportunity to improve capital funding opportunities by the disposal of estate that is of poor quality, where services could be better provided by reconfiguration, or where services are no longer being provided.

Alongside this Annual Plan the Health Board will submit a Capital Prioritisation Submission document to NHS Wales, structured in accordance with the requirements of NHS Wales Capital colleagues. Thirty two schemes were identified within the Health Board as in scope for this exercise, based on a review of the Health Board's Estates Strategy (2023), the Annual Plan, the 10-year Infrastructure Programme (2022), bids for discretionary capital for 2024-25, the Business Case Tracker and the list of Digital priorities. The schemes were been ranked using the same scoring methodology as the one that will be used by Welsh Government plus two other factors, *deliverability*, and *immediacy*.

Why this has been prioritised in the 2024-27 plan?

It is imperative that the Health Board is able to commit specific attention to successfully deliver the complex programmes of work that require capital funding support in order to deliver them on time and according to their scope.

Estate improvements will significantly contribute to our ability to better deliver against Ministerial Priorities, particularly in orthopaedics, and in delivering services to a higher quality and experience.

Priorities

Llandudno Orthopaedic Centre. In 2024-25 the Health Board will deliver the Llandudno Orthopaedic surgical hub, with surgery commenced on site delivering 1,900 orthopaedic procedures per year.

Ablett replacement programme. In 2024-25 the Health Board will complete the business case for the construction of the Adult and Older Persons Mental Health facility on the Glan Clwyd Hospital site, aiming to commence construction within 2024-25, and continuing into 2025-27.

Royal Alexandra Hospital. In 2024-25 the Health Board will continue to work with partners, including Denbighshire County Council, to complete a review of the proposed redevelopment of the Royal Alexandra Hospital in order to resubmit the proposal for capital funding support. Work in subsequent years will be scoped in line with the proposal outcome.

Estate disposals. In 2024-25 the Health Board will identify an approach that enables the Board to consider disposal of estate that is no longer fit for purpose or required.

What difference to outcomes will this make?

Delivering these capital projects to scope, within resources, and without undue delay will allow the Health Board to utilize new clinical areas for the benefit of patient care. Improved estate is necessary to allow service development and transformation.

2E: Digital, Data and Technology

Currently, despite some good progress, Digital and Intelligence systems in the Health Board are still not good enough compared to other Health Care organisations across the world. The Health Board will continue to improve the use of technology to provide better health care services.

Why this has been prioritised in the 2024-27 plan?

Good technology is essential for providing better healthcare and improving people's health outcomes. We will work to get the basics right including how we deliver Digital, Data and Technology to enable us to catch up with the rest of the World.

Priorities

- Electronic Healthcare Record (EHR). The Health Board will work with stakeholders across BCU and Wales to develop and secure agreement for investment in an Electronic Health Care Record (EHR) transformation. Due to the safety concerns in Mental Health the Health Board will commence the accelerated procurement and implementation of a tactical Mental Health specific EHR starting in 2024.

As well as standardising the delivery of care and associated operational arrangements across the Health Board the EHR will replace a number of currently unsupported applications, developing and agreeing a wider digital plan for North Wales with the EHR at its core.

- Optimisation of current capabilities. The Health Board will work to optimise the use of current systems and capabilities to deliver the most value for patients and clinicians, mitigating the risks associated with duplication of systems and processes.
- Transformation of the DDaT Operating Model. The organisation will continue to modernise the running and delivery of Digital, Data and Technology. This will bring in the minimum capabilities and skills necessary to improve DDaT maturity against industry benchmarks.
- Essential Services Programme. The Health Board will upgrade infrastructure technology to prevent major IT failures and protect against cyber-attack.
- The DDaT team will be active contributors to the activity outlined in other priorities within the plan including *5D Intelligence Led* and *5E Learning Organisation*.
- Major Projects. The Health Board will work on the following priority projects which for which the Health Board is dependent on to continue operating:

LIMS 2.0: To provide a modern, sustainable pathology service. Improving clinical safety via improved standardisation.

RISP: RISP is a paperless radiology solution incorporating Radiology Information System (RIS), Patient Dose Management System (PDMS) & Picture Archiving & Communication System (PACS) into BCUHB.

Patient Numbering/WPAS : Providing clinical staff with a patient-centric view of information to support high quality care to support patient flow and clinical decision making.

Optimisation of Existing Systems: Optimising the functionality of our existing systems, making sure that the system meets user expectations and provides maximum value

Essential Services Programme: A series of protected ICT Projects and Programmes to ensure that the core infrastructure is robust, demand responsive and kept up to date

Therapy Manager Replacement: Replacement of our at risk Therapy Manager system

Mental Health System: Provide MH with a suitable system for their needs and to enable patient information to be captured effectively and shared with partners appropriately.

Joint Medical School: Improve WiFi and network connectivity providing blanket coverage and high-speed reliable connectivity into Medical School locations within the BCU Estate.

WPRS: WPRS E-referral system is to enable efficient and quality referrals to be submitted between Primary and Secondary Care electronically.

ePMA: Paper medicines charts and prescriptions will be replaced by a digital prescribing and medicines administration system Pan BCU

Teledermoscopy: Implement a specialist digital image storage and viewer to enable dermatologists to assess suspected skin cancer without the need for a face-to-face

Attend Anywhere/Virtual Consultations: Increase in the number of pathways where appointments and reviews are carried out virtually

Dental Replacement System: Replacement of the community dental services EPR that's been issued with an end-of-life notice for March 2024 (including data migration).

Single Sign on: Further roll-out beyond the ED's (Phase 1) to clinical areas such as wards/clinics etc.

Canisc: To recreate MDT forms, and cancer dataset forms, for clinical management. As well as specific forms for palliative care and screening.

What difference to outcomes will this make?

These changes will help us provide better and safer care. We will be more efficient and effective. We will use data and intelligence to make better decisions and therefore use public funds wisely. We will take a user led approach to service design with clinicians and other users to ensure the service and business change happens and benefits are realised.

2F: Prioritisation

The Health Board has an outline 'Prioritisation' framework against which new developments are tested.

Applying the principles of Prioritisation is an essential step towards improving quality of care, access to care, and equality of provision. When committing public resource, the Health Board must ensure that interventions are supported that provide the highest value to the public of North Wales.

The Prioritisation framework has Value Based Care as the cornerstone, supported by impact assessments that provide assurance that improved quality and equity of access drives decision making. Further work is required to refine this, to adequately test it in real-time use and to then embed it within strategic decision making across the Health Board.

This framework will also serve the Health Board in identifying activity that is of low-value, or no-value. Providing interventions with low or no value significantly contributes to patient harm since the opportunity of healthcare related adverse events is higher than the likelihood of clinical improvement from the intervention. Continuing to invest in low or no value interventions also means limited resources are used up in ways that limit the capacity to provide more interventions likely to have better outcomes. Addressing this will provide an important mechanism by which the Health Board can redistribute resources to prevention, community and primary care services in line with A Healthier Wales and Ministerial direction.

Why this has been prioritised in the 2024-27 plan?

Further work is required to develop the Prioritisation framework in order to embed it within all resource allocation decisions. The Health Board operates within a resource-limited environment, meaning that the deprioritisation of ineffective or less-effective interventions allows additional resources to be directed towards the highest value interventions. Having a broader framework will support the Health Board to make better decisions regarding resource allocation. This will lead to a more effective strategic plan, and a quicker journey towards being resource sustainable.

Priorities

- Refresh current Prioritisation and Deprioritisation Framework approach used within the Health Board, to incorporate local learning gained during 2023-24 and the learning and approaches in place in other NHS organisations.
- Formalise the refresh into an approvable Prioritisation Policy for the Health Board.

Moving into years 2 & 3 the Health Board will

- Review impact of Prioritisation and Deprioritisation approach within the Health Board to ensure consistency of use within resource allocation decision making.

What difference to outcomes will this make?

Expanding the current Prioritisation framework to include an approach to Deprioritisation will ensure we make the best possible use of the resources available to us, for the residents of north Wales.

2G: Effectively delivering Major Change

At times, the Health Board has found it difficult to balance the approaches taken to delivering change in a way that provides the greatest likelihood of timely and enduring success. Adopting evidence-based approaches to the delivery of the larger, more complex, pieces of work is a well recognised way to improve success.

During the last year the Health Board has developed greater experience and established an infrastructure built upon a strong methodology, supported by an international evidence base. This

has led to the creation of the Betsi Way Programme toolkit. This was successfully deployed within the Health Board as a test of concept during 2023-24 in creating the Orthopaedic Business Case for Llandudno; this has directly led to the ability to secure capital funding for the Llandudno site within a much shorter time period than the Health Board would have taken previously, and with strong feedback regarding the high quality of submission. The toolkit was then further expanded deployed to provide PMO Assurance to our Special Measures reporting, leading to a higher proportion of on time delivery of milestones than historically would have been seen, and greater assurance in the quality of delivery leading to tangible service improvement.

Emerging areas where the application of consistent, evidence-based methodology will improve the effective delivery of change with the Health Board

Progressing an accelerated approach to implementing an **Electronic Health Record (EHR)**. This activity is covered in more detail in 2E: Digital, Data and Technology (DDaT)

Local delivery of the priorities identified by the national **Value and Sustainability** Board as being those most likely to have the greatest positive impact.

Improving the delivery of improved clinical outcomes in **Unscheduled Care** within the Health Board

Resetting the **Planned Care** programme to identify opportunities for improving demand, capacity and value planning and performance in planned care

The Health Board recognises the need to extend to a full deployment model that covers the delivery of the whole portfolio of the most complex 'major change'. In 2024/25 this will include (but is not limited to) our digital delivery priorities, including progressing an Electronic Health Record (EHR) in Mental Health services and our Emergency Departments, our local approach to implementing and aligning to the national Value and Sustainability Board, and the delivery of our Planned Care, and Urgent and Emergency Care improvement programmes.

Holding firm to evidence-based change management science will lead to greater tangible improvements from respective programmes, delivered in a more timely way.

Why this has been prioritised in the 2024-27 plan?

The existing approach is ready to be rolled out further and will bring more rigor to current major programmes, helping the Health Board to bring about improvements faster.

Priorities

- Establish the highest priority major change initiatives within the Health Board and transfer them into PMO oversight, with full adoption of evidence based delivery governance and scrutiny through Board Committees. The table above outlines those areas *currently* thought to be of greatest priority for inclusion in the major change portfolio.
- Finalise and agree the process of regular review of the major change portfolio to ensure it continues to be focused upon the areas when this approach offers greatest value, and with regular reporting of impact.

Moving into years 2 & 3 the Health Board will

- Review the deployment changes enacted in 2024/25 have had appropriate impact, modifying the approach if necessary.

- Introduce post implementation gateway reviews of projects and programmes previously completed to confirm that the early impacts seen have become embedded.
- Review the gateway review changes enacted in 2025/26 have had appropriate impact, modifying the approach if necessary.

What difference to outcomes will this make?

Applying robust programme and portfolio management skills to our major programmes of change will better support successful delivery according to scope, and avoiding unnecessary delays. This will lead to improvements being seen more quickly.

2H: Strengthening Planning

A review of Health Board planning processes was commissioned by Welsh Government in 2023, with final recommendations received in the Health Board in March 2024. The review and its recommendations will be considered by Board in April 2024, and will provide a nucleus around which the Health Board can consider additional opportunities to further develop strategic planning functionality within the organisation.

Several of the recommendations received are being addressed by other key priorities that are included in the plan; these include the recommendations to work on an overarching strategy and clinical services plan (Priorities 2A and 2B), operating model improvements (Priority 1C), improvements in delivering change (Priority 2F) and in being intelligence-led (Priority 5D).

Why this has been prioritised in the 2024-27 plan?

The Health Board wishes to utilize the Planning Review recommendations to continue to strengthen planning capacity in time to support a renewed focus upon strategy.

Priorities

In addition to the priorities laid out within the key priorities listed above, the Health Board will

- Implement the agreed action plan produced in response to the Planning Review to enhance capacity and capability for planning.
- Undertake further work with staff and stakeholder to refresh the design of the planning system in the Health Board. This will build upon the Integrated Planning Framework. This will specifically include building operational planning capacity.
- Undertake a review of current and future commitments, drawing out the planning capacity needed to plan and implement it. This will form a baseline from which feasibility, risk and inter-dependencies can be assessed.

What difference to outcomes will this make?

Implementing the recommendations will lead to improvements in planning performance within the Health Board, leading to stronger and more-timely decision making supporting a necessary increased focus upon strategy and sustainable service design. In turn, this will contribute to the delivery of high quality services that are robust.

2I: Finance Governance Environment

The Health Board is required to operate within an agreed set of Standing Orders (SOs) Standing Financial Instructions (SFIs) and Scheme of Reservations and Delegation (SoRD). The scheme of decisions is reserved to the Board; including the scheme of delegation of powers to Committees and officers of the Health Board. A range of national framework documents set out the arrangements within which the Health Board, its Committees, Advisory Groups and NHS staff make decisions and carry out their activities.

Why this has been prioritised in the 2024-27 plan?

The Health Board is required to provide assurance on the current arrangements and controls in place, taking corrective action where improvement is required. This enables the continual assessment of compliance with the Health Board's contract and procurement control framework (for both revenue and capital expenditure) and ensures oversight and control through appropriate delegation for decisions to be enacted.

The Health Board is also required to monitor the contracting cycle and related policies, procedures and processes across the cycle, undertaken by operational and finance staff and by the NHS Wales Shared Services Partnership and the local procurement team.

A sound system of financial control is essential in securing value for money in placement of contracts for goods and services in a legally compliant manner, also to be assured all financial transactions are reported accurately.

The end of year financial statements on performance audited by Audit Wales, the Health Board seeking receipt of a clean bill of health and unqualified opinion on production of the end of year financial statements, for recommendation of adoption by the Audit Committee and endorsement by the Health Board for filing with NHS Wales and Welsh Government.

Priorities

- Enhance and monitor the Financial Control Environment, key elements being continual refinement of the recently endorsed Standing Orders, Scheme of Reservation & Delegation and Standing Financial Instructions.
- In accordance with Audit Wales and Internal Audit support the enhancement of the control environment through active participation in the setting of the Internal Audit Plan, in conjunction with the Audit Committee of the Health Board.
- To ensure recommendations from review of the financial control environment by internal audit are implemented, supporting the end of year Head of Internal Audit Opinion offering assurance over the Health Board having a sound, strong system of internal control.
- To develop further the training and support offered to managers in application of the Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation, with specific focus on training in relation to procurement in securing value for money and engagement with the wider market in placement of orders for goods and services.
- A key component of the Procurement of goods and services centres upon the review of single tender waiver and contract approval process controls, including Welsh Government approval where required, and compliance with those controls to include approval of contracts and appropriate segregation of duties.

What difference to outcomes will this make?

The Health Board will ensure delivery of a robust control environment that complies with best practice in provision of oversight, our control mechanisms both locally and regionally aligned to the required national standards, securing a positive rating following review by Internal Audit with oversight through the Health Boards Audit Committee.

The implementation will ensure decisions taken are compliant with and aligned to that directed by the Health Board and offer value for money for the local population of North Wales, engaging with the market in a manner compliant with all relevant legislation and best practice. Further, through receipt of an unqualified audit opinion an assurance financial performance is reported accurately to the local population, NHS Wales and Welsh Government.

2J: Early identification and support of Challenged Services

The Health Board currently has a number of clinical services where maintaining a reliable and consistent service is difficult. A number of these services are struggling to resolve their backlog of planned care activity as quickly as is required.

Whilst some of these difficulties have arisen due to difficulties recruiting into a service which is otherwise optimally configured, many services that become challenged require considerable reconfiguration in order to become stable and able to deliver the efficient and high-quality service required. Being able to recognize early those services where reconfiguration is required provides the potential to intervene and resolve issues before they become deep-seated and impact upon service delivery.

Why this has been prioritised in the 2024-27 plan?

Within the first nine months of special measures the Health Board has commenced action plans to address the configuration and performance of a number of these challenged areas. The Health Board wishes to take the learning from this process to inform a more proactive programme of activity that can identify services on the cusp of becoming 'challenged' in order that support and intervention can be implemented before service performance deteriorates significantly.

Priorities

In 2024/25:

- Reflection exercise to identify the common themes and flags identified from addressing the first tranche of challenged services.
- Work with Hywel Dda Health Board to learn from the work that they have already done in this area.
- Taking the activities above, commence a clear triangulation approach in the Health Board that is designed to identify challenged services at an earlier point.
- Engage with the national work looking at 'fragile services' that forms part of the work programme of the clinical variation and service configuration workstream within the Value and Sustainability Board work.

In 2025/26 and 2026/27:

- Review the impact of the triangulation approach, and refine accordingly.
- Refine the Health Board approach to maintain alignment with the emergent national work from the national Value and Sustainability Board.

What difference to outcomes will this make?

The Health Board expects that by identifying services that are experiencing challenge and fragility at an earlier point, the activity required to resolve those challenges will be simpler and result in less patient pathways being adversely affected.



Creating compassionate culture, leadership and engagement

1

2

3: Creating compassionate culture, leadership and engagement

4

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Objective area 3 uses the huge body of evidence that demonstrates how culture, leadership and engagement with residents, staff, communities and partners, significantly impacts upon the quality of services and patient experience provided. The Health Board has identified opportunities to make improvements in these areas and prioritising these will lead to better outcomes.

Summary

Objective 3: Creating compassionate culture, leadership and engagement		National Planning Framework	Special Measures Framework
3A	Compassionate Leadership and Organisational Development		✓
3B	Citizen Engagement	✓	✓
3C	Being a Good Partner	✓	✓

3A: Compassionate Leadership and Organisational Development

The Health Board response to Special Measure improvement included a wish to further develop culture and leadership capacity. This work has commenced with the support of Professor Michael West from King's Fund, to encompass a strong focus upon 'compassionate leadership'. Compassionate leadership involves a focus on relationships through careful listening to, understanding, empathising with and supporting other people, enabling those we lead to feel valued, respected and cared for so they can reach their potential and do their best work. This is an evidence-based approach leading to strong and resilient teams that are better able to navigate the Health Board through a challenging period.

Importantly, compassionate leadership is not an end in itself; there is a strong body of evidence demonstrating that a compassionate leadership culture generates better outcomes from staff across the organisation.

Compassionate leadership will sit as a common thread through the wider organisation development work now underway within the Health Board. The newly established Organisational Development Steering Group will continue to shape and implement the key priorities of the OD plan, reviewing and reporting progress through the Executive Team and onwards to the newly formed People and Culture Board Committee.



Figure 9: Compassionate Leadership, from Prof Michael West / Health Education and Improvement Wales

Why this has been prioritised in the 2024-27 plan?

Foundational work has commenced in 2023-24 and the Health Board wishes to build upon this without losing traction. Creating a culture that is consistently compassionate and high performing is a continual journey that will continue to grow throughout the period of this three year plan.

This activity is foundational activity that underpins and interlinks with all other activities, both within Objective 3 and beyond.

Priorities

Organisational Development is a continual process that will therefore not be completed within 2024/25. During 2024/25 the Health Board will:

- Develop and commence the implementation of the Cultural Change Programme.
- Approve and implement the organisations Leadership Development Framework.
- Introduce approaches to enable a Board and Committee focus on staff experience, including staff experience stories.
- Support the establishment and effective working of the new People and Culture committee.

What difference to outcomes will this make?

Improvements in compassionate leadership and organisational development will allow faster improvement across the organisation, and greater staff satisfaction, leading to improvements in patient experience and outcomes.

3B: Citizen Engagement

The Health Board is committed to engaging directly with communities. This means not just early, but continuous engagement to enable listening and learning from the experiences and expertise of others.

This helps to ensure that plans and priorities are informed by what matters to citizens, and that people have the information and support to enable them to maintain and improve their health and wellbeing. This is a clear commitment made with awareness that the Health Board has not always managed this well in the past.

Why this has been prioritised in the 2024-27 plan?

There is a real opportunity to reframe relationships with the people of North Wales, to rebuild credibility and trust. A refreshed approach to engagement is endorsed by the Health Board and its leaders are committed to increasing visibility and strengthening engagement with communities.

Priorities

- The Health Board will build a wide-ranging engagement programme with communities across North Wales, providing opportunities to ask questions and find out more about the plans for the future.
- A Citizens Experience Report, produced every other Board meeting, will inform Board members about the key themes of interest and concern to the public.
- An Engagement Working Group will act as a catalyst for stronger cooperative working across the organisation and with independent colleagues and citizens (eg Llais, Forum Chairs). It will build genuine coproduction in engagement and patient experience and bring together

expertise and knowledge. The Group will develop the *Betsi Way: Engagement* and embed this across the organisation.

- The Health Board will learn from engagement with families, listening to family stories during reviews, understand what families continue to need and how they can be routinely involved and build an approach which becomes embedded.

What difference to outcomes will this make?

Meaningful engagement, strong relationships, partnerships and communication are at the heart of building trust and confidence in the quality of care and services, and intrinsic to the Health Board's journey of improvement and developing care to meet the needs of its population.

Capturing, analysing and triangulating the valuable feedback from citizens and working with them to shape improvements will demonstrate that they are fundamental to the development and improvement of care and services. This way of working will embed listening and engaging into the strategic approach of the Health Board. Strong citizen engagement will lead to the successful creation of our 10 year strategy (Priority 2A above) as a strategy that is recognised and supported by the population of North Wales.

3C: Being a Good Partner

The Health Board contributes to partnership working across a partnership environment that is complex and multi-faceted. Some of these partnership opportunities offer greater potential than has been made use of historically.

There are significant challenges ahead, some of which are shared not only across Wales but the UK and Western Europe, as well as internationally. The Covid-19 pandemic has had a lasting impact on the wellbeing of the population and the delivery of health and care. The increases in the cost of living and a challenging economic situation add to the picture and create a complex environment for all partners.

This level of complexity can only be tackled through a whole system approach; with Local Authorities, Third Sector and Charitable organisations, Housing Associations, Universities and Higher and Further Education partners, neighbouring Health Boards and the NHS in England. Furthermore, all evidence points to the solutions to these challenges being markedly better when understood as across our system partnerships.

Anchor institution

An important way for the Health Board to develop greater partnership impact in North Wales is through the recognition of its role as an 'anchor institution'. The term anchor institution typically refers to large, public sector organisations whose long-term sustainability is tied to the wellbeing of

the populations they serve¹⁶. As a partner to other organisations, and to the residents of North Wales as a whole, the Health Board can make a difference within the community through local procurement of goods and services, the way it uses its physical estate, the way it supports local employment, in reducing environmental impact and in collaborating to model civic responsibility.

Why this has been prioritised in the 2024-27 plan?

Partnership working is an area that the Health Board wishes to improve upon, noting that working in true partnership has not always been prioritised in the past. The Health Board wants to develop and support new and existing relationships so that partners are involved and are shaping solutions to the shared complex and difficult issues. The Health Board recognises the importance of agile decision-making.

Priorities

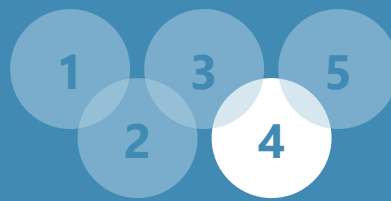
- The Health Board will review attendance at Regional Partnership Board (RPB) and Public Service Boards (PSBs) to ensure that attendees have the required delegated authority to allow consistent attendance and prioritisation of, and effective contribution and decision making in, those fora.
- The Health Board will review internal governance processes to ensure that, where possible, they dovetail and complement Regional Partnership Board and Public Service Board governance processes to allow timely decision making, whilst still maintaining appropriate internal scrutiny.
- The Health Board will seek to achieve greater integration of services, shared approaches to improving the wellbeing of the population and innovative and transformative ways of working that tackles much wider social, economic and environmental factors. Working in this way will enable a shared values approach, where community is at the heart of decision-making.
- The Health Board has already adopted a refreshed approach to using the Stakeholder Reference Group for advice and guidance as early as possible, with discussions including the contents of this three year plan, and on the next phases of special measures. The Health Board will continue to grow this approach with the Stakeholder Reference Group during 2024-25.
- The Health Board will continue to make improvements in involving Local Authority colleagues in the creation of our operational and strategic plans, including our Annual or 3 year plans.
- The Health Board will establish regular stakeholder briefings and listen to partners through an annual survey. This will be in addition to the routine update mechanisms already in place. The feedback will shape and improve how the Health Board works with its partners.
- The Health Board will explore opportunities to prioritise collaborative activities that offer the potential to address mutual challenges in ways that have greater impacts for North Wales residents. These include (but are not limited to) opportunities to procure more locally and to co-locate or position services in locations that best meet population needs whilst simultaneously improving value and efficiency for the partners involved.

¹⁶ <https://www.health.org.uk/news-and-comment/charts-and-infographics/the-nhs-as-an-anchor-institution>

- The Health Board will fully commit with the expectations of the Social Partnership and Public Procurement (Wales) Act, recognising it to be an opportunity to further deepen its commitment as an anchor institution.

What difference to outcomes will this make?

Ensuring that strategic and decision making processes within the Health Board integrate well within the wider system environment of RPB and PSBs will make it easier for decisions to be made that maximize the opportunity of working together to deliver better outcomes for North Wales residents.



**Improving quality,
outcomes and experience**

Objective area 4 covers a large thematic area encompassing the operational delivery of clinical services where improvements are required to improve performance across a number of key areas.

Good work, taking a pathway focused approach, has commenced in a number of areas. However the Health Board recognises the need to build further upon this at pace.

The experiences for many patients using urgent and emergency care services are that there are still long delays in receiving treatment in the right place. Work is being prioritised to expand urgent treatment opportunities outside of District General Hospital settings where it is safe to do so, including in primary care settings (including but not limited to GP services), and in minor injury service settings. Where urgent District General Hospital treatment is required the Health Board is continuing to develop service settings that result in less time being spent in Emergency Departments, or being able to avoid the Emergency Department altogether. And when Emergency Department treatment is required, and requiring ambulance conveyance, the Health Board is committed to improvements that mean patients spend less time awaiting handover from ambulance to the hospital.

In planned care services the Health Board still has further work to undertake to deliver improvements in long waits in some specialties. Some of these specialties require changes in configuration to effectively address backlogs in care and to make them more reliable and equipped for future demand. Work is contained within this plan to support the Health Board to continue to address these challenges and to better identify and address demand and capacity mismatch.

Cancer care services are comparatively well performing, achieving 62-day referral to treatment compliance in most areas with work underway to address non-compliance in Dermatology.

Adult Mental Health and Learning Disabilities services have been subject to considerable scrutiny over a number of years in relation to a number of enquiries and action plans and progressive improvements have been seen across the service. The Health Board recognises there is further progress required to place the service on a sustainable foundation able to achieve consistently high outcomes. During 2023-24 the Health Board was subject to prosecution by the Health and Safety Executive because of failings in anti-ligature assessments and as a result the Health Board is continuing to reinforce and embed risk assessment training and Estate modifications.

In CAMHS and Neurodevelopment services, the Health Board is continuing to respond to challenges being felt across the UK related to demand outstripping capacity. The approaches being pursued include a combination of efficiency and upscaling of capacity changes alongside the need to make transformational changes to deliver a service that is sustainable longer term.

More widely in children's services the Health Board has developed a particularly mature relationship with statutory partners across North Wales through work undertaken with RPB support, including in children's safeguarding. This work will be progressed further. Pathways of care

have also continued to mature between general paediatric services and CAMHS, and between general paediatric services and adult services.

The Health Board recognises the need to maintain significant focus on making urgent improvements in operational performance but is also aware that at the same time continued focus is required in parallel to redesign services to place a greater emphasis upon prevention and primary care.

▪ **Structure of this section**

The Health Board considers that a key requirement for successful clinical service delivery requires the adoption of an *integrated* approach, with pathways of care that move across different services doing so in a seamless way. For this reason, when designing improved pathways of care, the Health Board now does so using an end-to-end methodology that pays particular attention to avoiding disordered transitions to and from different services.

For the purposes of clarity within this plan this section has been divided into traditional service areas. Whilst some areas are comparatively discrete, others such as prevention and primary care span and include many of the other sections. However structuring in this way allows easier navigation across the specific challenges being addressed in different areas.

Summary

Objective 4: Improving quality, outcomes and experience		National Planning Framework	Special Measures Framework
4A	Patient Experience	✓	✓
4B	Prevention	✓	✓
4C	Primary Care and Early Intervention	✓	✓
4D	Community Care and Clusters	✓	✓
4E	Planned Care	✓	✓
4F	Cancer Care	✓	✓
4G	Urgent and Emergency Care	✓	✓
4H	Diagnostics	✓	✓
4I	Adult Mental Health, Learning Disability, CAMHS & ND	✓	✓
4J	Current 'Challenged Services' Vascular, Urology, Ophthalmology, Oncology, Dermatology, Plastic Surgery, Orthodontics	✓	✓
4K	Women's Services	✓	✓
4L	Children	✓	✓
4M	Pharmaceutical services	✓	✓

4A: Patient Experience

The Health Board has a Patient Experience feedback portal, using a nationally procured system, and has made good progress using this in outpatient areas where the volume of feedback is high compared to other Health Boards. However use is less consistent in other areas including inpatient settings and in Emergency Departments.

There is also more opportunity to use the learning from Patient Experience responses to rapidly improve services.

Moving forwards the Health Board wishes to build upon the experience of collecting feedback in outpatient areas to inform further development, firstly into Emergency Departments, and additionally to demonstrate that the information returned impacts upon service improvement.

Why this has been prioritised in the 2024-27 plan?

Collecting, and then using, patient experience feedback is something the Health Board wants to place at the centre of decision making. It has potential to contribute strongly to the quality management system and triangulation work that the Health Board is progressing but to do so the feedback needs to be used to full potential. This requires further activity to ensure learning based upon feedback.

To be of greatest use feedback collection must also be more expansive and consistent. The Health Board faces particular pressures in Emergency Departments and the greater collection of, and change build upon, patient experience feedback in these areas offers particular opportunity that the Health Board wants to progress urgently.

Priorities

During 2024/25, the Health Board will

- Expand the offer to patients to complete Patient Experience questionnaires during, or immediately after Emergency Department visits. This will include the use of SMS text invites building upon the learning from outpatients.
- Test the use of feedback mechanisms in more “real time” ways for acute hospital inpatients, using a few wards to test different approaches.
- Embed a system of feedback analysis that allows the recognition of good practice (to be disseminated) and early warning opportunities where additional intervention and support may be required, and demonstrate it is being used.
- Embed feedback reporting for public, Board and partner assurance.

During 2025/26 and 2026/27 the Health Board will then

- Expand the further roll-out into other settings building upon the learning from ED and pilot wards during 2024/25.

- Continuously assess response rates, striving to have high volume feedback that can reliably inform assurance processes.

What difference to outcomes will this make?

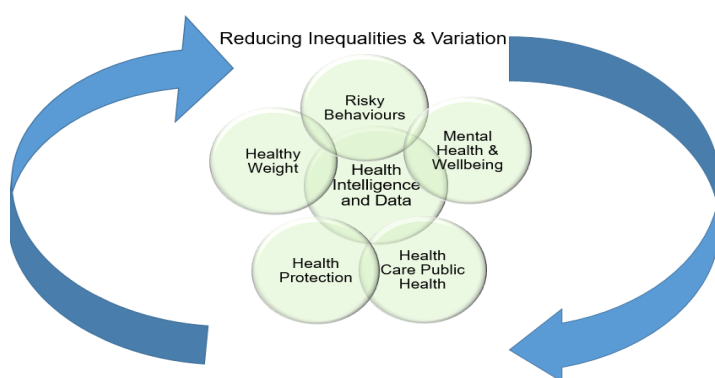
If collected robustly and consistently, Patient Experience feedback provides an opportunity to identify areas of practice that are good (and can be emulated across the Health Board) as well as areas that require improvement, in close to real time. This means the Health Board can learn from trends before they result in significant harm, but it also means that the patient voice can more greatly influence the development of our services. In summary, the experience and satisfaction of patients using our services would improve.

4B: Prevention

Prevention and reduction of avoidable ill-health are key priority areas and the Health Board will continue to engage with partners across the North Wales region to meet these challenges. Many of the chronic illnesses that contribute significantly to both unscheduled care and planned care attendances in Primary and Secondary care are largely preventable. These include type 2 diabetes, respiratory diseases, some cancers, and many cardiovascular diseases including stroke.

Why this has been prioritised in the 2024-27 plan?

Over recent years improvements in life expectancy rates across Wales, including in North Wales have slowed down. Higher mortality rates in 2020 due to the Covid-19 pandemic may account for some of this, however the stalling of life expectancy improvements commenced prior to this. Contributable causes include low wage growth, fuel poverty, food insecurity and austerity which disproportionately affect those in our poorest and most vulnerable communities, as well documented by Sir Michael Marmot.



The need to address health inequality is the key step in preventing avoidable ill-health. This plan considers public and population health data, intelligence and evidence of the population, communities and their needs. This is demonstrated through programmes of work which seek to tackle variation and inequity in services and protect the most vulnerable. Working with

partners, the Well North Wales programme will focus on a regional approach through collaborative working and the development of sustainable models for services which target prevention and early intervention.

The programme brings together already established aspects of work, some of which contribute to more immediate outcomes such as smoking cessation and benefits associated with Social Prescribing along with programmes such as the Inverse Care Law (ICL) which influence behaviours and environmental factors. The phenomenon of the Inverse Care Law, first described by the Welsh GP Julian Tudor Hart, in 1971¹⁷, describes how those that most need care are least likely to receive it.

Priorities

- **Diabetes.** The intelligence and evidence suggests three main areas where BCUHB could improve health outcomes for people with diabetes and deliver more effective and sustainable services. These are: Preventing people developing diabetes, developing effective primary and community models of care for diabetes and improving the intelligence to plan and manage diabetes care. The Public Health Team will continue to lead and support colleagues across the Health Board to create an improved Diabetes care pathway in North Wales (see also Priority 4D).
- **Immunisation.** The Health Board will continue to reduce variation and improve uptake of immunisations across the life-course, encouraging local teams to signpost patients, staff, families and carers to trusted sources of information on immunization. Currently, cases of Measles are on the increase and the Health Board is delivering targeted campaigns for increased delivery of MMR vaccination levels.
- **Well North Wales and associated programmes.** The Health Board will continue to develop the framework that makes the case for keeping people healthy utilising outcomes from the ICL workshops to work with partners to develop system approaches to delivery of wellbeing solutions in our communities.
- **Smoking remains the biggest cause of preventable ill health and whilst progress has been made in North Wales, continued work to increase referrals of smokers to the Help Me Quit (HMQ) Smoking Cessation Services will support a reduction in those smoking and the delivery of a smoke free Wales by 2030.** The Health Board will continue to deliver to the Smoke Free Regulations (2020) and the Board's No Smoking Policy.
- **Healthy Weight.** The Health Board will continue to implement a Whole System Approach to the Healthy Weight Delivery plan with key priorities of influencing the spatial planning system through local delivery plans and planning applications, influencing the food environment in workplaces and educational establishments and through maintaining the delivery within the All Wales Weight Management Pathway.
- **Physical activity.** The Health Board will continue to work with partners to support and encourage communities, including the Health Board's workforce, to think about physical activity as being a normal part of their daily lives.
- **Alcohol –** The Health Board together with partners will continue to deliver the North Wales Alcohol Strategy 2020-24 and contribute to the refresh.

¹⁷ <https://www.kingsfund.org.uk/publications/articles/inverse-care-law>

- Respond to the Gypsy, Roma and Travellers Needs Assessment and identify the opportunities to improve health for those in vulnerable communities including Asylum Seekers and Refugees; those in contact with the Criminal Justice System; and those with Learning disabilities.
- Corporate Parenting. The Health Board will commit to the Welsh Government Corporate Parenting Charter and consider ways in which it can support care experienced children and young people to have the same opportunities in life as all children and young people in Wales.
- Mental well-being. Through supporting delivery against the North Wales Together for Mental Health Strategy the Health Board will aim to improve mental health and well-being across all ages, and to promote the 5 Ways to Wellbeing for service users and staff.
- Continue to develop the work of the Health Board pathways of care team to maximise prevention and a public health approach within them.
- We will continue to implement plans which support elimination agendas including Hepatitis B & C, and Tuberculosis.

What difference to outcomes will this make?

As set out in 2023-24 Executive Director of Public Health Annual report¹⁸, BCUHB are committed to working with partners (internal and external) to develop and implement evidence informed system approaches to improving the health and wellbeing of our population.

Our priorities contribute to delivering two major strands to our population health plans for 24-25 through to 2026/27 which are focussed on tackling and reducing the inequalities, leading to differential outcomes for different groups in North Wales:

1. Well North Wales Programme which will focus on keeping people healthy, so that we maximise their ability to live healthy and fulfilling lives and contribute fully to their communities.
2. Healthcare Public Health and population health approaches to support BCUHB to shift towards a focus on prevention and early intervention to prevent conditions arising or where they do, to reduce the serious consequences of those conditions.

4C: Primary Care and Early Intervention

Note that this is a Plan summary. Further detail can be found in the National planning templates for GMS, Community Dental Services, Optometry Services and Community Pharmacy, which accompany this overarching Plan as appendices.

The vast majority of patient contacts in the NHS occur in Primary Care. The Health Board recognises the importance of stable, resilient Primary Care services in ensuring that the residents of North Wales have care at the right time and in the right place, medicalised only when necessary.

¹⁸ <https://bcuhb.nhs.wales/about-us/governance-and-assurance/>

Primary Care services are delivered through a mixed model of contractor delivered services and direct Health Board delivered services, spanning primary medical care, primary dental care, optometry and community pharmacy.

The Health Board currently provides directly managed primary medical care services for 106,386 patients across North Wales. There are opportunities to consolidate the Health Board approach in managing these services recognising that the future model for primary medical care services in North Wales will require a combination of directly managed and independent contractor-delivered practices. Acknowledging this means that the Health Board can now focus attention to draw out the resilience and innovation opportunities that longer-term direct management offers for these practices *and* for independent contractors.

The Health Board recognises the imperative to redistribute resources to community and primary care and to maximise the opportunities offered by key policies such as Further Faster. This is a significant challenge in a post Covid-19 setting and faced with significant resource and performance challenges across the Health Board more widely. In pursuit of this the Health Board will use opportunities including Value Based Care (priority 1E) , Commissioning (priority 2C), Prioritisation (priority 2E), and the emerging 10 year strategy (priority 2A) and clinical services plan (priority 2B) to anchor and then progress this requirement.

Why this has been prioritised in the 2024-27 plan?

The majority of healthcare contacts occur in Primary Care and there are services that could be better delivered by moving them more into Primary Care. To do this Primary Care must be supported to be resilient and helped to address the current capacity and sustainability challenges that exist.

Difficulties in accessing Primary Care services due to these capacity and sustainability challenges inevitably lead to individuals having to access other parts of the healthcare service unnecessarily, or live with unmet health need. As the majority of patient contacts occur in Primary Care settings this can have significant impacts.

Supporting same day primary care will help to reduce avoidable hospital Emergency Department attendances and ambulance use.

Supporting chronic disease management in primary care will help to minimise hospital outpatient referrals, and when done in collaboration with partners through our Locality/cluster teams this will minimise over-medicalisation.

Supporting managed practices to re-stabilise and then innovate and train a new cadre of Primary Care professionals, able to work in any part of Primary Care including in those practices that remain independent, will help all of Primary Care in North Wales to succeed.

Priorities

In 2024/25 (and extending into 2025-27 where required) the Health Board will

- Continue to implement the national 'Primary Care Model' for Wales, and engage fully in the national Primary Care Programme.
- Develop the Primary Care 'same day' offer, to provide more equitable access to primary care as alternatives to Emergency Department attendance or the avoidable use of 'out of hours' services.
- Continue to develop a pathways of care approach, working with primary care professionals to ensure they have access to the resources they need so that secondary care referrals only occur where they will add value to the patient.
- Continue to take a 'Primary Care Academy' approach to support healthcare professionals to develop advanced skills within primary care that allow skill-mix changes and increased workforce stability.
- Continue work to improve access to primary care dentistry.
- Continue to provide sustainability support to contractors that are in difficulty.
- Progress our strategic approach to a mixed model of primary care that supports contractors to remain independent contractors, and identifies ways in which directly managed practices can innovate, support independent contractor 'neighbours', test new ways of working, and increase involvement of primary care in research.
- Implement the new GMS Contract Assurance Framework.
- Improve Board visibility of primary care performance data.
- Continue to develop proposals that address areas of poor primary care estate impacting upon care delivery, including the proposals currently progressing in Penygroes (Canolfan Lleu), in Conwy West locality, in Bangor, and in Holyhead.
- Continue to work with Primary Care providers in North Wales to prepare suitable training environments for Medical Students from the North Wales Medical School.

What difference to outcomes will this make?

Increased resilience to primary care will lead to more timely access to healthcare, delivered closer to home and with less inequalities. Reducing avoidable secondary care use will lead to improved patient experiences in secondary care environments as well as primary care.

4D: Community Care and Clusters

Note that this is a Plan summary. Further detail can be found in the National planning templates for GMS, Community Dental Services, Optometry Services and Community Pharmacy, and in the North Wales Cluster Plans which accompany this overarching Plan as appendices.

Clusters or 'Localities' were introduced in North Wales in support of the 2010 'Setting the Direction' Welsh Government framework for Primary and Community Services. There are 14 clusters in North Wales spanning from some of the most rural parts of Wales, to some of the most urban areas. Each cluster has a unique set of population needs and challenges.

Over time clusters have evolved in line with the Primary Care Model for Wales, beyond being primarily focused upon supporting General Practices to work together to being about supporting the needs of their populations through wider collaborative working drawing in other professionals working in primary care, community NHS care and, importantly, other partners including local authority colleagues and voluntary sector colleagues. This shift in emphasis recognises the important role that others can play in community health and well-being, and reduces the risk of focusing upon medicalised approaches that could be better delivered in other ways. This includes work being done in exploring the potential of 'one stop' clinics in clusters that brings together prioritised work on type 2 diabetes (see priority 4B), the cross-support and innovation between directly managed and independent contractor primary care (see priority 4C) and the wish to improve the experience for patients with multiple long-term conditions (see priority 4E).

In this way, clusters support improvements in population health by integrating services at a local level to provide better, more joined up care for communities.

There remains much work to do to ensure that clusters are able to maximise their potential impact. In line with the rest of Wales the Health Board oversees the administration and governance of clusters in its area and during 2023/24 the Health Board implemented revised governance models and supported clusters to respond to the requirements of the Welsh Governments Further, Faster programme to develop and enhance community care to reduce pressure on hospitals. Alongside this each cluster has worked to strengthen their collaborative partnerships, and implemented priorities identified within each cluster for their local area.

North Wales Clusters
Anglesey
Arfon
Dwyfor
Meirionnydd
Conwy West
Conwy East
North Denbighshire
Central & South Denbighshire
North West Flintshire
North East Flintshire
South Flintshire
North West Wrexham
Central Wrexham
South Wrexham

Figure 10: North Wales Clusters

Why this has been prioritised in the 2024-27 plan?

Clusters are an important construct through which improved primary care and community services can be provided. They offer the potential to de-medicalise care by drawing upon the expertise of partners within their cluster collaborative, so increasing value and impact.

Clusters have populations of up to around 50,000 people allowing more localised solutions to reflect localised need.

Supporting clusters to develop has the potential to improve public health, reduce avoidable healthcare demand, and improve the sustainability of primary care and other health and non-health services.

Priorities

Note that individual cluster plans also contain more localised cluster priorities

- Implement the community resilience, social prescribing and early intervention programmes of care plans outlined within individual cluster plans.
- Roll out of the All Wales Diabetes Prevention programme, targeting the avoidance of developing type 2 diabetes.
- Continue developing community-based support and engagement approaches for people living with dementia and their carers.
- Increasing implementation of the Discharge to Recover then Assess (D2RA) model¹⁹, focusing upon what matters most to the individual, maximising recovery and independence and reducing the over-prescription of statutory services.
- Continue and expand the use of cluster-based Care Home support services that can provide timely assessment in order to minimise otherwise avoidable hospital conveyances.
- Further development of 'one stop' models of care to enhance the delivery of care for people with diabetes and related conditions.

What difference to outcomes will this make?

Cluster priorities include a range of interventions that are identified to improve public health outcomes. Supporting the work of Further, Faster through clusters is intended to reduce pressure upon hospital services. Supporting primary care providers to work collaboratively within their clusters is expected to improve primary care sustainability and resilience.

¹⁹ <https://www.gov.wales/sites/default/files/publications/2021-08/hospital-to-home-community-of-practice-key-learning-and-practice-examples.pdf>

4E: Planned Care

Note that this is a Plan summary. Further detail can be found in the National planning templates for Planned Care which accompany this overarching Plan as appendices. The delivery of our improvement plans in planned care during 2024-25 also tightly interweave with other parts of this plan, and in particular our response to challenged services (4J), diagnostics (4H), community care and clusters (4D), prioritisation (2E), addressing major change (2F) and value and sustainability (1E).

From the 1st April 2023 to the 29th February 2024, the Health Board undertook 277,105 new and 482,160 follow up secondary care outpatient appointments. A total of 32,466 elective inpatient and 113,628 day case procedures and operations were also undertaken. However planned care services are not where the Health Board would wish them to be and further work is required to fully return to, and then improve upon, pre-pandemic capacity.

The table below illustrates the number of patients awaiting planned care at the end of December 2023.

Cohort	Number of patients as of 31 st March 2023	Number of patients as of 31 st December 2023
Patients waiting over 52 weeks for a first outpatient appointment (Performance measure 30 in 2024 national performance framework)	13,480	14,166
Patients waiting over 156 weeks referral to treatment	3,813	1,405
Patients waiting over 104 weeks referral to treatment (Performance measure 32 in 2024 national performance framework)	10,379	8,317
Patients waiting over 52 weeks referral to treatment (Performance measure 33 in 2024 national performance framework)	36,095	36,935

As can be seen, the Health Board has managed to reduce the number of patients waiting for over 104 weeks from referral to treatment by around 2,000 patients, which equates to 20%, during the first 9 months of 2023-24, and in patients waiting for over 156 weeks for treatment, the numbers waiting has reduced by over 60%. The Health Board recognises that there is still a lot more progress required and understands how important it is to continue to reduce the number of patients waiting long periods for planned care. Many of the long waits relate to clinical services that are particularly challenged because of how they are configured and a summary of additional improvements in these areas is included in the priority of 'Currently Challenged Services' (priority 4J later). There are further opportunities to improve our long waits position by flexing capacity across the whole geography of the Health Board.

Whilst some services require particular reconfiguration support to reach full productivity, there also remains significant opportunity for improvements in general productivity across planned care services that do not relate to configuration. Work with GIRFT, referenced in the earlier parts of the plan, has been particularly helpful in drawing out the areas of greatest increased productivity opportunity. Alongside this, the Health Board will make full use of benchmarking data that will soon

be received as part of the national Value and Sustainability Board work (priority 1E) to explore further opportunities to learn and improve planned care productivity.

The Health Board is aware that whilst data supports that referral rates have significantly increased in North Wales during the past year, data from other Health Boards suggests that their referral rates may have increased to a lower extent. The Health Board is currently exploring the reasons behind this, including reviewing Health Board data quality, and interventions made by other Health Boards that might have contributed to their lower referral growth for example by implementing the Community Health Pathways model used by other Health Boards. Where there is reasonable evidence to support interventions then the Health Board will look to implement them at pace.

Unlike other organisations, the Health Board does not have dedicated 'cold surgery' sites at present. These are sites where surgical activity can be protected from the impact of urgent and emergency care pressures. Later in 2024-25 this will be partially addressed when the Llandudno additional theatres, ward space and radiology refresh becomes available for clinical use, creating dedicated, fit for purpose, cold-site orthopaedic facilities. The Health Board will continue to explore the potential of cold-site surgical and diagnostics capacity, in order to more clearly state how this can be addressed this. This will include, but is not limited to, build a case for phase 2 in Llandudno building further upon the work currently underway.

The Health Board currently has access to additional Welsh Government funding to support the reduction of long-wait backlog pressures, and to support those planned care areas under particular stress. Assumptions within these plans include the provisional allocation of this funding according to areas of greatest need and impact. Access to additional resource support within the organisation will first require agreement to, and then subsequent adoption of, reasonable GIRFT productivity principles. In doing this the Health Board will also have due regard to reducing variation of access across the geographical spread of North Wales.

Whilst the Health Board is focused upon addressing current waits and performance, priority work will also be progressed to better prepare for the future planned care requirements that the Wales Chief Scientific Adviser for Health "NHS in 10+ years" report lays out. Key messages from this are summarized in earlier parts of this plan, and will be used to inform creation of our ten year plan laid out in Priority 2A. However, pertinent messages include

- A rise in both primary and secondary care planned care impact arising from a greater number of people living with long-term conditions. Work in these areas spans prevention (since many of these conditions are preventable), primary care and secondary care. The Health Board will need to continue to increase the development of whole 'end to end' pathways of care for key long-term conditions that maximise the contribution of, and capacity requirements of, these different components. During 2023 work has been completed in a number of these areas with benefits realisation assessments to support the rebalancing of resources and expected improved outcomes. During 2024 this will be expanded to include other areas, most notably diabetes.
- There will be increasing numbers of people in Wales living with multiple long-term conditions, with the proportion of people living with four or more diseases doubling between 2015 and 2035, with people living with multiple diseases currently required to attend significantly more

outpatient appointments. The Health Board will explore options for supporting individuals with multiple long-term conditions, aiming to find ways of reducing the burden of multiple appointments that can significantly impact upon the individual and carers.

Why this has been prioritised in the 2024-27 plan?

The Health Board firmly recognises the need to improve planned care performance, with greater productivity and efficiency required and a focus upon a continual reduction in the longest waits. Progress has been made in particular for those with the very longest waits, but there are still too many patients waiting long periods for planned care interventions.

The Health Board also needs to change the approach in some areas of planned care to be better prepared for current and future demand.

Priorities

In 2024-25 the Health Board will

- Focus upon delivery of the ministerial priority to reduce long waits for Planned Care by focusing additional WG support in those areas with the longest waits, by identifying variation across the Health Board and variation with GIRFT best practice.
- Make improvements in the way that appointments and procedures are booked, to make this more efficient and more convenient and accessible for patients.
- The Health Board will do further work to validate waiting lists in order to have a more accurate position of current demand, recognising that patient requirements can change whilst on waiting lists.
- Maintain, and in places increase, momentum in applying Getting It Right First Time (GiRFT) recommendations. Planned care areas where GIRFT recommendations are being progressed include general surgery, ophthalmology, urology, gynaecology and orthopaedics, where there are too many patients waiting long periods for treatment. This will include the roll out of High Volume Low Complexity (HLVC) theatre lists.
- The Health Board will conclude the new build areas and refurbishment of Llandudno Hospital to create an elective orthopaedic centre, with the first patients scheduled to receive treatment during 2024-25. Alongside the Health Board is progress work to design a phase 2 expansion of the Llandudno elective surgical hub development.
- Work will be continued to address 'challenged' planned care services, including in orthodontics and dermatology. Improvement plans in these areas are covered in more detail under Priority 4J.
- The Health Board will do further work to understand the increase in referral rates in North Wales in comparison to benchmarking information from other Health Boards. In doing so the Health Board will specifically seek to understand the impact of implementing the Community Health Pathways platform in other Health Board. As an organisation seeking to apply the best evidence

to all decision making the Health Board will agree an implementation plan for Community Health Pathways if the evidence of impact supports this including incorporating the learning of Health Boards that have already deployed it.

- Irrespective of the Community Health Pathways opportunity, the Health Board will continue to embed use of the redesigned pathways referred to above which have been focused upon long-term conditions and which take an end to end approach covering from prevention through to tertiary care where applicable. In addition during 2024-25 the Health Board will continue the implementation of those pathways currently in development, including diabetes, and will review the impact of this approach.
- The Health Board recognises the particular opportunity that different approaches might have for those who live with multiple LTCs. As referenced above, these opportunities include delivering better care through less hospital visits by being more coordinated in secondary care service provision. During 2024-25 the Health Board will undertake work to identify the potential for different configurations and the impact they would have. This will inform the work covered elsewhere on our 10 year strategy (priority 2A), and upon value and sustainability (priority 1E) in particular. Depending upon the findings and recommendations of this work, the Health Board will seek to implement a different offer for those with multiple LTCs during the 2025-26 year.
- The Health Board has made progress in modelling 'Demand' against 'Capacity' (D&C modelling) in planned care, and in factoring in productivity opportunities arising from GIRFT best practice and other benchmarking but recognises that it would be beneficial to further mature our approach to this. During 2024-25 the Health Board will take the opportunity of support from colleagues in NHS Wales to further develop these skills and capacity. This will include local use of the benchmarking data that will be provided to us as part of the work being undertaken by the national Value and Sustainability Board.
- The Health Board will actively monitor the impact of additional planned care and sustainability funding support to ensure it makes maximum impact in delivering against planned care ministerial priorities. This includes ensuring that applying principles such as those laid out by GIRFT have been maximised in service areas before committing additional resource.
- The Health Board is committed to the use of 'Teledermoscopy' technology to improve efficiency within dermatology waiting times and to reduce avoidable travel for patients. Current infrastructure issues are limiting the rate at which the Health Board would like to deploy this. During the coming months the Health Board will re-assess this situation to identify any opportunity to expedite deployment.
- The Health Board has made significant improvements in waiting times in some areas, for example in prostate cancer referrals, by using approaches that direct patients directly to secondary care diagnostic tests before being seen by specialist clinicians. Whilst considering this is a key component of Health Board pathway re-design, during 2024-25 the Health Board will explore further opportunities to implement 'straight to test' in areas where wider pathway redesign is not currently scheduled.

What difference to outcomes will this make?

Progressing the activities above will lead to reductions in overall waiting list sizes and lengths of wait, with particular focus upon the longest waiting patients.

These activities will result in improved patient experience and less unnecessary travel. Health Board resources will be better used, allowing more care to be delivered.

4F: Cancer Care

Note that this is a Plan summary. Further detail can be found in the National planning templates for Cancer which accompany this overarching Plan as appendices.

The Health Board's Cancer Care programme is aligned to Welsh Government's national Planned Care and Cancer programme.

During 2023-24 the Health Board has worked to lay out a cancer care road map for the coming five years, recognising this structured approach to be crucial to improving cancer outcomes in the region. The North Wales Cancer Partnership Board, established in 2022 to improve cancer care in the region brings together healthcare professionals, patients, and carers to coordinate and improve cancer services and has overseen the development of this road map.

Over 4,500 people in north Wales are diagnosed with cancer each year which represents an increase of 18% over the last 20 years. Within this overall increase there are a number of cancers that have increased significantly (opposite).

Cancer site	Change in cancer diagnoses (2002-19)	% increase
Urology	+269	50%
Colorectal	+95	15%
Breast	+91	15%
Melanoma (skin)	+79	64%
Head and neck	+59	50%

Figure 11: Changes in cancer diagnoses

Cancer Research UK published figures in January 2023 indicate that cancer incidence will rise by 30% by 2040, with particular increases in kidney, prostate, skin and pancreatic cancers, driven primarily due to an ageing population and lifestyle factors, particularly smoking and obesity.

This is supported by the findings of the Wales Chief Scientific Adviser for Health "NHS in 10+ years" report that identifies published literature projecting an increased prevalence in overall cancer rates, and of bowel and breast cancer in addition to those above.

53% of cancers are diagnosed following a primary care suspected cancer referral, with almost 40,000 such referrals per year, which has increased year on year in line with guidance and best practice with the aim being to increase early diagnosis rates as currently, 7% of primary care suspected cancer referrals result in a cancer diagnosis, above the national guidance level of 3%. The remainder arise following non-cancer referrals (32%), as part of a screening programme (8%) or following an emergency admission (7%).

Cancer survival rates in North Wales are statistically in line with average Wales rates.

Health Board referral to diagnosis times for cancer pathway are comparatively strong although the Health Board is not yet fully compliant with the 62 day suspected cancer pathway in Dermatology.

Why this has been prioritised in the 2024-27 plan?

The Health Board wishes to continue building upon comparatively good historic cancer referral to diagnosis waits, and improving outcomes, by addressing those areas of cancer care that remain challenging across primary and secondary care and in cancer diagnostics.

Recruitment and retention of specialist staff has presented difficulties in recent years but there have been recent improvements. It is a key priority to now embed this.

There are opportunities to improve the experience of patients with certain cancers where treatment is currently being provided outside of North Wales.

Priorities

Within this plan the Health Board will focus cancer care improvements around the following areas:

- Maintain access standards for treatment within 62 days by the end of 2025
- Implement our clinically led 'Cancer services road map' for the Health Board, and in so doing contribute to the overall shaping of the Health Board 10 year strategy.
- Eliminate the backlog of suspected cancer referrals in dermatology, including implementing the use of Teledermoscopy.
- In Urology, build on the success of the Health Board mpMRI biopsy pathway redesign where diagnostic times have been significantly shortened, using this impetus to revise our overall future model of urology cancer care and additional pathways.
- In colorectal cancer, sustain improvement in endoscopy waiting times made during 2023-24, and review Health Board colorectal pathways including undertaking work to more closely align workforce requirements to support future demand. This will include building on the successes of nurse led triage models of care within the Health Board.
- Progress with implementing Postmenopausal Bleeding (PMB) clinics in gynaecology on each acute hospital site.
- In oncology the Health Board will further develop the sustainable services plan for oncology, focusing upon workforce strategy.

What difference to outcomes will this make?

The activities above will result in a more resilient service for residents of North Wales, enabling the Health Board to maintain referral to diagnosis waiting times. The activities will also lead to more care being delivered in North Wales, resulting in less long journeys for individuals with cancer.

4G: Urgent & Emergency Care

Note that this is a Plan summary. Further detail can be found in the National planning templates for Urgent & Emergency Care which accompany this overarching Plan as appendices.

Urgent care is provided to patients whose illness or injury is not a life-threatening emergency. Analysis demonstrates that a significant number of patients who access Health Board Emergency Departments could have been treated within other health care settings such as minor injury unit settings, by primary care out-of-hours services (including 111) or in many cases by planned care services in less urgent settings. Signposting, alongside ensuring adequate timely access within planned care services, continue to be important in reducing avoidable demand upon Urgent and Emergency care services.

In 2024-25 the Health Board will place continued and refreshed emphasis on improving quality of care, patient experience and consistency of outcomes within urgent and emergency care services, recognising that significant improvements continue to be required to consistently deliver the performance standards expected within Ministerial priorities.

Whilst triage times when arriving at an Emergency Department have maintained a positive, reducing trend during the last 12 months, waiting times to then see a senior clinical decision maker remain unacceptable to the Health Board with median waits being significantly longer than in most other Health Boards.



In response to this the Health Board continues to work to adopt the national Six Goals for Urgent and Emergency Care Programme. The six goals programme recognises that the pressures seen and felt in Emergency Departments, and by our colleagues in the Welsh Ambulance Services NHS Trust (WAST), require solutions that do not only reside within Emergency Departments but that also require work done collaboratively within community settings to both reduce unnecessary attendances and to reduce delays in discharging those well enough to leave

hospital, and also work to improve flow through the wider areas of our hospitals. In all of these areas the Health Board recognises that there are opportunities to improve performance.

During 2024-25 a renewed approach will be required to ensure that the local deployment of this programme is having impact. This will include drawing further upon the support of colleagues in NHS Wales, and in bringing greater rigor and evidence-based management of the programme of change so that traction against agreed metrics can be demonstrated and rapidly addressed where this is not the case. To improve this the Health Board will bring the current local six goals programme under the auspices of the PMO Major Change Portfolio referred to in priority 2F. This priority was introduced to address the wide historical approach to delivering effective change within the Health Board that has not always been as effective as it would have been with greater adherence to evidence based change management methodology and greater consistency across a single Health Board organisation.

In pursuit of this, the Health Board recognises the need for great delivery of improvement across the breadth of the Six Goals programme. There will be increasing numbers of people in Wales living with frailty. Evidence shows that they require greater access to urgent and emergency hospital services because of this and also experience delays in discharge after hospital stays; whilst already included within the Six Goals programme the Health Board also recognises the need to increase its response to frailty during 2024-25.

Why this has been prioritised in the 2024-27 plan?

The Six Goals for Urgent and Emergency Care Programme Plan is the national, evidence-based programme to improve urgent and emergency care. The Health Board continues to experience significant delays in assessment and treatment across Urgent and Emergency settings that are not acceptable. These have impact upon our partners, including Welsh Ambulance Services NHS Trust (WAST), and include episodes of care that could be better delivered in other ways across the health and social care system.

The Six Goals programme requires Health Boards to maintain a focus on the 'frail' cohort of patients. There is evidence that shows our most frail patients require urgent and emergency services more often, but that avoidable use of those services also has particularly marked impact on them and their families. Health Board plans need to further target the improvement of services for our frail populations with a focus on reducing lengths of stay, and the flow of patients through the health and social care system.

Priorities

Within the 2024-25 year the Health Board will progress the following areas:

- Alignment of the local Six Goals Programme into the Health Board major change programme in order to improve change management and programme capacity and approach and to reflect the Health Board as a single organisation. In doing so, an analysis will be undertaken to identify areas where a change of approach or focus would be expected to have fresh impact.
- Improvements in Same Day Emergency Care Services (SDEC), including improved consistency across the whole Health Board, increased activity in SDEC, and an increase in ambulance attendances directed straight to SDEC.
- Improvements in ambulance and non-ambulance use of Minor Injury Units (MIU's).
- A continued focus upon reducing inpatient length of stay (LOS) through Pathway of Care Delay initiatives, including reducing delays in assessment.
- Expansion of community pharmacy services as an alternative to the use of urgent care GP and hospital services.
- Conclude a review of the feasibility of consolidating patients that are medically fit for discharge in support wards optimised for reablement rather than medically-focused care.
- Aligned to bringing the local Six Goals programme into a firmer change control environment, under the PMO Major Change Portfolio, the Health Board will draw in the expertise of NHS Wales colleagues to develop a refreshed five year improvement plan for Urgent and Emergency care in the Health Board.
- Improvements in ambulance handover times, operating within agreed system tolerances and in alignment with Full Hospital Protocols in North Wales.

What difference to outcomes will this make?

Improvements in Health Board delays within Urgent and Emergency settings will lead to better patient experience.

Better availability and use of alternative appropriate services will lead to better experience and outcome for those using those services. By reducing pressure it will also lead to better experience and outcome for others still requiring Urgent and Emergency services.

4H: Diagnostics

Note that this is a Plan summary. Further detail can be found in the National planning templates for Diagnostics which accompany this overarching Plan as appendices.

Demand for diagnostic service procedures, particularly imaging (ultrasound, MRI/CT scan or other radiography) continued to grow in 2023/24. This growth is expected to increase across all diagnostics in response to growing long-term conditions, and changes in technology such as in medical physics, the growth of genomics and Artificial Intelligence (AI), requiring greater consideration within the strategic planning for the next 10 years outlined earlier in this plan.

However alongside these exciting, if complex and challenged, developments ahead, the Health Board experiences challenges in meeting current diagnostic capacity requirements, with diagnostic delays contributing to overall planned care treatment delays. Effective and timely diagnostic services play a critical role in many care pathways in both planned and urgent and emergency care, for example in investigating and monitoring cancer, heart disease, and stroke.

Within these contexts, there is a need to progress in year productivity and efficiency changes alongside reconfiguration to meet future needs in ways that are sustainable and patient-focused.

In radiology and imaging services, the Health Board could make significant impact upon 'stage 1' planned care waits by making greater use of 'straight to test' opportunities. The Health Board has already demonstrated good results from doing so, such as in the marked reduction in time to diagnosis in prostate cancer during 2023-24. Broadening this approach into other clinical areas is incorporated within the end-to-end pathway redesign work occurring within the Health Board but there is further opportunity to expedite and boost this approach in areas that are still awaiting wider pathway redesign.

In endoscopy services the Health Board needs to progress large scale redesign in order to be able to match capacity with demand in a sustainable way. Consequently the Health Board remains dependent upon contracting in large amounts of additional endoscopy services, which offers lower overall value, and our adherence to Bowel Screening Wales standards requires improvement. The Health Board will increase the priority of addressing this during 2024-25 to identify what is needed within endoscopy services in North Wales to meet current demands and to be able to flex to the increasing demands that projections identify for the coming decade.

In medical physics, the Health Board is currently progressing capital proposals to improve nuclear medicine provision in North Wales, and to deliver Positron Emission Tomography (PET) scanning within North Wales. Our current provision of nuclear medicine is distributed across the three District General Hospital sites. However this is a highly complex, specialist and regulated field that requires configuration both to meet the standards expected by the Inspectorate, and in order to attract the necessary radiologist staff with the requisite licenses to undertake nuclear diagnostics. In addition specialist equipment requiring replacement and updating cannot be maintained with sufficient resilience on multiple sites.

The planning currently underway to deliver permanent PET scanning in North Wales would replace part-time mobile facilities that visit North Wales. These mobile facilities do not currently allow us to meet demand, and cannot be used with patients who might otherwise be able to enter research trials.

Together this means that Health Board patients requiring PET scanning have to travel to Warrington, Liverpool, Manchester and as far as Cardiff for scanning.

In teledermoscopy, the Health Board is working towards the provision of a more effective service of using medical photography to support the remote triaging of dermatology conditions. This offers the potential to speed up diagnostic delays and to remove the need for patients to travel to the location of the diagnosing clinician. Teledermoscopy is covered in sections 4E and 4J.

Laboratory diagnostic services, including Cellular Pathology, Blood Sciences and Microbiology saw demand increases of more than 10% in 2023-2024, with increasing pressure on meeting cancer diagnostic targets and non-pay costs presenting particular challenges. Focus for 2024-2025 will require that pathways and capacity are aligned, prioritising care and adopting digital solutions.

Why this has been prioritised in the 2024-27 plan?

There are performance and sustainability challenges in a number of diagnostic areas that adversely impact upon waiting times and patient experience. These require a mixed approach to address current demand alongside resolving sustainability issues for the longer term.

Priorities

- The Health Board will continue to implement recruitment and retention plans in radiology, ultrasound, cardiology diagnostics and neurophysiology.
- The Health Board will identify additional 'straight to test' opportunities and implement them within 2024-25.
- The Health Board will work regionally and nationally to progress critical digital infrastructure solutions in Pathology and Radiology.
- For 2024-25 the Health Board will procure additional insourced endoscopy provision to bridge the gap between internal Health Board capacity and endoscopy demand.
- The Health Board will, within quarter one of 2024-25, finalise a detailed plan to address internal Health Board endoscopy provision as quickly as possible in order to reduce reliance upon additional insourced endoscopy provision. That plan will include a robust workforce plan that maximises non-medical skill-mix, trajectories for internal increases in capacity to inform the need for ongoing additional insourced contracted activity, and attainment of JAG (Joint Advisory Group on GI Endoscopy) accreditation.
- The Health Board will maintain progress on delivering business cases for Nuclear Medicine enhancements and PET scanning in North Wales.
- The Health Board will continue to maximise laboratory diagnostic capacity, optimize diagnostic pathways and explore increasing the use of digital solutions to best meet demand on services.
- In medical physics, the Health Board is currently progressing capital proposals to improve nuclear medicine provision in North Wales, including the delivery of Positron Emission Tomography (PET) scanning within North Wales.

What difference to outcomes will this make?

Addressing the priorities above will allow us to better balance demand and capacity in diagnostics which in turn will result in shorter planned care waits, and faster diagnoses.

Nuclear scanning improvements will allow us to meet regulatory inspections and continue to deliver nuclear medicine in North Wales, reducing patient inconvenience arising from travel outside of North Wales.

Securing capital business case support for a permanent PET scanner facility will improve timeliness of diagnosis and treatment for those patients requiring PET scanning, will increase the opportunity for eligible patients to be offered research trails, and will reduce travel for patients.

4I: Adult Mental Health, Learning Disability, CAMHS & Neurodevelopment

Note that this is a Plan summary. Further detail can be found in the National planning templates for Mental Health which accompany this overarching Plan as appendices.

The Health Board's Adult Mental Health, Learning Disabilities & CAMHS programme is aligned to Welsh Government's national Mental Health programme.

The Health Board adult mental health division provide and commission Mental Health and Learning Disability treatment, support and advice services to citizens aged 18 and over across North Wales and to some citizens of north Powys. The division also provides substance misuse services. They also host the national helplines for Wales; Community Advice & Listening Line (CALL), Dementia Helpline and Drug and alcohol Network (DAN).

This priority includes all Children and Young Persons (CYP) services in the Health Board, including Child and Adolescent Mental Health Services (CAMHS) and Neurodevelopmental (ND) services. Most of these services are provided directly by the Health Board, though with some commissioning outside of North Wales for complex CAMHS inpatient care and some neurodevelopmental services.

As with Mental Health, our Learning Disabilities priorities are cross cutting, recognising that people with learning disabilities face issues across a broad range of public service areas. The Health Board is cognisant of the national improvement group (LD-NIG) which has been established to support and oversee delivery of the national plan, provide a communications channel between the local and national level, share learning from local actions and develop key indicators to measure quality which will be embedded in the Health and Social Care Outcomes Framework.

Why this has been prioritised in the 2024-27 plan?

The Mental Health and Learning Disabilities services have been subject to considerable scrutiny over a number of years in relation to a number of enquiries and action plans. Progressive improvements have been seen across the service but the Health Board recognises there is further progress required to place the service on a sustainable foundation achieving consistently high outcomes.

External reviews in 2023-24, undertaken as part of Special Measures provide advice on areas for focus in 2024-25 and beyond. In addition to these, prioritised work needs to continue in response to a Health and Safety Executive prosecution related to ligature points.

Within CAMHS the Health Board recognises the need to continue to develop community based services that maintain timely support of individuals and that minimize the use of clinically avoidable inpatient care. With regard to inpatient care, the Health Board will progress work to understand the optimum configuration and location for inpatient CAMHS care.

The Health Board wishes to make significant progress in 2024-25 to reduce the number of long-wait assessments in Neurodevelopmental services. This will entail a change in approach to ensure sustainability alongside increased capacity.

Priorities

Aligned to the National Mental Health Programme and the external reviews referenced above, the Health Board will progress the following areas within this plan:

Adult Mental Health:

- An improved approach to Crisis Resolution for Community Mental Health Teams.
- Development of an Eating Disorders Service providing Tier 2 and emergency provision, in line with Royal College of Psychiatry standards.
- Development of perinatal services to support compliance with the Royal college of Psychiatry perinatal community standards.
- Introduction of a trauma informed approach to the inpatient and community aspects of the North Wales Forensic Service and Specialist Rehabilitation Services.
- Development of the Early Intervention in Psychosis Service.
- Completion of anti-ligature work.
- Local Primary Mental Health Support Services Pathways development work.

CAMHS:

- Progress plans to expand our crisis service to include periods of out-of-hours provision.
- Continue to reshape our delivery model to provide more in-reach into primary care settings and school settings, seeing children closer to home.
- Expand the CAMHS specialist community intensive support service to support young people and their families in their homes as an alternative to hospital admissions.
- Develop transition pathways for long-term conditions within childhood.
- Continue to develop, with partners, the 'Right Door Approach'.

- Reinforce and embed work undertaken with Adult Mental Health services to improve transition between services.

Neurodevelopment (ND):

- Progress the development of a ND model for North Wales that better balances demand and capacity.
- Reduce long waits within the service by implementing the agreed ND model.
- Explore less medicalised approaches to triage assessment and for addressing lower acuity presentations in order to help balance demand and capacity, leading to shorter waits.
- Agree a Health Board wide pathway for the management of adults seeking a diagnosis of ADHD (Attention deficit hyperactivity disorder) or ASD (Autism Spectrum Disorders).

Learning Disability:

- The Health Board will progress delivery of the national action plan including
 - early intervention and crisis response providing access to prudent specialist learning disability healthcare close to home
 - increasing access to specialist care that is reflective of current best practice
 - improving timely transition from specialist hospital care to community settings
- The Health Board will focus upon increasing service provision to reduce avoidable and premature deaths and reduce health inequalities in those learning with learning disabilities.

What difference to outcomes will this make?

Implementing this actions will lead to more consistent mental health service delivery in North Wales, with greater alignment with national best practice and guidelines. This will improve access to services and user experience.

4J: Currently Challenged Services

*Note that priority 2J: Identifying Challenged Services is related to this priority. Priority 2J focuses upon how the Health Board will identify services that are becoming challenged at an earlier stage in order to **prevent** deterioration by addressing reconfiguration earlier. The priority here is focused upon how we will address those services already identified by us as challenged.*

The Health Board currently has a number of clinical services where maintaining a reliable and consistent service is difficult. A number of these services are struggling to resolve their backlog of planned care activity as quickly as is required. The reasons for why some services are challenged are multiple but a common finding is that the service is unsustainable due to the way it is configured, and that reconfiguration is an essential step to becoming stable and able to deliver the efficient and

high quality service required. Whilst many challenged services also face workforce difficulties these often stem from structural issues that mean the workforce requirements would remain impossible to address without reconfiguration.

In dermatology, service provision has been impacted because of key medical vacancies that have particularly impacted upon service delivery in the West of North Wales. In turn this has impacted upon waiting times and, in some cases, patients have had to travel further than expected for assessment and treatment. Work will continue during 2024-25 to stabilize the service and identify the optimum configuration for the service.

The stability of Oncology services have improved significantly during 2023-24 as a result of successful recruitment to the medical workforce. This has allowed the Health Board to move forwards with the next stage of improvements needed to sustain this improvement.

Patients in North Wales are waiting for longer periods than expected for Ophthalmology treatment. Challenges include poor estate infrastructure and gaps in medical staffing. There are opportunities to improve sustainability and shorten waiting times by working more closely with optometrists and other primary care colleagues.

Capacity to see patients awaiting orthodontic treatment has been affected by vacancies in specialist orthodontic surgery. Difficulties in recruitment are also experienced outside of the Health Board which is limiting the ability to refer patients outside of North Wales. The Health Board is working with colleagues in NHS Wales to identify alternative options.

Plastic surgery services in North Wales are delivered in partnership with specialist providers in North West England. The Health Board improvement plan responds to opportunities to improve the interface between the Health Board and provider partners in order to make it possible to treat more patients in North Wales (where possible), more quickly, and within more suitable facilities, with better administrative support.

Urology services in the Health Board are challenged in a number of ways. Delivering full urology service provision from each of the three main acute hospital sites is difficult, in part due to sub-specialisation within urology. As a result, it is likely that in order to obtain the best results, complex cancer surgery will need to be delivered on less sites. At present patients requiring robotic assisted urological surgery require referral outside of North Wales for treatment. Consequently the Health Board is exploring opportunities to develop a robotic-assisted prostate surgery programme for North Wales in the coming years.

Progress has been made during 2023-24 to improve our vascular surgery service, resulting in de-escalation from being 'a service requiring significant improvement' by Healthcare Inspectorate Wales in June 2023. Ongoing work is now underway to embed the progress made.

In Stroke care, the Health Board has not been able to consistently deliver SSNAP target times for treatment. Work to improve 'door to needle' times in stroke thrombolysis is underway alongside direct admission to stroke admission unit facilities. Progress was made during 2023-2024 in the recruitment of Stroke Specialist Nurses and in the expansion of 'Early Supported Discharge' teams. Following this work to embed the 'home first' ethos is continuing.

Why this has been prioritised in the 2024-27 plan?

Within the first nine months of special measures the Health Board has commenced action plans to address the configuration and performance of a number of these challenged areas. For the reasons outlined above this work is often complex and in many areas will take longer to complete and then embed. The Health Board wishes to maintain a focus on this by completing the action plans in respective services.

Priorities

Dermatology

The Health Board will maintain support for the Clinical Lead in Dermatology as part of a single Dermatology service for North Wales.

The Health Board is committed to the use of 'Teledermoscopy' technology to improve efficiency within dermatology waiting times and to reduce avoidable travel for patients. Current infrastructure issues are limiting the rate at which the Health Board would like to deploy this. During the coming months the Health Board will re-assess this situation to identify any opportunity to expedite deployment.

Establish the viability of an expanded GPWSI (GP with special interest) model for referrals to secondary care that could be managed differently, for triage of referrals, and for the provision of minor operations.

Oncology

Continue to expand SACT (Systemic Anti-Cancer Therapy) training within oncology division nursing staff, and extend the operating hours of the day unit, providing further capacity. This will include staff group ideas to further improve efficiencies and standardisation.

Implement nursing staff rotational opportunities to improve cover arrangements and skill mix.

Implement further offers of non-medical prescriber training.

During the first half of 2024-25, complete the review of all current cancer regimes to ensure all of those that are suitable for home delivery are being offered in that way.

Progress plan to deliver more anti-cancer therapies from Ysbyty Gwynedd for residents living in the West of North Wales.

Complete planning to repatriate the delivery of SABR (Stereotactic Ablative Radiotherapy) into the Health Board, reducing travel requirements as patients currently receive this treatment in England.

Continue to expand the use of 'Attend Anywhere' software, delivering greater convenience for appropriate patients and improving clinic capacity.

Build on successful recruitment to the first Consultant Radiotherapist post to ensure post holder is supported to achieve training goals within 18 months of appointment.

Ophthalmology

Collaboratively agree a service model for ophthalmology in North Wales that delivers a sustainable service footprint.

Continue to monitor service performance against GIRFT standards in Ophthalmology, challenging areas of variance before then proceeding to identify and then implement improvements in response.

Progress to implement fully the Optometrist Train and Treat higher certification training programme, in order to then maximise non-secondary care pathway opportunities.

Expand the utilization of patient feedback questionnaires to support the redesigned clinical pathways in Cataract care, Glaucoma care, and Macular Degeneration care. This relates to both Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMS).

Orthodontics

Continue with our recruitment to key clinical roles, implementing revised workforce models that increase opportunities for recruitment and retention.

Consider alternative treatment pathways and packages to maximise the combination of both local and regional provision.

Plastic Surgery

Complete access protocols for visiting clinicians to ensure access to appropriate Health Board systems, confirming with those clinicians that functional access is available.

Agree and sign the updated Service Level Agreement (SLA) between the Health Board and partner organisations, with ongoing monitoring in accordance with the SLA.

Confirm the effectiveness of revisions in waiting list management for visiting clinicians, including initial triage by Health Board clinicians. This includes identifying those waiting longer than clinically appropriate and making necessary expedite arrangements.

Implement additional dressings clinics to address current variation in provision across North Wales.

Once assured that above priorities are fully implemented and resilient, commence work to agree the future longer-term model for plastics provision for residents in North Wales.

Urology

Progress implementing GIRFT recommendations, monitoring impact.

Increase the delivery of diagnostic and day case urology on all three sites, aligned to providing care closer to home principles.

Monitor revised administration processes to ensure they deliver their intended outcomes of better supporting referral, pathology and radiology result management.

Implement delivery of a complex stone surgery, female urology and andrology service in Wrexham.

Stabilise the delivery of the pelvic oncology service in Bangor.

Continually review the delivery of prostatectomy services that cannot currently be delivered in North Wales, and use the learning from this to inform a viable plan and timescales for robotic-assisted urology provision in North Wales.

Vascular

The organisation will continue to strengthen the recording of outcomes and learning points at Morbidity and Mortality meetings.

The organisation will review hub and spoke vascular sites in order to identify areas of good practice as well as areas for improvement.

The organisation will develop a Memorandum of Understanding (MOU) to support increased regional working.

The organisation will create and launch a vascular dashboard reporting performance activity and outcomes, and use this to better inform service planning.

The organisation will increase the collection of patient reported experience data in vascular services, and publish this.

The organisation will develop a refreshed vascular plan covering the next three years to enable structured clinical services planning.

We will build integrated performance, activity and outcomes dashboard for vascular, to better inform service planning

Stroke

Implement improvement plans that enable each of our health communities to achieve a level B for Sentinel Stroke national Audit Programme standards.

In line with the national stroke programme, implement digital solutions to aid the evaluation of imaging and decisions for reperfusion therapies including thrombolysis and thrombectomy for patients with symptoms of stroke.

Continued recruitment and retention of key clinical posts for medical and nursing.

What difference to outcomes will this make?

Addressing the challenges that these services are experiencing will lead to more consistent, reliable services, able to better meet the needs of the population of North Wales.

4K: Women's services

Women's services are provided across our District General Hospital, community and primary care settings. The services are overseen regionally by the Health Board with close partnership working with Local Authorities and Third Sector. The Health Board will continue to build upon achievements and provide Maternity and Gynaecology Services for the North Wales population and also to a cohort of women from North East Powys and the Shropshire borders.

Why this has been prioritised in the 2024-27 plan?

The Health Board is committed to reducing health inequalities for women, and we will continue to improve access, quality and safety. We are committed to listening and acting upon user experience, and in alignment with the Women's Quality Statement published in July 2022, we will continue to focus on delivering the Maternity Services Strategy; Transforming our Gynaecology and Specialist Services and Supporting Best Start in Partnership.

Priorities

Our priorities include supporting Local Delivery of the Women's Health Plan for Wales.

Implementation of the Maternity and Neonatal Safety Support Programme recommendations.

Progress and implement national recommendations including Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE).

Preparing for the introduction of the Digital Maternity Cymru Solution.

Implementing the North Wales Women's Planned Care and Cancer Recovery Plan in line with GIRFT recommendations.

Supporting the implementation of the Preconception Strategy and population health work streams.

Supporting Health Start by raising awareness and reducing inequality.

What difference to outcomes will this make?

The Health Board awaits the National 'Women's Health Plan for Wales' and remains committed to transforming and improving quality services for women. We will continue to engage with both Gynaecology, Maternity and Neonatal Voices and local Public Health Colleagues to understand our population needs, to inform and co-produce service development plans.

4L: Children

CAMHS and Neurodevelopment are covered in Priority 4I – Mental Health, Learning Disability, CAMHS and Neurodevelopment.

Children of all ages access care and treatment from many of the services provided across the Health Board; accessing emergency and urgent care, planned care and specialized services. Through its dedicated Children's Services, the Health Board provides Acute Paediatric and Neonatal Care; the universal public health services of Health Visiting and School Nursing; Child and Adolescent Mental Health Services (CAMHS) and Neurodevelopment and Learning Disability Services. These services are provided in partnership with other Health Board services that include primary care, maternity, therapies, public health and adult surgical specialities, as well as partners in the Local Authorities and Third Sector organisations.

Commissioned specialised health care is provided by tertiary care partners, usually but not exclusively, by Alder Hey Children's Hospital.

Core dedicated children's services are managed and operationally delivered through the three Integrated Health Communities (IHCs) within the Health Board. While requiring regional oversight to ensure equity of access across the Health Board, the services provided in each IHC are focused on the identified local needs in collaboration with partners.

The Regional Partnership Board (RPB) hold Children as a priority, particularly focusing on the Integration of Services and Children with complex needs, as well as people with Learning Disabilities and Neurodevelopmental conditions, unpaid carers and those with emotional and mental health needs.

Why this has been prioritised in the 2024-27 plan?

Children account for a significant part of the population of North Wales with those aged 0 to 17 years accounting for 17.2% of the population and 26.3% for those aged 0 to 24 years. All are entitled to and deserve the best start in life and to receive universal and specific services to support their health and well-being needs, enabling them to achieve their ambitions and full potential.

The Health Board, with partners, will focus on ensuring children's rights are respected. There will be the development of a children's charter and a youth leadership board to enable our children to be consulted about and engaged in the development and planning of our services, to better understand and meet their needs and to assist at the key transition points in children's lives including the move into adult focus care.

Corporate Parenting - the Health Board will commit to the Welsh Government Corporate Parenting Charter and consider ways in which it can support care experienced children and young people to have the same opportunities in life as all children and young people in Wales.

Priorities

The Health Board will progress the following priorities for children and young people:

Maintain ways to provide safe, needs focused care as close to home as possible.

Continue to progress the strong work in children's safeguarding services that the Health Board and partners have already prioritised retaining strong adherence to the principles of the All-Wales Safeguarding Multi Agency Procedures.

Establish the Health Board Charter for Children and youth leadership board with a remit to listen to, consult and engage with children across North Wales to better understand their needs.

Focus further work on the integration of services for Children with Complex Needs, improving access and timeliness of provision.

Maintain engagement with the national programmes to improve and develop services for children with health and well-being concerns and the needs of children and families related to growing awareness of neurodiversity.

Progress the UNICEF's Baby Friendly Initiative (BFI); the Healthy Weight, Healthy Wales Initiative; The Right Door Approach, and the National Immunisation Framework, as well as the Health and Social Care Ministerial Priorities.

The Health Board will sign the Corporate Parenting Charter and consider ways of implementing the charter commitments.

What difference to outcomes will this make?

More consistent availability of children's services close to home, increased child safety arising from high quality decision making in children safeguarding cases, better longer term outcomes through consistent focus upon the first 1000 days of life.

4M: Pharmaceutical services

The Chief Pharmacist's Office will lead on three strategic transformation programmes aligned to improving quality and safety driven outcomes for patients, value and sustainability and building service resilience where pharmacy teams and innovative practice becomes part of the solution in supporting the health board in delivering its strategic aims.

Why this has been prioritised in the 2024-27 plan?

The Welsh Government commissioned the pharmacy professional leadership body the Royal Pharmaceutical Society (RPS), to undertake an independent review of the *provision of hospital clinical pharmacy services* in Wales and published its response in late 2023. The purpose of the review was to consider the current provision of clinical pharmacy services in hospitals and how they aligned to the full system priorities and changing needs of NHS Wales to support delivering a *Healthier Wales*.

Implementation of the recommended *immediate* and *short* strategic actions will be pursued in 2024/25.

In addition the Health Board has identified opportunities to provide greater strategic oversight to maximise the value obtained from medicines, and secondly to transform access to innovative medicines. Progressing both of these will be priorities for 2024-25.

Priorities

The Health Board will

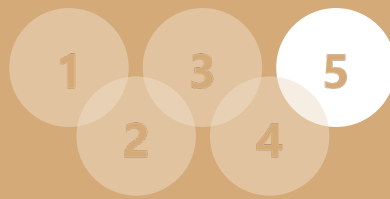
Consider the RPS review of the provision of hospital clinical pharmacy services within the context of the Health Board to identify those opportunities identified that would make the biggest differences to patient experience and outcomes.

We will establish a strategic '*Medicines Value Group*' to provide over-sight and direction to implementation and system cascade for full system medicines value programmes. This will include consideration of the evidence base that can be drawn into current and projected financial opportunities and patient outcome impact assessments.

will transform how some of the most innovative and life-saving medicines including cancer therapies, intravenous antibiotics, radiopharmaceuticals and parenteral nutrition are prepared by commencing a five-year '*Transforming Access to Medicines (TRAMS)*' programme. This will not only focus on the technical pharmacy services itself, but will also be an investment in people, providing the opportunity for professional leadership and innovation in pharmaceutical treatments.

What difference to outcomes will this make?

Improved patient outcomes by providing innovative and specialist medicine in a faster way, adhering to clinical evidence when doing so, and ensuring that the administration of every medicine used adds value to the patient receiving it.



Establishing an effective environment for Learning

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5: Establishing an effective environment for Learning

Objective area 5 provides opportunity to learn when things don't go as planned, to teach, and to widely use the many sources of information available to us in order to support decision making and knowledge.

The Health Board is in escalated monitoring and the ability to increase delivery within this objective will deliver impact across the whole organisation by allowing systematic learning to occur such that addressing a difficulty in one part of the Health Board allows learning across all other parts.

Many other priorities within the Plan also have cross-linkages into this objective but are shown elsewhere within the Plan, most notably the Health Board priorities to implement an effective Quality Management System (priority 1H).

Whilst retaining a focus upon the opportunity that an effective learning environment has upon addressing Health Board challenges is vitally important, it is not the only focus that this objective requires. Enabling a rich and fertile learning environment in the Health Board is crucial in moving us towards our ambitions of being able to develop and celebrate areas where we are (or can be) exemplars of excellent practice, and it significantly contributes to the ability to recruit and retain the best people and support them to remain inquisitive, curious and academically fulfilled.

Summary

Objective 5: Establishing an effective environment for Learning		National Planning Framework	Special Measures Framework
5A	University Partnership		✓
5B	Research, Development and Innovation	✓	✓
5C	Academic Careers		✓
5D	Intelligence Led	✓	✓
5E	Learning Organisation	✓	✓

5A: University Partnership

On an annual basis, Betsi Cadwaladr University Health Board (BCU) is required by the Welsh Government to provide evidence of purposeful university partnership activity, with examples of how this is improving services and benefitting our population and to set out our plans for the next 12 months aligning to the UHB's planning cycle with regard to Research and Development (R&D), Training and Education, and Innovation.

However University Partnership means much more to the Health Board than having University designation and our partnerships with both Universities in North Wales (Bangor and Wrexham) and with other Universities and academic institutions such as Further Education providers are key to delivering vibrant, exciting and stimulating learning opportunities that allow us to develop, recruit and retain high cadre healthcare professionals.

In addition to maintaining and developing these longstanding partnerships, the Health Board has been proud to contribute the development of the North Wales Medical School. Based within Bangor University, the North Wales Medical School commences with its first intake in 2024. Not only will this significantly increase the number of future doctors training in North Wales, many of whom will remain in the area, but it will stimulate further academic interest and thirst offering more opportunity to move through our current escalation conditions and be recognised for exemplary and innovative practice. Since a large part of the curriculum in the North Wales Medical School will be delivered within community and primary care settings, the Health Board will have particular opportunity in future years to confidently refocus care, delivering more care closer to home in line with A Healthier Wales.

Why this has been prioritised in the 2024-27 plan?

Academic enrichment is an integral part of the Health Board approach to providing high quality medical, nursing and allied health professional care for North Wales residents. Maintaining high levels of research, development and innovation aid the Health Board in recruiting high caliber professionals and in providing progressive clinical services.

Priorities

The Health Board will

- Continue to work closely with colleagues at Bangor University to ensure that the first intake of students to the North Wales Medical School progresses smoothly.
- Develop joint academic posts that underpin the teaching and research agendas (see Priority 4C).
- Continue to work with Bangor University to support training of Physician Associates, and subsequent placement within the Health Board.
- Work with Bangor and Wrexham Universities to identify advanced learning opportunities for other healthcare professionals, and non-clinical staff, to progress academic knowledge.

- Undertake further work to ensure that the Primary and Dental Academies in North Wales are supported to thrive and develop as Centres of Excellence.

What difference to outcomes will this make?

This activity will help to recruit and retain staff, and to provide high quality contemporary healthcare.

5B: Research, Development and Innovation

The Health Board has an established R&DI programme that continues to grow. This provides opportunities for academic development of current staff, retention of research-focused new staff, and offers opportunities for residents of North Wales to access research and innovative treatments options within their care.

Significant activities are underway, working with academic, commercial and third sector partners to lead and deliver high quality research including the North Wales Clinical Research Facility (CRF), providing a space where early phase clinical trials can be conducted in a safe and regulated way that to date with over 700 citations in high impact journals.

The Health Board has 316 research studies open to recruitment; or in follow up. Of these, 208 are portfolio studies, and 108 are non-portfolio studies. Each study has a named Principal Investigator (PI) from the Health Board; with the Health Board's Chief Investigator (CI) leading 41 of these.

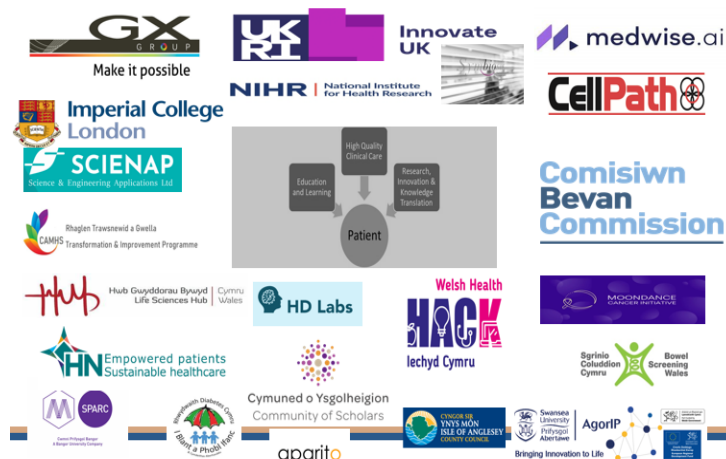


Figure 12: A range of Health Board R&D Partners

SBRI Centre of Excellence

The SBRI (Small Business Research Initiative) Centre of Excellence is hosted by Betsi Cadwaladr University Health Board and funded by Welsh Government.

The SBRI runs an all-Wales Service, working with Public Sector Bodies to identify and resolve unmet needs/challenges within health. The Centre is funded by Welsh Government and hosted by Betsi Cadwaladr University Health Board.

SBRI is spearheading a transformation in emergency care delivery working with the Welsh Ambulance Service NHS Trust (WAST). The first deployment of 50 "ambulance in a box" units will commence with ten units in BCUHB Care Homes, showcasing the potential for digital health interventions in emergency scenarios.

The Gases Project, focuses on the safe and ethical disposal of medical gases, is in its critical testing phase. The project is poised to take a significant step forward with live Ward testing scheduled to commence during May 2024 at Ysbyty Gwynedd, demonstrating tangible progress toward safer healthcare practices.

The Patient Communication project is enhancing communication channels between hospitals and patients' relatives. Two different solutions are being piloted one at Ysbyty Glan Clwyd and Ysbyty Gwynedd, providing essential information and regular updates to patients' relatives, including ward visiting times and discharge updates.

The IBEX Galen artificial intelligence application which supports Pathologists in the diagnosis of prostatic biopsies, as well as enhancing the ongoing roll out of digital Pathology across Wales, remains actively engaged with six Health Boards throughout the ongoing 12-month procurement phase.

Other developments include the deployment of the latest Artificial Intelligence (AI) advancements in supporting doctors with real time interpretation of brain scans. Working with Brainomix, this development delivers swifter, safer care for stroke patients.

“Early detection saves lives; it was an amazing deployment journey to show how AI expedites and improves quality of prostatic pathology diagnoses in Wales.”

**Muhammad Aslam,
Consultant Pathologist and Clinical Director, BCUHB.**

Primary Care Research

The Health Board have been working with a team from Imperial College who were awarded a substantial NIHR i4i Challenge Award to fund TRICORDER – a 3-year primary care project. The Eko DUO device is a ‘smart’ stethoscope that records an electrocardiogram as well as heart sounds and is used like a standard stethoscope. It can provide an immediate diagnosis of heart failure using an AI algorithm. Currently seven primary care practices are part of a real-world evaluation of the device.

Why this has been prioritised in the 2024-27 plan?

The Health Board benefits from being a research active organisation, whilst rapidly exploiting the latest innovations and wishes to retain and grow these benefits.

Priorities

The Health Board will

Continue to increase commercial research and innovation activity.

Sustain and increase clinical research facility activity in early phase trials.

Develop and deploy an Innovation Pathway aligned to our strategy and strengthening of planning priorities already outlined earlier in the Plan.

Increase honorary research appointments and clinical academic posts (see priority 5C).

Generate additional RD&I commercial opportunities in device and technology development, learning from successful models elsewhere.

Built further upon a number of already research-rich primary care practices to expand the opportunity that directly managed primary care can provide in research and innovation delivery.

What difference to outcomes will this make?

The increase in Research, Development and Innovation activity showcases the Health Board's dedication to advancing knowledge; and highlights its significant contribution to health research in Wales by actively recruiting 4,984 participants to a diverse portfolio of non-commercial and commercial studies. This provides the people of North Wales with increased access to research and innovative treatments, and greater opportunities to train, recruit and retain, high cadre professionals.

5C: Academic Careers

The existing academic and research base in North Wales, described above, provides an important opportunity upon which to build further.

One of the further opportunities that the Health Board now wishes to explore is the potential of creating an Academic Career pathway for healthcare professionals in North Wales. Specifically, this will not be limited to medical academic careers but will reflect the wide-skill mix that is required, and that improves the value and diversity of, healthcare provision in a modern society, includes non-clinical professionals.

Further, this approach will not be limited to directly employed professionals recognising that contractor service professionals in primary care, community and partnership settings contribute to the delivery and resilience of healthcare services. Previously, the Health Board has had good experience in recruiting salaried GP's into portfolio programmes that protect and resource time to develop advanced skills within clinical research or in other clinical specialisms.

Developing these programmes will be led by the Health Board and our University partners but within a collaboration that draws upon the expertise, skills and infrastructure of all partners.

Why this has been prioritised in the 2024-27 plan?

Other healthcare organisations have experienced that academic career pathways can assist in attracting and retaining healthcare professionals, particularly in hard to recruit clinical areas.

As healthcare changes, with rapid expansion and diversification of skill-mix, academic career pathways also provide an opportunity to upskill and validate innovative skill-mix redesign.

Priorities

In 2024-25 the Health Board will

Continue conversations with academic partners to create a proposal for how Academic career pathways might bring opportunities for all partners to grow academic practice and innovation in North Wales

In doing so the Health Board will take a broad view to offering opportunities that extend across all professional crafts (including non-clinical professionals), and with a particular attention to professional areas that are hard to recruit, retain, or where significant service change is anticipated

The Health Board will then explore how to resource the created proposal in order to proceed to implementation.

What difference to outcomes will this make?

Offering career pathways that span academic and operational practice has the potential to help the Health Board to recruit and retain staff in difficult to staff areas, and also to help maintain an innovative approach to service redesign.

5D: Intelligence Led

The Health Board is rich in data but is not always able to translate that into rich information and intelligence. Being better at this would provide a large pool of useful information to inform tactical and strategic decision making across the organisation. This includes the better use, linking and triangulation of NHS Wales data, public health data, patient experience and outcome data, partner derived data, and expert external recommendations to create North Wales focused information and intelligence to support decision making.

Currently too often our data exists and is viewed in silos, leading to duplication, confusion, and lack of trust in it and its quality. This work will seek to transform the way we use data, which includes greater triangulation across service disciplines and boundaries to ensure the health board is making better evidence-based decisions.

Data governance, the ways in which we collect, manage, and use our data, will be strengthened. The scope of our work will include the whole health journey, shifting the focus from in-hospital care and throughput to population need and outcomes. Key to this work is standardisation and consistency, removing unwarranted variation.

Why this has been prioritised in the 2024-27 plan?

Numerous external reviews have identified the need for the Health Board to be making evidence-based decisions based on good data.

Becoming an intelligence led organisation will result in proactive decision making, risk mitigation, optimal use of resources and improve quality and performance which means better health and well-being outcomes across North Wales.

Priorities

The Health Board will build upon the work commenced in 2023/24 to

Establish a health board data quality and governance forum.

Introduce a data kite mark system.

Further develop BCU's data warehouse, broadening the range of datasets available.

Undertake a skills / training needs analysis to inform a data literacy workplan.

Develop organisational capability around demand and capacity analysis and planning.

Identify priority areas and improve clinical engagement with data using CHKS as the chosen clinical benchmarking tool.

Implement dashboard standards, applying design principles and embedding data stewardship.

What difference to outcomes will this make?

This work will enable the organisation to improve its decision making and be more efficient and effective in the delivery of care. It will make available intelligence to underpin the planning and management of the health board's resources, enabling evidence-based prioritisation and allocation.

Improved use of clinical, and quality and safety data will enable early warnings or triggers to be actioned, reducing harm to patients.

5E: Learning Organisation

The Health Board has made important strides forwards in the approach to learning as an organisation, and will continue this progress; many of the priorities already outlined within the Plan relate directly or indirectly to the importance that the Health Board now places upon learning. The table opposite shows those that directly relate.

The Health Board recognises the opportunities that exist from building further upon this work.

Despite this progress the Health Board has not always fully grasped important opportunities to maximise the learning from significant events and complaints. Addressing this is a specific focus for the organisation during 2024-25.

Since having consistently effective approaches to learning as an organisation is part of the foundations of an effective Quality Management System the organisation is responding to these opportunities to test and challenge the emerging QMS redesign process.

Priorities directly related to being a Learning Organisation

1A	Board Effectiveness
1E	Value and Sustainability
1F	Legislative Improvements
1G	Workforce Planning
1H	Quality Management System
2A	10 year Strategy
2E	Digital, Data and Technology (DDaT)
2F	PMO Major Change Portfolio
2G	Strengthening Planning
2J	Early identification and support of Challenged Services
3A	Compassionate Leadership & Organisational Development
3B	Citizen Engagement
3C	Being a Good Partner
4A	Patient Experience
4J	Current 'Challenged Services'
5A	University Partnership
5B	Research & Development and Innovation
5C	Academic Careers

Why this has been prioritised in the 2024-27 plan?

The Health Board wishes to improve the consistency of approach in learning from significant events and from complaints.

Priorities

The Health Board will complete its review of how the organisation investigates and then learns from, serious incidents.

The Health Board will then implement change to address the potential improvements identified through the review. In doing so, the Health Board will apply the principles of the emerging Quality Management System redesign, further increasing the opportunity to implement learning.

What difference to outcomes will this make?

Robustly investigating significant events, and then ensuring widespread learning will reduce the number of future significant events that arise.

Financial Resources

Overview of the Financial Plan

The core purpose of the Financial Plan is to reflect the financial impact of the decisions and service developments contained within the Annual Plan and support the fundamental aims and strategic objectives of the Health Board. The Health Board has a statutory duty to breakeven against the resource limit set by Welsh Government over a three-year period.

The 2023/24 financial year has seen an unprecedented level of financial challenge within NHS Wales, with the initial plans set at a £648m deficit and BCUHB having a £134m deficit plan. This position was improved following an additional allocation from Welsh Government (received by all Health Boards) of £101m to support provision of healthcare for the local and wider population.

The result is for the Health Board to have an improved initial plan of a £33m deficit for the 2023/24 financial year. However, Welsh Government have issued a control total of a £20m deficit for the 2023/24 financial year (seeking essentially a £13m improvement over the original plan).

The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year, with the ability to achieve financial balance and the key financial duty challenging in the current climate (despite the receipt of an uplift in funding) evidencing the need for transformational plans for healthcare as we look to the future.

Underlying Deficit

The Health Board is forecasting a deficit of £33.0m for 2023/24, following the issue of additional non-recurrent Welsh Government financial resources totalling £101.1m (which improved the original planned deficit of £134.1m). In addition to the in-year allocation, the Health Board was also in receipt of £82m allocated by Welsh Government for each of the last three financial years, supporting service improvements and transformation. This brings the total non-recurrent strategic funding received in 2023/24 to £183.0m.

The Health Board continues to experience pressures from use of additional capacity to service unplanned care demand, Continuing Healthcare, Prescribing and Secondary Care Drugs. An assessment of the cost pressures and underspends contributing to the 2023/24 position has been undertaken that identified a net recurrent overspend of £36.6m that will continue into 2024/25.

This opening deficit of £33m combined with high levels of non-recurrent income and costs pressures experienced in 2023/24 expected to continue into 2024/25, gives an opening underlying deficit of £252.7m and is the starting point for the 2024/25 Financial Plan.

Underlying Deficit	£m
Forecast deficit outturn for 2023/24	33.0
Non-recurrent Welsh Government Strategic Support for deficit 2021/22	40.0
Non-recurrent Welsh Government Performance and Transformation Fund	42.0
Non-recurrent Welsh Government Additional Support for 2023/24	101.1
Recurrent overspends and reversal of balance sheet mitigation from 2023/24	36.6
Opening underlying deficit 2024/25	252.7

Our Resources

The Welsh Government allocation for 2024/25 reflects the outcome of what has been a very challenging financial year in 2023/24. It also reflects a challenging budget process for Welsh Government. Organisations are expected to operate within the funding set out in the allocation and are expected to develop robust plans to deliver against the priorities for 2024/25, as set out in the NHS Planning Framework from within this allocation.

The Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) has been allocated for an additional year in 2024/25 on a non-recurrent basis. Welsh Government have also confirmed that £74.6m of the non-recurrent additional support issued in 2023/24 is recurrent in principle, but conditional on progress made in delivering the target control total of a £20m deficit for 2023/24. This allocation will only become recurrent on the delivery of the required progress being made and is therefore a significant risk within the Financial Plan.

The Welsh Government allocation growth for 2024/25 represents a 3.67% uplift in funding, which equates to £60.6m for BCU (pay award not required to be serviced by this uplift and thus is excluded from the plans at this time). This core funding increase therefore supports NHS organisations with the unavoidable inflationary and demand pressures that are forecast for 2024/25. Funding for NHS pay awards in 2024/25 is being held centrally and will be allocated to employers once awards are made.

The additional resources available next year are shown in the table below:

	Recurrent £m	Non- recurrent £m	Total £m
Allocation Income			
Non-recurrent Welsh Government Strategic Support for deficit 2021/22		-40.0	-40.0
Non-recurrent Welsh Government Performance and Transformation Fund		-42.0	-42.0
Welsh Government Conditionally recurrent funding issued in 2023/24	-74.6		-74.6
Allocation uplift (incl. Mental Health)	-60.6		-60.6
Energy inflation funding	-10.3		-10.3
Sustainability (Planned Care) Funding	-34.5		-34.5
Covid-19 Programme Funding	-12.2		-12.2
Ring fenced funding: Value Based Healthcare & Further Faster	-5.7		-5.7
Welsh Government top slice funding reduction	0.3		0.3
Total Additional Allocation	-197.6	-82.0	-279.6
Other Income			
Provider Income uplift	-1.2		-1.2
Total Other Income	-1.2		-1.2
Total Additional Income	-198.8	-82.0	-280.8

It is of note that a large element of the additional income relates to conditionally recurrent resources allocated in 2023/24, inflationary uplift and retention for a further year of the transformation and performance fund. The Health Board is reviewing the use of the Performance and Transformation funds to ensure alignment to the strategic priorities of the Health Board.

Demand Growth, Inflation and Cost Pressures

The Financial Plan has considered and estimated the underlying costs, historical commitments, inflationary impacts and cost pressures that are likely to affect the Health Board over the next year. Service and workforce plans have been included in the assessment, alongside identification of potential transformational schemes, financial efficiencies and savings plans required to achieve financial balance.

Demand growth and inflation estimates have been assessed using a range of information sources. The total estimated inflation is £29.8m and total estimated growth is £5.4m.

In addition, there are unavoidable and new known cost pressures for 2024/25 that BCU cannot avoid. Many of these relate to all-Wales schemes and business cases for which commitments have already been made. These total £2.8m. Furthermore an assessment has been made of the value of energy costs in 2024/25 over recurrent budgets. The forecast in respect of BCU is a cost of £15.3m, offset by new Welsh Government funding of £10.3m, giving a financial pressure of £5.0m.

The costs related to the additional funding for Sustainability, Covid Programmes, Valued Based Healthcare and Further Faster have been included. Additional resources for enhanced care are modelled at current planned expenditure levels.

Financial Improvement

It is recognised by Welsh Government that there is no discretionary investment reflected within the core funding uplift, organisations needing to make significant savings in order to deliver and implement financially sustainable plans for 2024/25.

Whilst also recognising that the funding associated with provision of NWSSP & WHSSC services (and other NHS Wales providers) total a maximum of 3.67% and this (excluding the 2% efficiency ask of Welsh Government) represents the funding available to offset non pay related inflation, growth and developments in this area of the Health Boards activities (pay award inflation resourced by Welsh Government directly).

Organisations need to ensure that actions to deliver financial improvement in 2023/24 are maintained, and are required to have a minimum savings delivery in 2024/25 of at least 2% of total baseline expenditure. The Minister for Health and Social Services is expecting savings in non-core areas and overheads to prioritise front-line services, with reductions in premium cost working and a move to in-house capacity utilisation.

To attain the Health Boards key financial duty and deliver a break-even outturn (income matching expenditure plans for the financial year) the savings ask would total a 3.5% requirement. However, the considered position as to the level of savings that represent a challenging but achievable target for BCU has been set at 2.8%, which equates to £48.0m (this above the minimum set for Health Boards of 2% by Welsh Government).

The Health Board is seeking to enhance the traditional savings approach through implementation of a Value & Sustainability transformation vehicle, this will seek to deliver patient benefits within five core domains of (a) Workforce (b) Clinical Variation (c) Non-pay (d) Continuing Healthcare and (e) Medicines Management.

Summary Financial Plan

The table below provides a high level summary of the overall financial position for 2024/25. The overall position is a £19.7m deficit.

	2024/25 £m	2024/25 £m
Opening underlying deficit 2024/25		252.7
Additional allocation income	-279.6	
Additional other income	-1.2	
Total additional income		-280.8
Inflation	29.8	
Growth	5.4	
Unavoidable cost pressures	2.8	
Energy costs	15.3	
Review of RIGA	-10.0	
Sustainability (Planned Care) spend	34.5	
Covid-19 Programme spend	12.2	
Ring fenced funding: Value Based Healthcare & Further Faster	5.8	
Total additional costs		95.8
Savings target		-48.0
Net 2024/25 planned deficit		19.7

Financial Risks

There are significant risks contained within the Financial Plan, which will need to be monitored and managed throughout the year. In particular the level of savings required within the plans will be dependent on the Health Board enacting a number of transformational and improvement opportunities.

The Health Board continues to progress savings achievement through traditional means, though in acceptance that this will not give future benefits in healthcare and be insufficient to deliver a sustainable financial position (as highlighted previously under Improvement) has commenced implementation of a framework to mirror Welsh Governments Value & Sustainability Programme.

The table below highlights the significant risks owing to the infancy of implementation of this approach;

Risks	£m	Likelihood
Quantifiable risks		
Failure to deliver savings not yet identified	15.0	High
Failure to deliver savings not yet identified	8.0	Medium
Servicing additional capacity	18.0	High
Medicines Management (prescribing & secondary care drugs, including NICE)	9.0	High
Continuing Healthcare	8.0	High
Out of Area Mental Health placements	6.0	High
WG estimates of spend if Optometry practices take up the new elements of the contract quickly	1.0	Medium
Non-achievement of required progress towards control total in 2022/23, leading to a withdrawal of the Welsh Government Conditionally recurrent funding issued in 2023/24	74.6	Low
Total quantifiable risks	139.6	
Total quantifiable risks (excluding WG conditionally recurrent income)	65.0	
Other non-quantified risks		
Clinical waste legislation changes		
Contract performance and oversight		
Opportunities / mitigations for the identified risks		
Development of transformation savings through a programme for delivery of Value and Sustainability – whilst this programme develops, continuation of control measures deployed in 2023/24		
Mitigation of increased energy costs (£5.0m included in the plan)		
Medically fit for discharge wards (reablement or green wards)		

The financial plans align to the strategic ambition of the Health Board, and whilst not in 2024/25 attaining the key financial duty to break-even, it is envisaged the foundations will be laid that will enable attainment of a productive, efficient and employed workforce offering high quality patient care that is financially sustainable.

Workforce Resources

The Health Board has an ambition for healthcare that is built around having a health care workforce with the capacity, competence and confidence to meet the needs of the residents of North Wales. This approach enables work with those working within the Health Board and with partners to start to address a number of current and long-standing challenges, prepare the Health Board for future challenges and to embrace and create opportunities to succeed.

Skills and Engagement

The Health Board will require an agile, flexible, multidisciplinary workforce for an increasingly digital workplace, able to develop the skills needed to adopt and exploit new technology. The Health Board will change the way it sees and engages with its workforce, continuing work to develop a culture where all staff have a voice and can contribute to the success of the organisation, and to transform traditional roles and ways of working to support new models of care through local and the national improvement and transformation programmes.

Recruitment and Retention

Recruitment of staff will still be challenging across the NHS during 2024-2025. Workforce teams will support key areas across the Health Board to firstly stabilise services and secondly ensure staff are working to their key skills to ensure quality based effective patient care. Key service areas include Oncology, Orthodontics, Dermatology, Vascular, Community Dental, Mental Health & Learning Disabilities and Neuro-Development, as outlined earlier in the plan.

This will take the form of key enabling interventions across medical, nursing and other clinical workforce groups. Recruitment, and importantly retention, of staff will continue to be of significant focus across the Health Board, delivered through collaboration between operational and clinical teams, clinical corporate teams and workforce teams. The Health Board will ensure that we have the support in place to make it easier for managers to plan, recruit and on board staff in an efficient way, reducing barriers and realising benefits.

Specific recruitment work is already underway with a number of initiatives in place and planned for medical and nursing professionals. This will supplement the existing work being undertaken regarding UK recruitment by targeting staff support and being more streamlined.

The Health Board will continue to build upon achievements to date in both employing the right people with the right skills to provide services in the right place, and to develop opportunities for members of our communities to gain and maintain employment and to achieve their ambitions. As well as registrant workers the Health Board has been actively working to support local access to roles across the health board for the local people of North Wales. This has led to a number of successful recruitment open days including for Healthcare Support Workers and Administrative staff. Building up this, more of these are planned across 2024-25.

Support staff wellbeing is an important way to reduce sickness absence and staff turnover and the Health Board will continue to expand this offer, outlined with the Compassionate Leadership and OD priority within the plan.

Workforce Staffing Position

The current resources and planned resources available across the organisation are outlined in tables below.

The focus in 2024-2025 will be to ensure the workforce continues to grow where it necessary to grow, whilst first maximising more efficient ways of working. More efficient ways of working include approaches to rostering, the use of technology, and the use of role-substitution and skill-mix redesign. The strategic priorities outlined within this plan, include these principles, and redesign or reconfiguration of services will always require safe and deliverable staffing plans at their core before being agreed.

The tables below outline the current workforce establishments for the Health Board alongside the actual staff currently in post. Forecast projections for 2024-25 and beyond are included.

Workforce Establishment WTE	31/3/23	31/3/24	2024-25 Forecast				2025-26	2025-26
	Actual	Forecast	End Q1	End Q2	End Q3	End Q4	End Forecast	End Forecast
Admin, Clerical & Board Members	3,595	3,991	3,993	3,995	3,997	3,999	3,999	3,999
Medical & Dental	1,693	1,753	1,754	1,755	1,756	1,756	1,756	1,756
Registrant Nurse & Midwifery	6,055	6,335	6,338	6,341	6,344	6,347		
Prof Scientific & Technical	784	866	867	867	868			
Additional Clinical Services	3,931	4,307	4,309	4,311	4,313	4,315	4,315	4,315
Allied Health Professionals	1,249	1,279	1,280	1,281	1,281	1,282	1,282	1,282
Healthcare Scientists	311	312	312	313	313	313	313	313
Estates & Ancillary	1,436	1,523	1,524	1,524	1,525	1,526	1,526	1,526
Students	23	23	23	23	23	23	23	23
TOTAL	19,078	20,389	20,399	20,409	20,419	20,428	20,428	20,428

Substantive Deployed WTE	31/3/23	31/3/24	2024-25 Forecast				2025-26	2025-26
	Actual	Forecast	End Q1	End Q2	End Q3	End Q4	End Forecast	End Forecast
Admin, Clerical & Board Members	3,631	3,655	3,679	3,702	3,725	3,749	3,834	3,920
Medical & Dental	1,145	1,166	1,173	1,181	1,189	1,196	1,224	1,251
Registrant Nurse & Midwifery	5,318	5,639	5,702	5,766	5,829	5,892	6,049	6,242
Prof Scientific & Technical	731	761	764	767	771	774	786	798
Additional Clinical Services	3,893	4,028	4,058	4,087	4,117	4,147	4,234	4,303
Allied Health Professionals	1,188	1,212	1,213	1,215	1,217	1,218	1,222	1,226
Healthcare Scientists	277	297	297	297	297	297	296	296
Estates & Ancillary	1,371	1,338	1,342	1,345	1,349	1,353	1,364	1,376
Students	20	24	23	23	23	23	23	23
Medical & Dental (Central Shared Service)	425	458	458	458	458	458	458	458
TOTAL	17,999	18,577	18,710	18,842	18,975	19,108	19,491	19,893

Delivery plan for 24-25

This 2024-27 Three Year Plan provides an overview of the key areas of work that the Health Board wishes to prioritise to make the greatest progress possible towards improving the Health and Wellbeing of the population of North Wales.

To support this overview, the Health Board has produced a more detailed delivery plan for year one of the plan, outlining the most important component pieces of work that collectively meet the Health Board Plan ambitions laid out across this document.

The annual delivery plan for Year 1 (2024-25) is provided as an appendix to this document and sets out

A review of the outturn position from implementing the 23-24 plan

The scheduling of the most important component pieces of work in 24-25

How performance will be monitored and reported

Appendix: The Planning Templates

This 2024-27 Three Year Plan provides an overview of the key areas of work that the Health Board wishes to prioritise to make the greatest progress possible towards improving the Health and Wellbeing of the population of North Wales.

To support this overview, the Health Board has completed mandated national templates outlining the detail of actions being undertaken in specialty areas and the impact upon performance.

The mandated templates are provided as appendices to this document and cover:

Enhanced Care in the Community (Delayed Pathways of Care)

Primary Care: GMS

Primary Care: Community Pharmacy

Primary Care: Dental

Primary Care: Optometry

Mental Health: Adult Mental Health

Mental Health: CAMHS

Planned Care and Cancer

Urgent and Emergency Care

Appendix: Capital Prioritisation Plan

Provided as a separate document.

Abbreviations & Glossary

A Healthier Wales		A Healthier Wales' is a Plan set out by Welsh Government in 2018 setting out a long term vision of how health and social care services in Wales will ensure people in Wales stay well and independent for as long as possible.
Activities of Daily Living	ADL	Activities of daily living are the essential tasks that individuals perform as part of their daily routines, for example eating, drinking, bathing and dressing. These activities are fundamental for maintaining a good quality of life and form the basis of the assessments that health and social care professionals undertake to determine an individual's functional abilities and needs.
Anchor institution		Anchor institutions are public sector organisations whose long-term sustainability is intrinsically tied to the wellbeing of the populations they serve. Anchor institutions have a significant opportunity to make large impacts upon their local communities depending upon how they approach procurement, the use of their buildings and estate, their workforce policies, how they work together, and environmental impact.
Atrial Fibrillation	AF	Atrial fibrillation is a heart condition where the heart beat is irregular. It is important because the irregularity can affect blood flow leading to clots and strokes unless effectively treated.
Attention Deficit Hyperactivity Disorder	ADHD	ADHD is a condition, most usually diagnosed in childhood that is characterised by hyperactivity and impulsiveness.
Audit Wales		Audit Wales is the organisation that provides independent scrutiny and audit of public service providers in Wales.
Autistic Spectrum Disorders	ASD	Autistic Spectrum Disorder is term used to describe a closely related range of developmental condition, previously commonly referred to as 'autism'.
Board		The Board governs the organisation. Membership of the Board comprises of the Chairman, the Vice Chair, Independent Members (who are appointed by the Minister for Health and Social Services), and Executive Members. Together, they form a unitary Board.
Board Assurance Framework	BAF	The BAF brings together information related to risks of not delivering the board's strategic objectives, including how those risks are being managed and mitigated.
Board Committee		The Health Board has a number of Board Committees that each have specific areas of responsibility, for example Audit Committee and Performance, Finance and Information Governance Committee. Board Committees provide scrutiny and report assurance to the Board.
Business continuity		Business Continuity arrangements are the plans put in to place by organisations to ensure that they are able to respond and continue to deliver essential services when incidents occur that threaten this, for example losses of power, IT failures and major incidents affecting staffing availability.

Business partnering		Business partnering is an approach that aligns functional expertise in areas such as finance, workforce, and improvement science, with the operational teams throughout the organisation.
Child and Adolescent Mental Health Services	CAMHS	The overarching term for mental health services for those aged under 18. This comprises of a range of in-reach services, community services, inpatient and high intensity services, and specialist services.
CHKS	CHKS	CHKS is a provider of healthcare intelligence and quality improvement services, including hospital benchmarking data. This is used to compare hospital performance against the performance of other similar hospitals to identify opportunities to improve.
Chronic Obstructive Pulmonary Disease	COPD	COPD is a long-term condition, including emphysema and chronic bronchitis, which affects breathing. Most cases of COPD are associated with a history of smoking, making COPD a preventable condition for many.
Civil contingencies		The Civil Contingencies Act 2004 places obligations on Health Board and other public services to prepare for emergencies.
Clinical Services Plan	CSP	A plan for how to configure the delivery of clinical services in order to deliver the strategic intent of the Health Board.
Cluster		A collaboration, covering populations of around 25,000 to 50,000, that brings together Health Board service colleagues, Local Authority, independent contractor health care services, third sector, and others, to identify improved ways of meeting the community health and social care needs to local residents.
Colonoscopy		An examination of the bowel using a fine, flexible tube with a camera attached.
Community Health Pathways		Community Health Pathways, or HealthPathways, is a portal for healthcare professionals providing guidance aimed at reducing unnecessary referrals to secondary care hospital services.
Community pharmacy		Sometimes termed 'high street pharmacy', community pharmacy providers dispense prescriptions, sell over the counter products, but also do much more, including providing consultations on a range of healthcare problems and prescribing of certain medications.
Compassionate leadership		Compassionate leadership is an approach to leadership that involves actively listening to, understanding and supporting colleagues. It is well researched to lead to more engaged and motivated staff, higher levels of well-being and the delivery of higher quality care.
Computerised Tomography	CT	Computerised tomography is a type of scan that uses x-rays inside a large tube in which the patient lies.
Continuing healthcare funding	CHC	Continuing healthcare funding, also known as CHC funding, is an NHS framework that assesses individuals who have significant ongoing healthcare needs outside of hospital. If the CHC threshold is met, then ongoing care needs are fully funded by the NHS.

Control total		A financial control totals represents a financial targets that must be achieved and defines the maximum amount of spending allowed.
Decarbonisation Action Plan	DAP	The Health Board plan to reduce greenhouse emissions.
Delivery plan 2024-25		The Health Board annual delivery plan for 2024-25 provides a detailed mapping of how and when the priorities for 2024-25 in the plan will be delivered and who the senior accountable officer overseeing delivery is for each element.
Demand and Capacity	D&C	This is the overarching term used to describe the methodologies of identifying how much planned care capacity there is compared to what the expected demand will be from referrals.
Discharge to Recover then Assess	D2RA	This approach supports people to remain at home or to be discharged as soon as possible to recover at home before being assessed for any ongoing need.
District General Hospital	DGH	A district general hospital is a traditional term given to a hospital delivering secondary care services within a particular area, or district. In North Wales we have three hospitals that would be considered to be DGH's, Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd in Bodelwyddan, and Wrexham Maelor Hospital in Wrexham.
Duty of Quality		The Health and Social Care (Quality and Engagement) (Wales) Act 2020 includes the Duty of Quality with the goal of continually enhancing the quality of services provided. The Duty of Quality applies to all aspects of NHS Wales, whether clinical or non-clinical.
Electronic Health Record	EHR	A computerised medical record that fully replaces the use of handwritten paper records.
Emergency Preparedness, Resilience, and Response	EPRR	EPRR is the term given to the continual planning and preparation undertaken by NHS organizations in order to be able to swiftly and effectively respond to a range of incidents and emergencies that could impact health or patient care, such as infectious disease outbreaks, extreme weather, and major accidents.
Endoscopy		Endoscopy is a diagnostic test that uses a long, thin tube with a small camera inside, called an endoscope.
Executive Member		Executive Directors are responsible for the operational running of the organisation. Within Health Board arrangements in Wales, Executive Directors work alongside Independent Members as equal members of the unitary Board.
Executive Team		The Executive members of the unitary Board, led by the Chief Executive Officer. They are the most senior officers of the organisation, responsible for the operational leadership of the Health Board.
Funded nursing care	FNC	FNC is closely related to continuing healthcare funding. Individuals not eligible for CHC funding may be eligible for FNC if they are living in a care home setting and require care from a registered nurse. If eligible FNC covers the nursing care component of costs.

Further, Faster		Further Faster is a workstream of the A Healthier Wales long term plan to increase momentum in community care to reduce pressures on hospitals.
General Medical Service contract	GMS	The way in which independent GP/Primary Care practitioners work with the Health Board to run their practices.
Genomic Medicine		Genomics is the study of individual patient's genes to make more accurate or earlier diagnoses. It is anticipated that this will make it possible for genetic information to be matched to the most effective medications and interventions.
Getting It Right First Time	GIRFT	GIRFT is a national NHS programme designed to improve the treatment and care of patients by reducing unwarranted variations using benchmarking data and applying the best practice from high performing providers to others.
GP with a special interest	GPwSI	Also referred to as a General Practitioner with Extended Roles (GPwER), a GPwSI is a GP who takes on a role that extends beyond the normal scope of general practice in a particular specialist area. GPwSI often take relevant referrals from other GPs as an alternative to referring patients to hospital specialists.
Health and Safety Executive	HSE	The Health and Safety Executive is the UK national regulator for workplace health and safety.
Health Education and Improvement Wales	HEIW	Health Education and Improvement Wales (HEIW) is the strategic workforce body for NHS Wales and provide strategic and specialist workforce support and advice across Wales.
High Volume, Low Complexity	HVLC	High Volume Low Complexity procedures are routine surgical procedures, such as cataract removal, and straight forward joint replacements, that can be delivered more efficiently by agreeing standardised pathways, pooling capacity and resources, and improving theatre use and day case rates.
Human Papilloma Virus	HPV	Human papillomavirus is the term given to a group of viruses a small number of which can cause genital warts or cancer.
Improvement Cymru		Improvement Cymru is the improvement service for NHS Wales, hosted by Public Health Wales.
Independent Member	IM	Within Health Board arrangements in Wales, Independent Members work alongside Executive Directors as equal members of the unitary Board.
Independent Prescribing	IP	The prescribing of prescription only medication by healthcare professionals who are not doctors, after being given additional training.
Institute of Healthcare Improvement	IHI	The Institute for Healthcare Improvement is an independent not-for-profit organisation, international recognised, that provides advice and support in the field of healthcare improvement science.
Institution Of Occupational Safety And Health	IOSH	The IOSH is an international organisation that sets standards for, and provides guidance to, professionals working in the fields of workplace health and safety.
Integrated Health Community	IHC	IHC is the term given to the three geographical divisions within the Health Board - East, Centre and West. Each IHC is responsible for organising and delivering the general healthcare services

		within the District General Hospital within the respective area alongside the community services in the area.
Integrated Medium-Term Plan	IMTP	An IMTP is a plan, set within a three year context that sets out the how the Health Board intends to deliver the long-term vision for NHS services in Wales. IMTPs must reflect the strategic and legislative landscape within Wales, including Ministerial priorities.
Integrated Planning Framework		The Framework in the Health Board that draws together the various different aspects across the organisation where planning skills are required.
Integration and Rebalancing Capital Fund	IRCF	A Wales-wide funding initiative aimed at enhancing health and social care services.
Internal Audit		Internal Audit is a function, independent of the Health Board that audits services and governance systems within the Health Board. Internal Audit services are hosted by NHS Wales Shared Services Partnership.
Inverse Care Law	ICL	The Inverse Care law describes the phenomenon where people who most need health care are least likely to receive it, leading to disparities in access. This often occurs when those who are less well-off face barriers.
Joint Advisory Group (JAG) on GI Endoscopy Accreditation		JAG accreditation is a nationally recognised accreditation system used to quality assure gastrointestinal endoscopy services.
Klebsiella		Klebsiella is a bacteria that can cause serious infections, especially in hospital settings, and that can sometimes be resistant to common antibiotics.
Length of Stay	LoS	The number of days that an inpatient stays in hospital.
Living Healthier, Staying Well'		The Health Board strategy consulted upon in 2017.
Llais		Llais is the national, independent body set up by the Welsh Government to give the people of Wales a stronger voice in their health and social care services.
Long Term Condition	LTC	Long-term conditions are illnesses that cannot be cured although they may be controlled with medicines or other treatments, for example asthma and diabetes.
Magnetic Resonance Imaging	MRI	Magnetic resonance imaging is a type of scan that uses magnetic fields and radio waves inside a large tube in which the patient lies.
Mass immunity		Sometimes referred to as 'herd immunity' mass immunity describes the need to vaccinate a certain percentage of the population in order to prevent the ongoing spread of an infectious illness in those not fully vaccinated. Once mass immunity has been reached, disease gradually disappears from the population.
Medically Fit for Discharge	MFD	This is the point from which an individual remains in hospital for reasons other than because they require inpatient medical oversight.

Methicillin Resistant Staphylococcus Aureus	MRSA	MRSA is a type of bacterial infection that can cause serious infection if it gets into the body. It can be associated with the overuse of antibiotics.
Methicillin-Susceptible Staphylococcus Aureus	MSSA	MSSA is a type of bacterial infection similar to MRSA but more likely to be treatable with antibiotics.
Mid-Wales Collaborative		The Mid Wales Healthcare Collaborative, now the Mid Wales Joint Committee for Health and Care, was established in response to the Mid Wales Healthcare Study with the aim of ensuring that healthcare services in Mid Wales are effective for its population.
Minor Injury Unit	MIU	MIU's are a walk-in service able to deal with minor injuries without needing to visit an Emergency Department. The Health Board has 9 MIUs.
More Than Just Words'		More Than Just Words is the Welsh Government's framework for promoting the use of the Welsh language in health and social care.
Multi-parametric Magnetic Resonance Imaging	mpMRI	A type of prostate scan that creates more detailed images than a standard MRI scan.
National Institute for Health Research	NIHR	The National Institute for Health Research supports and enables health and social care research in the UK.
Neurodevelopmental services	ND	The branch of healthcare services that manages neurodevelopmental conditions. The most common conditions are Autistic Spectrum Disorders and Attention Deficit Hyperactivity Disorder.
Nuclear Medicine		Nuclear medicine uses radioactive material to diagnose disease. Due to the use of radioactivity, nuclear medicine is subject to tight legislative regulation and inspection.
Operating model		A financial control totals represents a financial targets that must be achieved and defines the maximum amount of spending allowed.
Organisational Development	OD	Organisational development is the approach taken to systematically support those working within an organisation to be their best and most satisfied. This involves promoting a positive organisational culture, developing workforce and leadership skills and enhancing communication.
Patient Reported Experience Measure	PREM	PREMS are tools where individuals can report the experience of receiving health care from their perspective. They are often used following treatments or interventions to assess how receiving interventions feel for individuals in order to improve services.
Patient Reported Outcome Measure	PROM	PROMS are tools where individuals can report health outcomes from their perspective. They are often used following treatments or interventions to assess the impact that those interventions have had.
Pharmaceutical Needs Assessment	PNA	The PNA is an assessment of the current and future pharmaceutical service requirements within individual areas. The Health Board uses the PNA to inform planning to improve pharmacy services.

Planning template		The mandatory templates issued to Health Boards by NHS Wales used to provide structured additional detail for plan priorities.
Population Needs Assessment	PNA	The population needs assessment is an assessment of the care and support needs in North Wales, identifying the services available to meet those needs and any gaps and actions required. It has been created by North Wales Regional Partnership Board, in line with the requirements of the Social Services and Well-being (Wales) Act 2014. The most recent PNA was completed in 2022, though kept under continual review.
Portfolio & Programme Management Office	PMO	A support structure within the Health Board that ensures improvement and change management science is best utilised when managing business change. This is sometimes referred to as making sure we are "doing the right work and doing it in the right way" when delivering major change.
Positron Emission Tomography	PET	A positron emission tomography (PET) scan is a modern type of nuclear medicine imaging test that provides detailed 3-dimensional images of the inside of the body.
Primary Care Model for Wales		The national model for Primary Care in the future in Wales. It makes better use of the skills of everyone working in the local area, and that empowers individuals to take control of their own health and choices.
Prioritisation		The process by which healthcare service improvements that offer the highest value to individuals and communities are progressed when allocating the use of limited resources.
Pseudomonas Aeruginosa		Pseudomonas is a bacteria that can cause serious infections, especially in hospital settings, and that can sometimes be resistant to common antibiotics.
Public Service Board	PSB	Public Services Boards (PSBs) are a requirement of the Well-being of Future Generations (Wales) Act to improve joint working across public services. There are three PSBs in North Wales - Anglesey & Gwynedd PSB, Conwy & Denbighshire PSB and Flintshire & Wrexham PSB.
Quadruple Aim		The Quadruple Aim is an internationally recognised approach to driving improvements in Healthcare. The four themes of the Quadruple Aim, interpreted for Wales are improved population health and wellbeing; better quality and more accessible health and social care services; higher value health and social care; and a motivated and sustainable health and social care workforce.
Regional Partnership Board	RPB	RPBs are a requirement of the Social Services and Well Being Act to improve the well-being of the population and improve how health and care services are delivered. There is a single RPB in North Wales.
Risk register		A risk register provides a structured record of any significant risks being managed by the Health Board that might impact upon the work of the Health Board. Risk registers are regularly reviewed and include response plans to how the risks are being reduced or controlled.

Same Day Emergency Care	SDEC	Same day emergency care (SDEC) is a service providing urgent care to patients without the need for an overnight admission to hospital.
Sentinel stroke national audit programme	SSNAP	The Sentinel Stroke National Audit Programme (SSNAP) is a quality improvement initiative. SSNAP measures the quality and organization of stroke care.
Service Level Agreement	SLA	A documented agreement between a service provider and a commissioner of that service that clearly lays out the level of service expected and the monitoring arrangements that will be used.
Six goals for Urgent and Emergency Care Programme	6 Goals	The 6 Goals Programme is a national programme of initiatives to help transform access to urgent and emergency care.
Small Business Research Initiative Centre of Excellence	SBRI	The Small Business Research Initiative Centre of Excellence in Wales is hosted by the Health Board and collaborates with public sector bodies in Wales. By running competitions and inviting industry participation, the SBRI Centre of Excellence aims to develop innovative solutions that enhance the health and well-being of those living in Wales. It is funded by the Welsh Government.
Special Measures		Special measures', now referred to as level 5 escalation, is highest level of escalation within the NHS Wales escalation and intervention framework arrangements.
Standard Operating Procedure	SOP	A Standard Operating Procedure is a set of step-by-step instructions to guide those carrying out particular tasks, with the intention of improving efficiency, quality and consistency.
Stereotactic Ablative Radiotherapy	SAbR	Stereotactic Ablative Radiotherapy is a highly specialised type of precision focused radiation treatment.
Straight to Test		The approach of requesting diagnostic tests, such as scans, before a patient is seen in outpatients, so that a treatment decision can be made when they are seen.
System		Sometimes referred to as 'whole system', the term is usually used to describe the collaborative approach involving multiple partners that is required to best deliver health and care services. The Health Board cannot deliver its best if it works in isolation without drawing in the support of others.
Systemic anti-cancer therapy	SACT	Systemic anti-cancer therapy is a description given to a range of treatments used to target cancer, such as chemotherapy.
Third sector		The 'third sector' is an umbrella term covering a range of organisations with different structures and purposes, belonging neither to the public sector nor to the private sector. This includes charities, housing associations, voluntary and community organisations and social enterprises and cooperatives.
Unscheduled care		Now usually referred to as 'urgent and emergency care', this relates to the unplanned care requirements of patients that are either urgent or emergencies in nature. This includes services delivered in Emergency Departments but also includes many other services, for example the use of 111, minor injury units, out of

		hours primary care services, community pharmacy minor illness services.
Value and Sustainability Board		A national collaborative healthcare approach in Wales to identify and benchmark opportunities to increase value within the NHS, and to make services more sustainable. Individual Health Boards are expected to apply the findings to the services they deliver.
Value based care		Value-based care is an established approach to healthcare in Wales that aims to improve patient outcomes by making the best use of the resources available. It is about achieving meaningful results that matter most to patients.
Well-being goals		The seven well-being goals established by the Well-being of Future Generations Act
Well-being of Future Generations		The Well-being of Future Generations Act in Wales requires public bodies such as the Health Board to work better with others and take a joined up, long-term approach, thinking about the long-term impact of decisions, working better with people, communities and each other. The act is about improving the social, economic, environmental and cultural well-being of Wales.
Welsh Index of Multiple Deprivation	WIMD	This is the Welsh Government's official measure of relative deprivation for small areas in Wales, made up of 1,909 areas ranked from 1 (most deprived) to 1,909 (least deprived).
Wider Determinants of Health		The wider determinants of health describe a wide range of social, economic, and environmental factors that significantly influence people's mental and physical well-being. For example poverty, poor housing, a lack of employment, and access to green spaces.



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2024-25

Ministerial Template

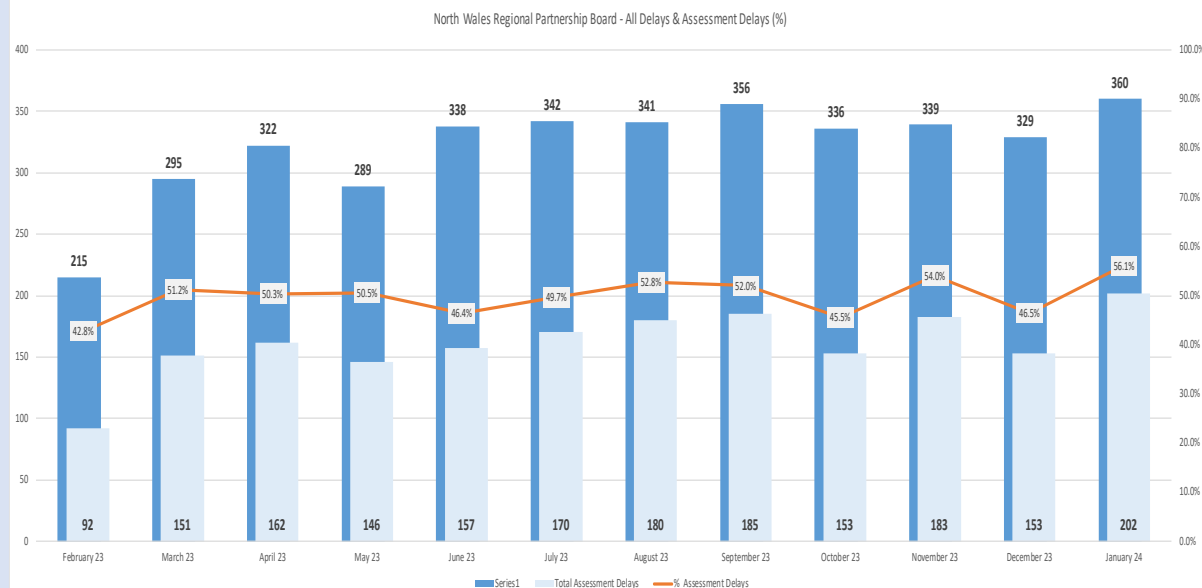
Delayed Pathways of Care

Delayed Pathways of Care (DPoC)

Priority area(s) to deliver 24/25: Delayed Pathways of Care (DPoC)				
Key focus should be on delivering		Enhancing Care in the Community, with a focus on reducing delayed pathways of care.		
Ref:	New priority/ Continued from 23/24 (Delete as appropriate)			
Ref:				
Resume of planning Milestones 23/24:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref: 001	Continued from 23/24 Full compliance with updating the National Delayed Data-base weekly	Continued from 23/24 Revised D2RA Pathway implementation by 31 st July.	Continued from 23/24 Achieve and maintain agreed reduction of in-patient Delayed Transfers of Care (DTOCS).	Continued from 23/24 Achieve and maintain agreed reduction of in-patient DTOCS
Progress synopsis	Full implementation has been completed but this work is ongoing to ensure continuous improvement in data collection and quality assurance. This data is key for setting priorities and focused intervention (Regional and local Action Plans for reducing delays)	Monthly snapshot reporting continues, preparation is well advanced for reporting on the aggregated number. D2RA Impact Assessment completed and submitted on 25 th January 2024	Continuous improvement in the reduction of POCDs has not been achieved across North Wales.	The POCDs action plan supported by a detailed action plan for reduction assessment delays has been reviewed, additional actions identified and submitted to NHS Executive on 24 th January 2024. Deep dive by IHC commenced in January, with the aim of identifying targeted interventions prior to 24 /2025
Ref: 002			Implementation of Trusted Assessor roles – on going. Monthly reporting to the NHS Executive on progress	Refresh of the action plans to achieve continuous improvement have been undertaken including strengthened governance arrangements
Progress synopsis			Progress has not been achieved. There is an increase of only 13 HCSW staff across North Wales.	
Outcomes of delivering Ministerial Priorities:				
Ref: 001	Reduction in the number of people delayed in hospital following being assessed as clinically optimised. Reducing the length of days delayed once clinically optimised. The Key priority areas are:- Assessment Delays (Health Assessments, Joint Assessment, Social Care Assessment & Social Worker Allocation) Care Home Arrangements Packages of care Reducing the number of patients delayed more than 21 days			

Delayed Pathways of Care (DPoC)

Priority area(s) to deliver 24/25: Delayed Pathways of Care (DPoC)



Ref: 002

Increased number of Health and social care staff who are undertaking proportional assessment / Trusted Assessor to support timely discharge (and admission avoidance). Increasing opportunities to reduce assessment delays. A reduction in the number of delays due to assessment is a key priority

NORTH WALES

2023/24 Base Line

Number of Patients
Average Days Lost
Average Number of Patients >21 days
Assessment Delays
Days lost for Assessment Delays

Q1	Q2	Q3	Q4	Average
322	342	336	360	340
9732	7843	10351	14157	10520
144	123	160	220	162
162	170	153	202	173
4288	2767	3738	5507	4075

Health Assessment Delays (Pt No.)
Joint Assessment Delays (Pt No.)
Social Care Assessment Delays
Trusted Assessor (Baseline 25 in Feb 2023)

71
48
54
38

Planned Milestones 24/25

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Assessment Delays <i>(Detailed actions / milestones are in the POCDs Action Plan, these will be reviewed once Further Faster initiatives have been agreed)</i>	Reduce Assessment Delays by:- 1. Increase number of staff undertaking TA roles 2. Reduce Health Assessment delays by implementation of a range of efficiencies	Review the impact of increased TA roles – identify further actions to progress at pace	Continued improvement on Q2	Continued improvement on Q3


Delayed Pathways of Care (DPoC)

Priority area(s) to deliver 24/25: Delayed Pathways of Care (DPoC)				
Care Home related delays	1.Reduction in the number of adverse discharges to care homes by establishing / embedding improvement groups –	Further role out and embedding		Demonstrate continuous improvement i.e. reduction of care home related delays
	2.Establish TA role in Care Homes across North Wales to support timely discharge	Further role out and embedding	Evaluate the programme and agree further improvement	
	3.Improve Choice and Escalation Pathways to ensure timely discharge to homes - Implement principles across North Wales	Evaluate and identify opportunities for continuous improvement		
Data Collection	Commence D2RA Aggregated reporting	Improve compliance on Q1	Improve compliance on Q2. Targeted support where there is poor compliance	Improve compliance on Q3. Targeted support where there is poor compliance
Overarching outcome measures/ metrics:				
Baseline position 23/24 (as above)	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	322 Patients Delayed 25 staff undertaking Trusted Assessor roles	342	336	360 Patients Delayed 38 staff undertaking Trusted Assessor Roles
Performance Trajectories 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	5% reduction in delays on 2023 / 2024 average. (See below) D2RA reporting will be established as an aggregated position (current snapshot until April 2024). Performance targets against the measures will then be agreed.	7.5% reduction in delays Continuous improvement on Q1	10 % reduction on baseline Continuous improvement on Q2	10% reduction on baseline Continuous improvement on Q3
	Increase number of staff undertaking TA roles by 20%	Increase number of staff undertaking TA roles by 30%	Increase number of staff undertaking TA roles by 40%	Increase number of staff undertaking TA roles by 40%

Delayed Pathways of Care (DPoC)

Priority area(s) to deliver 24/25: Delayed Pathways of Care (DPoC)						
	NORTH WALES		2024/25 Reduction Trajectory			
	Reduction Target		5%	7.50%	10%	10%
			Q1	Q2	Q3	Q4
	Number of Patients		17	25	34	34
	Average Days Lost		526	789	1052	1052
	Average Number of Patients >21 days		8	12	16	16
	Assessment Delays		8	12	17	17
	Days lost for Assessment Delays		203	304	407	407
	Health Assessment Delays		4	5	7	7
	Joint Assessment Delays		2	4	5	5
	Social Care Assessment Delays		3	4	5	5
		20%	30%	40%	50%	
Inc. Trusted Assessor Roles (this is a stretch target due to lack of progress in 2023/24)		8	12	16	20	
Risks	Risks of Non-Delivery			Mitigations		
	Patients having longer lengths of stay and greater risk of harm due to de-conditioning Negative impact on patient flow Negative impact on planned care due to in-patient capacity Impact on WAST due to pressures in ED Competing priorities			6 Goals priorities, sign posting to alternative services, preventions, admission avoidance Workshops with partners for Further Faster funding priorities to conclude April 2024		
	Risks to Delivery			Mitigations		
	Statutory responsibility to provide social care – Packages of Care Social Care workforce Funding issues between agencies and with providers Implementing Trusted Assessor roles across Health and Social Care			Joint Action Plans with Social Services Robust processes / Agreements between partners Engagement commenced on HB fee rates Regional Workforce Group		
Critical Enablers	Finance					
	Many of the actions identified in the Regional POCDs action plan are priorities for Health and Social care, funded by RIF (fully allocated). In addition, this is linked to the priority areas of further faster. RPB have arranged 4 workshops for Health & Social Care Operational and Corporate teams, followed by an RPB workshop. Two workshops have now taken place and will conclude Mid-April 2024. The aim of the workshops is to agree a set of North Wales principles for agreeing the priorities and allocating the £2.6M funding. The HB has been clear that this funding must be used for additionality and not covering gaps in core services. It has been proposed the funding split / allocation used for the 2023 / 24 allocation should continue into Q1 of 2024 / 25. This is still to be confirmed at RPB level. A regional workshop took place on 8 th March					
	Workforce					
	This will be subject to Further Faster Funding.					

Delayed Pathways of Care (DPoC)

Priority area(s) to deliver 24/25: Delayed Pathways of Care (DPoC)	
	Additional resource is required to support this work (Project Manager support), which is yet to be agreed, but it is envisaged that this will be drawn down from the 6 Goals funding.
	Digital
	As part of the Goal 5 and Goal 6 initiatives within the 6 goals improvement programme, there is a requirement to further develop the STREAM solution to support the recording of D2RA pathways but also the capture of specific actions relating to Pathway of Care Delays. This is instrumental to ensuring we can move away from a manual collection of data and reliance on monthly census data when the organisation requires real time daily information. STREAM is a priority to support discharge planning which is one of the largest pressures within Urgent and Emergency Care. Further developments with Red 2 Green and Safer will underpin the work on Pathway of Care Delays
	Other (Specify)
	Engagement and integrated working across the partnership. The detailed POCDs action plans are jointly developed with the relevant LAs. There is variation across North Wales in the reasons for delays which are detailed in the Action plan
Prevention & Population Health	Opportunities identified:
	 <p>February%20POCD %20Regional%20Act</p> <p>Detailed action plans have been developed across the regional partnership to reduce POCDs (latest draft attached – this is a live document). Actions are specific to each health and LA area and focus on Process & Efficiencies, Reducing Assessment Delays, Care Home related Delays and Social Care Delays. During February 2024 there has been a review and refresh of the plans as progress made in 2023/24 has not resulted in reducing delays and demonstrating the sustained improvement required for the population.</p> <p>The plan focuses on delays where there are significant challenges. In North Wales there are very small numbers of delays due to housing related issues i.e. no fixed abode or homelessness, but this is closely monitored. Mental Capacity Act delays and court protection delays are also monitored closely – again numbers are very low. There have been no delays due to assessment through language of choice since data collection commenced in Feb 2024.</p>



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2024-25
Ministerial Template
Primary Care: GMS

Improving Access to GMS Services

Priority area(s) to deliver 24/25: Improving Access to GMS Services				
Key focus should be on delivering		Primary and Community Care: Improving Access GP and Community Services		
Ref:	Indicate if new priority or continued from 23/24			
	CONTINUED FROM 2023/24			
Ref:	Resume of planning Milestones 23/24:			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
001	Primary Care Plan (2025 - 2030) and Sustainability Action Plan and a Plan for Managed Practices			
002		100% (n=12) Health Board (managed) practices signed-up to Analyse-RX	GMS practices provided with opportunity to sign-up to Analyse-RX	Baseline data for number of people awaiting a chronic disease review, collated
003		Improved access amongst Health Board (managed) practices	Health Board (managed) practices to achieve 100% compliance with Access Standards,	Clear route for practices to come in and out of Health Board management articulated and in place
004			Third sector cluster commissioned services mapped	Reduction in duplication across commissioned services and strengthened commission approach
Progress synopsis	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Primary Care Plan			

Improving Access to GMS Services

001	<p>Measures have been put in place to stabilise and consolidate</p> <p>Out of hospital urgent care review completed - will inform development of the Plan</p> <p>Programme management approach implemented - will provide oversight of complex and complicated structures.</p> <p>Sustainability Action Plan completed and ready for approval</p> <p>Plan for Managed Practices completed and ready for approval</p>			
002	<p>Review to be undertaken to determine whether to progress Analyse-RX or otherwise</p>	<p>Data not currently available (data gathering at cluster level to be explored in 24-25.</p> <p>Baseline data for number of people awaiting a chronic disease review collated</p>		
003			<p>Health Board (managed) practices achieved 100% compliance.</p>	<p>Clear route established for practices to come in and out of Health Board management. Report to Operational Leadership Team (OLT) for sign off before end of Q4.</p>

Improving Access to GMS Services

004			Third sector commissioned services mapped	Reduction in duplication across commissioned services and strengthened commissioning approach. Partially complete – to be undertaken in 2024/25
Ref:	Outcomes of delivering Ministerial Priorities 2023/24:			
	<p>Sustainability Action Plan</p> <p>Primary Care Sustainability Action Plan completed. Will be presented for approval by OLT in Q4.</p> <p>Out of hospital review</p> <p>Information gathered for out of hospital urgent care and third sector commissioning means that next year there will be a more holistic approach to developing and delivering evidence based services.</p> <p>Potential to consider a centralised delivery model for Health Board provided primary care such as managed practices, GPOOH etc.</p> <p>Improved access amongst Health Board managed practices</p> <p>Improved timely access and greater consistency of care. All managed practices are achieving national access standards.</p> <p>A clear plan for governance of managed practices in place.</p> <p>Chronic disease baseline data</p> <p>A greater focus on chronic disease reviews and a highly successful cluster pilot with demonstrable positive outcomes of improved access to effective management of diabetes and Chronic Obstructive Pulmonary Disease (COPD).</p>			
Ref:	Overarching outcome measures/ metrics			
	Baseline position			
	Performance Trajectories 23/24			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	N/A	N/A	N/A	N/A
Ref:	Planned Milestones 24/25			
001	Quarter 1	Quarter 2	Quarter 3	Quarter 4

Improving Access to GMS Services

Primary Care Plan	Develop a 5 year Primary Care Plan 2025 – 2030 utilising a co-design approach Project scope and working group established EQIA underway Baseline assessment of current performance complete Asset mapping complete Stakeholder mapping complete to support co-design	Series of co-design events carried out with stakeholders and patients. EQIA and SWOT analysis complete	Draft 5 year Primary Care Plan 2025 – 2030 developed that responds to a wider Health Board Strategy and utilising a co-design approach Draft document complete and submitted to Board for approval	Implementation plan developed subject to Board approval of Strategy Communications and engagement plan
002 Delivery Plan to implement National Workforce Strategy recommendations	Undertake a baseline assessment of the National Workforce Strategy for Primary Care Develop a first draft delivery plan and strategy response	Progress plan through internal governance for approval	Implement approved plan Submit costed plans for consideration against Strategic Programme for Primary Care (SPPC) funding	Monitor progress Update plan for 25/26
003 Implementation of Managed Practices oversight approach	Implement recommendations for Managed Practices that includes Quality, Finance, Workforce and Access (Annual Plan 23 – 24)	Project team established and activity underway	Monitor progress through programme office Study and review	Study and review Report progress to date and move to business as usual
004 Implementation of approach to GP practice escalation and sustainability	Implementation recommendations to review and strengthen where necessary the approach to Practice Escalation and Sustainability (Annual Plan 23 – 24)	Project team established and activity underway	Monitor progress through programme office Study and review	Study and review Report progress to date and move to business as usual
Ref:	Outcomes of delivering Ministerial Priorities 2024/25			

Improving Access to GMS Services

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	<p>Primary Care Plan</p> <p>A transformative primary care plan that has buy in from key stakeholders and a clear sense of direction.</p> <p>Delivery Plan to implement National Workforce Strategy recommendations</p> <p>A sustainable workforce plan for primary care that makes North Wales an attractive and exciting place to live and work. The plan will proactively support MDT working.</p> <p>Implementation of Managed Practices oversight approach</p> <p>A regional Oversight and Steering Committee for Health Board Practices will drive improvement and seek assurance. review key performance indicators</p> <p>Implementation of approach to GP practice escalation and sustainability</p> <p>Governance processes in place which will enhance and improve current processes and procedures.</p>			
Risks and mitigations	<p>Risks and mitigations of Non-Delivery</p> <p>Primary Care Plan</p> <p><i>Risks:</i></p> <p>Absence of strategy can lead to inadequate healthcare services, ineffective disease prevention measures, and suboptimal health outcomes for populations.</p> <p><i>Mitigation:</i></p> <p>A programme management approach implemented in 2023/24 will be utilised to ensure risks and issues are identified and addressed efficiently.</p> <p>Delivery Plan to implement National Workforce Strategy recommendations</p> <p><i>Risks:</i></p> <p>The Health Board will not have a local workforce plan to address the National Workforce Strategy.</p> <p><i>Mitigation:</i></p> <p>The Primary Care Academy is well placed to lead the baseline assessment and coordinate a Health Board wide response to the Strategy</p> <p>A baseline assessment will be undertaken to assess the current schemes, projects and programmes of work already in place against each of the National Workforce Strategy actions and to identify any gaps / opportunities for development.</p> <p>Implementation of Managed Practices oversight approach</p>			

Improving Access to GMS Services

	<p><i>Risks:</i></p> <p>The right environment will not exist to deliver the improvements in access and quality of healthcare.</p> <p>Risks may go unseen</p> <p>Shared learning will be compromised</p> <p>Service provision may be inequitable across North Wales</p> <p><i>Mitigations:</i></p> <p>Collective agreement that this work is essential and therefore prioritised with resource from the IHCs and pan BCU services</p> <p>Implementation of approach to GP practice escalation and sustainability</p> <p><i>Risks:</i></p> <p>Access to GP services will be compromised if the capacity within GP practices cannot meet the growing demand for their services.</p> <p><i>Mitigation</i></p> <p>The work to deliver this will be led through the contracting team with essential support from the IHC operational delivery teams</p> <p>Implement robust monitoring and evaluation mechanisms to assess the effectiveness of the work and identify areas for improvement.</p>
	<p>Risks and mitigations to Delivery</p>
	<p>Primary Care Plan</p> <p><i>Risks:</i></p> <p>Resources are disparate and consensus is hard to achieve</p> <p>Planning is not integrated with urgent care and delivery does not achieve the principles of values based healthcare</p> <p><i>Mitigations:</i></p> <p>A co-design approach will foster partnerships and collaboration among stakeholders with complementary resources and expertise. By pooling resources and sharing responsibilities, collective strengths can address common goals.</p> <p>Empower stakeholders to actively participate in identifying priorities, setting goals, and designing solutions that address concerns and perspectives</p> <p>Delivery Plan to implement National Workforce Strategy recommendations</p> <p><i>Risks:</i></p> <p>Lack of resources to delivery as a result of disinvestment in the Primary and Community Academy</p> <p>The National Workforce Strategy for Primary Care not being recognised as a priority for the Health Board to support the sustainability and recovery of primary care</p> <p><i>Mitigations:</i></p>

Improving Access to GMS Services

	<p>Review of the National Workforce Strategy actions have highlighted that the Health Board is able to demonstrate local action and progress this work within current levels of funding</p> <p>Implementation of Managed Practices oversight approach</p> <p><i>Risks:</i> Resources in the IHCs are under pressure Resistance from managed practice staff</p> <p><i>Mitigations:</i> Consider pan BCU approach – ‘Once for North Wales’ Good communication and engagement</p> <p>Implementation of approach to GP practice escalation and sustainability</p> <p><i>Risk:</i> Resources to deliver the work</p> <p><i>Mitigation:</i> Utilise existing mechanisms such as primary care panel and primary care leadership team</p>
Critical Enablers	Finance
	<p>Consolidate resource, work in a pan BCU approach to benefit from economies of scale</p> <p>Continue current levels of investment in the Primary Care Academy</p> <p>Identify opportunities to secure additional funding to support the development of a range of schemes to support implementation of the National Workforce Strategy for Primary Care</p>
	Workforce
	<p>Equitable access to pan BCU resources is required</p> <p>The workforce to deliver this plan will be needed from existing resources and must be achieved through working across BCU. A prioritisation process is required that ensures safety and quality of services.</p> <p>A co-design approach will maximise existing talent and expertise with shared responsibilities</p> <p>Agreements should be in place to enable matrix working in BCUHB and facilitate delivery.</p>
	Digital
	<p>A primary care plan must demonstrate benefits from digital approaches for improved access, efficiency, and communication. Digital tools will streamline information management, empower patients, and enable data-driven decision-making.</p> <p>There are a number of digital specific actions with the National Workforce Strategy and input will be required at a local and national level and these will be documented in the baseline assessment.</p>

Improving Access to GMS Services

	Both the escalation and managed practice priorities will require support from data analysis to providing data sets that inform quality assurance and risk management
	All wales move to single GMS IT operating system – Electronic Management Information System (EMIS) will facilitate improved data collection
	Other (Specify)
	Unified contract and single assurance framework will align with improvement plan for managed practices, escalation and sustainability
Prevention & Population Health	Opportunities identified
	The primary care plan may include a place and values based approach to healthcare. This will be reliant on understanding and fully utilising population health management. This in turn will begin to turn the dial towards a prevention first approach to healthcare.



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2024-25

Ministerial Template

Primary Care: Community Pharmacy

Improving Access to Community Pharmacy

Priority area(s) to deliver 24/25: Improving Access to Community Pharmacy				
Key focus should be on delivering		Primary & Community Care: Improving Access to Community Pharmacy		
	Indicate if new priority or continued from 23/24			
	CONTINUED FROM 2023/24			
Ref:	Resume of planning Milestones 23/24:			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
23/001: Urgent Medicines Service	Establish Urgent Medicines Service			
23/002: Clinical Community Pharmacy Service	100% of community pharmacies to provide <i>Clinical Community Pharmacy Service (CCPS)</i>	Live public-facing data on availability of community pharmacy services relevant to urgent primary care	Expand the number of patients appropriately accessing the CCPS 80% of pharmacies providing the <i>Sore Throat Test and Treat Service (STTT)</i>	
23/003: Pharmacist Independent Prescriber Service	Expand number of pharmacies offering the <i>Pharmacist Independent Prescribing Service (PIPS)</i> Expand number of pharmacies offering contraception through PIPS	Expand the number of patients appropriately accessing PIPS		
23/004: MDT Structured Medication Reviews in Care Homes				Multidisciplinary ' <i>Structured Medication Reviews in Care Homes Service</i> ' commissioned in 30% of pharmacies.
23/005: Inhaler Review Service	Expand number of pharmacies offering Inhaler Review Service			
23/006: Care Home Support Service	Full coverage of the Care Home Support Service			
23/007: Needle and Syringe Programme	Implement new Needle and Syringe Programme model			
23/008: Adherence Review Service				Adherence Review Service established in 8 Clusters
Progress synopsis	Quarter 1	Quarter 2	Quarter 3	Quarter 4
23/001: Urgent Medicines Service	<ul style="list-style-type: none">Urgent Medicines Service review complete by Q3 and service will be commissioned by the end of Q4			

Improving Access to Community Pharmacy

23/002: Clinical Community Pharmacy Service	<ul style="list-style-type: none"> 99% of community pharmacies commissioned to provide Clinical Community Pharmacy Service (CCPS). Two remaining pharmacies are currently moving premises to enable installation of a consultation room and are anticipated to be providing the CCPS (bringing the total to 100%) within the first few months of 2024/25 Live public-facing data on availability of community pharmacy services relevant to urgent primary care is in place and links to the NHS 111 Directory of Service and NHS 111 website There have been around 50% more CCPS consultations during 2023/24 in comparison to 2022/24 86% of pharmacies are commissioned to provide the Sore Throat Test and Treat Service.
23/003: Pharmacist Independent Prescriber Service	<ul style="list-style-type: none"> Nine additional pharmacies are offering the Pharmacist Independent Prescriber Service (PIPS) at the end of 2023/24, in comparison to the end of 2022/23 19 pharmacists attended training on contraception services in September 2023 and are now able to offer contraception There has been a 50% year on year increase in PIPS consultations
23/004: Multidisciplinary Team Structured Medication Reviews in Care Homes	<ul style="list-style-type: none"> Owing to capacity constraints and funding limits, it has not been possible to progress this service and plans have been paused.
23/005: Inhaler Review Service	<ul style="list-style-type: none"> 94 pharmacies (65%) are commissioned to provide the services Over 3,000 consultations have been carried out under this service to date
23/006: Care Home Support Service	<ul style="list-style-type: none"> All care homes have been linked to a commissioned pharmacy to enable access to the Care Home Support Service
23/007: Needle and Syringe Programme	<ul style="list-style-type: none"> New service specification has been rolled out to all existing pharmacies, and several have been commissioned to provide a level 2 service. Six pharmacies have been commissioned to provide the level 3 (Naloxone supply and training) service.
23/008: Adherence Review Service	<ul style="list-style-type: none"> Owing to capacity issues and financial limits, rollout of this service has been severely limited in this year. Currently six pharmacies are commissioned to provide the service and plans have been revised for 2024/25 rollout.
Ref:	Outcomes of delivering Ministerial Priorities 23/24
23/001: Urgent Medicines Service	<ul style="list-style-type: none"> Access to key urgent medicines has been secured and the stock lists have been assured as fit for purpose
23/002: Clinical Community Pharmacy Service	<ul style="list-style-type: none"> 71,843 Common Ailments Service, 6,100 Emergency Contraception and 38,700 Emergency Medicines Service consultations were carried out in the 12 months to Dec 2023, resulting in a significant reduction in demand across General Practice, NHS 111 Wales, and GP Out-of-Hours (OOH) services and providing timely access to advice and medication. 28,000 flu vaccinations were given via community pharmacies in the 2023/24 winter season helping to provide greater choice and improve access to vaccination for eligible people. The Live Service Availability feed is helping NHS 111 Wales and other services direct patients appropriately to community pharmacy, safe in the knowledge that the service is able to accept referrals.
23/003: Pharmacist Independent Prescriber Service	<ul style="list-style-type: none"> 15,500 PIPS consultations were carried out in the 12 months to Dec 2023, resulting in a significant reduction in demand across General Practice, NHS 111 Wales, and GP OOH services and providing timely access to advice and medication
23/005: Inhaler Review Service	<ul style="list-style-type: none"> Consultations have improved patient management of their respiratory condition, contributing to reductions in exacerbations and optimising the therapeutic benefit of the medication, improving symptom management and reducing morbidity.
23/006: Care Home Support Service	<ul style="list-style-type: none"> Around 100 care homes have received a first visit from a pharmacy with approximately 10% having received a follow up second visit. These visits have uncovered a number of suboptimal practices in respect of medicines management and issues have been escalated

Improving Access to Community Pharmacy

	where appropriate, or managed by the home with support from the community pharmacy team. This has resulted in reductions in waste of medicines, improved ordering, and storage practices, and safe disposal of medicines that are no longer required.			
23/007: Needle and Syringe Programme	<ul style="list-style-type: none"> Service users are now able to access naloxone supplies and training from six pharmacies in North Wales, in addition to there being a number of pharmacies offering pro-active support to people who inject drugs on harm minimisation practices and equipment use. 			
Ref:	Overarching outcome measures/ metrics			
	Baseline position			
	Performance Trajectories 23/24			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	N/A			
Ref:	Planned Milestones 24/25			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
24/001: Care Home Support Service	All homes to have been offered a visit and those that have agreed have received a 1 st visit within the past 12 months			70% of homes who have not declined a visit will have received a 2 nd visit within 12 months
24/002: Inhaler Review Service		400 Level 2 reviews completed		
24/003: Pharmacist Independent Prescriber Service (PIPS)	Commission 35% of pharmacies to offer PIPS			Commission 50% of pharmacies to offer PIPS
24/004: Urinary Tract Infection		Commission 15% of pharmacies to offer UTI screening and treatment	Commission 30% of pharmacies to offer UTI screening and treatment	Commission 50% of pharmacies to offer UTI screening and treatment
24/005: Adherence Support Service		Commission 15% of pharmacies to offer the Adherence Support Service	Commission 30% of pharmacies to offer the Adherence Support Service	Commission 50% of pharmacies to offer the Adherence Support Service
24/006: Medicines Administration Record Service		Commission 25% of pharmacies to offer the Medicines Administration Record Service	Commission 50% of pharmacies to offer the Medicines Administration Record Service	Commission 75% of pharmacies to offer the Medicines Administration Record Service
24/007: Automated Access to Medicines in OOH period	Install Medicine Machine in Dolgellau		Complete evaluation of use case pilot	
Ref:	Outcomes of delivering Ministerial Priorities 2024/25			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
24/001: Care Home Support Service	Improved medicines management within care home settings, including ordering, storage, administration, and disposal. Issues identified to be addressed via an action plan, supported by the community pharmacy, or escalated via the Continuing Health Care team.			
24/002: Inhaler review service	Optimisation of therapy for respiratory care, to reduce risk of exacerbations or deterioration during winter 2024/25			
24/003: Pharmacist independent	Increasing availability of PIPS to reduce demand on General Practice and release capacity to focus on more complex patient care			

Improving Access to Community Pharmacy

Prescriber Service (PIPS)	
24/004: Urinary Tract Infection	Increase access and choice for patients with urinary tract infection to receive assessment and treatment
24/005: Adherence Support Service	Patients able to access support with taking their medicines to maximise the therapeutic benefit from their medicines and minimise the risk of harm
24/006: Medicines Administration Record Service	Patients receiving support with taking medicines from formal carers will be able to be supported effectively with this and have a clear audit trail for medicines use.
24/007: Automated Access to Medicines in OOH period	Increase access to key medicines in the out of hours period for patients who would otherwise have to travel significant distances, or wait until a local pharmacy was open
Risks and mitigations	Risks of Non-Delivery
	<ul style="list-style-type: none"> • 24/001: Care Home Support Service – medicines management issues in care homes would remain unchecked and risk harm to patients from inappropriate medicines storage, use, and disposal, as well as contributing to wasted medicines through inappropriate ordering. • 24/002: Inhaler review service – patients who have poor inhaler technique or poor management of their condition would continue with this state, meaning a higher likelihood of exacerbations or deterioration of their condition, resulting in increased morbidity and consequential growth in demand for urgent primary and secondary care services. • 24/003: Pharmacist Independent Prescriber Service – reduced choice for urgent primary care consultations, pushing pressure back on general practice and NHS 111/GP OOH services, along with potential knock-on impact in emergency departments • 24/004: Urinary Tract Infection - reduced choice for urinary tract infection management, pushing pressure back on general practice and NHS 111/GP OOH services • 24/005: Adherence Support Service – patients would continue to have difficulties in using their medicines as intended by the prescriber, resulting in poorer patient outcomes, waste of medicines that are not being used properly, and risk of harm from medicines that are taken incorrectly • 24/006: Medicines Administration Record Service – patients would be more likely to require additional support with using their medicines, resulting in inappropriate use of multi-dosing systems, adding to the workload in pharmacies and introducing additional risks around storage and supply of medicines • 24/007: Automated Access to Medicines in OOH period – patients in the target area would continue to have reduced access to medicines over the out of hours period, resulting in both inconvenience at having to travel large distances, or having to wait longer than is clinically desirable, to obtain medicines. This risks deterioration in the patients' conditions, resulting in additional morbidity and potential mortality, along with increased demand on urgent care services. •
	Mitigation for Non-Delivery
	<ul style="list-style-type: none"> • 24/001: Care Home Support Service – support may be offered through the primary care pharmacy and medicines management teams, but capacity is limited. • 24/002: Inhaler review service – support may be offered via the patients' GP practices, but capacity is limited and this would likely result in displacement of other activities. • 24/003: Pharmacist Independent Prescriber Service – support may be offered via the patients' GP practices, NHS 111, or GP OOH services, but capacity is limited and this would likely result in displacement of other activities. • 24/004: Urinary Tract Infection - support may be offered via the patients' GP practices, NHS 111, or GP OOH services, but capacity is limited and this would likely result in displacement of other activities. • 24/005: Adherence Support Service – Informal support would be available in some cases from friends and family. • 24/006: Medicines Administration Record Service – Use of multi-dosage systems would continue, but capacity is a significant issue with this at present and is expected to worsen.

Improving Access to Community Pharmacy

	<ul style="list-style-type: none"> • 24/007: Automated Access to Medicines in OOH period – Existing workarounds would continue, including patients having to travel large distances, delays in treatment, or clinicians having to deliver medication to patients, impacting on wider GP OOH capacity. •
	Risks to Delivery
	<ul style="list-style-type: none"> • Workforce shortages within community pharmacy – including pharmacists, pharmacy technicians, and support staff are making recruitment challenging and resulting in over-reliance on locum workforce. This may impact on ability or willingness of some pharmacies to engage with services. • Continued high demand for dispensing of prescriptions due to slow changes to periods of treatment, which is anticipated to release around 20-30% of current dispensing capacity to enable staff to engage with services. • Challenges in accessing Designated Prescribing Practitioners (DPPs) is limiting the opportunities for community pharmacists to access training as an independent prescriber, along with loss of trained independent prescribing pharmacists to other sectors, may limit the rate of progress that is possible for rollout of the PIPS. • The community pharmacy funding allocation for 2024/25 has not yet been published and items 24/005 and 24/006 are contingent on sufficient capacity within the Clinical Services ring-fenced to cover growth in existing services and allow commissioning of these new services. If this is not realised, it is expected that these services would not be fundable and aspirations around their rollout would be deferred to future years when funding may be available.
	Mitigation of risks to delivery
	<ul style="list-style-type: none"> • The risks identified above, particularly in relation to workforce/ recruitment, are national as well as local issues. The Community Pharmacy and Primary Care team proactively monitor and provide support to contractors, including monitoring of closures and pressures, and work closely with contractors to support mitigating actions to minimise impact of patients. • The GMS Local Enhanced Clinical Effectiveness Service (LECES) includes targeted changes in respect of periods of treatment to incentivise the shift to longer durations where clinically appropriate. • In addition, we are supporting existing prescribing pharmacies to become a Designated Prescribing Practitioner (DPPs).
Critical Enablers	Finance
	<ul style="list-style-type: none"> • Professional fees for additional services will be funded from within the Clinical Services ring-fenced funding allocation within the Community Pharmacy Contractual Framework allocation to the health board. There is likely to be a shift in drug costs to community pharmacy, from the primary care prescribing budget due to the supply of medicines via patient group direction within the Urinary Tract Infection service, but this should have a limited impact overall, as these medicines are reimbursed at the same rate. •
	Workforce
	<ul style="list-style-type: none"> • Workforce pressures within community pharmacy continue to be a challenge to delivery as described above. • A dedicated community pharmacy team within the Health Board is in place to support the service developments outlined in this plan. •
	Digital
	<ul style="list-style-type: none"> • Choose Pharmacy, managed by Digital Health and Care Wales, will require further development to enable the Urinary Tract Infection service to be launched. This is included in the development plan for the system and resources have been allocated to this. • Digital support needs for the medicines machine are anticipated to be comparatively limited, but engagement from Digital is critical to the success of the pilot. • The National Electronic Claim and Audit Forms (NECAF) system, managed by Shared Services, will require development to allow claiming for the Medicines Administration

Improving Access to Community Pharmacy

	Record chart service – this is being explored nationally at present and is anticipated to be in place for 1 April 2024.
	•
	Other (Specify)
Prevention & Population Health	Opportunities identified
	<p>Continued support via Business-as-Usual activities to maximise reach and effectiveness of:</p> <ul style="list-style-type: none"> • Community Pharmacy Smoking cessation services, including supply of pharmacotherapy to clients of other Help Me Quit services • Needle and Syringe Provision, including distribution of, and training on the use of, Naloxone to reduce drug related deaths • Supervised consumption services to reduce harm from opiate addiction • Seasonal influenza and COVID vaccination services to maximise uptake through increased access • Continued roll out of the Blood Borne Virus Screening Service as part of the Wales aspiration to eradicate Hepatitis C by 2030 <p>Also explore opportunities to strengthen operational data around criteria such as homelessness, ethnicity etc. to help inform decision making and reduce variation in access and care</p>



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2024-25 Ministerial Template

Primary Care: Dental

Improving Access to Dental Services

Priority area(s) to deliver 24/25: Improving Access to Dental Services				
Key focus should be on delivering		Improving Access to Dental Services		
Ref:	Indicate if new priority or continued from 23/24			
	CONTINUED FROM 2023/24			
Ref:	Resume of planning Milestones 23/24:			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
001	Commence commissioning	Write paper recommending variation and award of (General Dental Service) GDS contracts.		
Progress synopsis	Commissioning commenced April 2023	Commissioning closed July 2023 recommendation paper written and submitted August 2023	Awaiting approval of recommendation paper.	Awaiting approval of recommendation paper.
002	Complete paper with Heath Education Improvement Wales (HEIW) on challenges with overseas recruitment		Paper outlining options for working with and supporting contractors to develop different models for managed, supported and salaried practices.	
Progress synopsis	Work picked up within the scope of Dental Strategic Workforce Plan		Work on hold due to lack of capacity in the team to carry out but the direction continues to be discussed as part of future service planning	
003	Complete Oral Surgery (OS) exercise Write paper recommending award of OS contracts	Arrangements to award OS contracts		
Progress synopsis	Delayed until Q2 due to lack of	Work commenced awaiting dates	Awaiting dates from NWSSP for	Awaiting dates from NWSSP for

Improving Access to Dental Services

Priority area(s) to deliver 24/25: Improving Access to Dental Services				
	capacity within the team.	from North Wales Shared Services Partnership (NWSSP) for procurement to commence	procurement to commence	procurement to commence
004	Monthly and quarterly performance and activity reviews	Monthly and quarterly performance and activity reviews	Monthly and quarterly performance and activity reviews	Monthly and quarterly performance and activity reviews
Progress synopsis	Meetings held internally and with contract holders discussing current position and intentions	Meetings held internally and with contract holders discussing current position and intentions	Meetings held internally and with contract holders discussing current position and intentions	Meetings held internally and with contract holders discussing current position and intentions
005	End of year position paper written and submitted to BCU Executive Team.	Engagement sessions with contract holders (group sessions and individual meetings)	Engagement sessions with contract holders (group sessions and individual meetings)	Engagement sessions with contract holders (group sessions and individual meetings)
Progress synopsis	Completed	Sessions held regularly 1:1 and Spotlight sessions to discuss specific issues/direction held with contractors.	Sessions held regularly 1:1 and Spotlight sessions to discuss specific issues/direction held with contractors	Sessions held regularly 1:1 and Spotlight sessions to discuss specific issues/direction held with contractors
006 Increase access to services	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Review current levels of service delivery, continue to work with independent contractors and review landscape of delivery to be responsive to any changes in delivery and allow recommissioning of any lost activity within the timescales in line with BCU	Review current levels of service delivery, continue to work with independent contractors and review landscape of delivery to be responsive to any changes in delivery and allow recommissioning of any lost activity within the timescales in line with BCU governance processes	Review current levels of service delivery, continue to work with independent contractors and review landscape of delivery to be responsive to any changes in delivery and allow recommissioning of any lost activity within the timescales in line with BCU governance processes	Review current levels of service delivery, continue to work with independent contractors and review landscape of delivery to be responsive to any changes in delivery and allow recommissioning of any lost activity within the timescales in line with BCU governance processes

Improving Access to Dental Services

Priority area(s) to deliver 24/25: Improving Access to Dental Services				
	governance processes			
007 Explore models of delivery	Work with Health Board (HB) and Welsh Government (WG) to identify areas for delivery of different models of working including increased use of skill mix across commissioned and Health Board delivered services.	Work with HB and WG to identify areas for delivery of different models of working including increased use of skill mix across commissioned and Health Board delivered services. Identify potential capital and revenue funding streams to support the piloting of different models of working in dentistry (salaried models, dental hubs etc)	Work with HB and WG to identify areas for delivery of different models of working including increased use of skill mix across commissioned and Health Board delivered services. Identify potential capital and revenue funding streams to support the piloting of different models of working in dentistry (salaried models, dental hubs etc.)	Work with HB and WG to identify areas for delivery of different models of working including increased use of skill mix across commissioned and Health Board delivered services. Identify potential capital and revenue funding streams to support the piloting of different models of working in dentistry (salaried models, dental hubs etc.)
008 Identify need and introduce intelligence led decision making	Work with colleagues in Public Health Wales (PHW) and dental contracting team to review available data, scope requirements and identify gaps.	Continue to refine requirements and identify data sources for gaps in information. Review commissioning strategy in line with intelligence.	Submit paper to Executive Team and Performance and Information Governance (PFIG) Committee to review commissioning strategy and discuss options for approval of commissioning activity to allow for faster replacement of lost services and more responsive commissioning of new services.	Rewrite and publish commissioning strategy for 2026-2031 in line with outcome of discussions with Executive Team and PFIG.
009 Commission supportive services along pathways	Work with secondary care, contracting, informatics and PHW colleagues to identify gaps in service provision (Dentist with Enhanced Skills	Work with secondary care, contracting, informatics and PHW colleagues to identify gaps in service provision (Dentist with Enhanced Skills DES, Specialist,	Work with secondary care, contracting, informatics and PHW colleagues to identify gaps in service provision (Dentist with Enhanced Skills DES, Specialist,	Work with secondary care, contracting, informatics and PHW colleagues to identify gaps in service provision (Dentist with Enhanced Skills DES, Specialist,

Improving Access to Dental Services

Priority area(s) to deliver 24/25: Improving Access to Dental Services				
	DES, Specialist, Tier 2, Consultant) across dental specialities and identify sources of funding to inform commissioning strategy and implement commissioning of additional services to allow increased access to the full Primary Care dental pathways	Tier 2, Consultant) across dental specialities and identify sources of funding to inform commissioning strategy and implement commissioning of additional services to allow increased access to the full Primary Care dental pathways	Tier 2, Consultant) across dental specialities and identify sources of funding to inform commissioning strategy and implement commissioning of additional services to allow increased access to the full Primary Care dental pathways	Tier 2, Consultant) across dental specialities and identify sources of funding to inform commissioning strategy and implement commissioning of additional services to allow increased access to the full Primary Care dental pathways
010 Review and implement Strategic Workforce Plan	<p>Continue work with HEIW around the Strategic Workforce Plan and its implications especially around overseas recruitment, training and models for supporting retention. Including roll out of the BCU Dental Career Pathways and training offer.</p> <p>Explore with HEIW the opportunities from the strategic workforce plan.</p> <p>Explore the introduction of dental nurse training cadet scheme, highlighting</p>	<p>Continue work with HEIW around the Strategic Workforce Plan and its implications especially around overseas recruitment, training and models for supporting retention. Including roll out of the BCU Dental Career Pathways and training offer.</p> <p>Review locally scope to deliver the opportunities from the HEIW strategic workforce plan.</p> <p>Write proposal for the introduction of dental nurse training cadet scheme, highlighting costs and access benefits and submit to</p>	<p>Continue work with HEIW around the Strategic Workforce Plan and its implications especially around overseas recruitment, training and models for supporting retention. Including roll out of the BCU Dental Career Pathways and training offer.</p> <p>Define locally scope to deliver the opportunities from the HEIW strategic workforce plan.</p> <p>Implement the proposed dental nurse training cadet scheme.</p>	<p>Continue work with HEIW around the Strategic Workforce Plan and its implications especially around overseas recruitment, training and models for supporting retention. Including roll out of the BCU Dental Career Pathways and training offer.</p> <p>Plan locally actions for the 5-year Primary Care Dental service plan to deliver the opportunities from the HEIW strategic workforce plan.</p> <p>Embed the proposed dental nurse training cadet scheme</p>

Improving Access to Dental Services

Priority area(s) to deliver 24/25: Improving Access to Dental Services				
	costs and access benefits.	governance processes.		
Ref:	Outcomes of delivering 2023 / 2024 Ministerial Priorities:			
001	Increased access to dental services (relative to funding and contracted provision), increased utilisation of skill-mix within the profession.			
002	Different models of working, training, upskilling, attracting and retaining dental professionals within the North Wales area.			
Ref:	Overarching outcome measures/ metrics:			
	Baseline position			
	Dental Access 23/24			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Adult 39.3%	Adult 39.3%	Adult 39.3%	Adult 39.3%
	Child 53.1 %	Child 53.1 %	Child 53.1 %	Child 53.1 %
Ref:	Planned Dental Access 24/25			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Adult 36.2%	Adult 36.2%	Adult 36.2%	Adult 36.2%
	Child 50.9%	Child 50.9%	Child 50.9%	Child 50.9%
Ref:	Outcomes of delivering Ministerial Priorities for 24/25			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Adult 36.2%	Adult 36.2%	Adult 37.2%	Adult 38.2%
	Child 50.9%	Child 50.9%	Child 51.9%	Child 52.9%
Risks	Risks of Non-Delivery			
	Decreased access to the public to dental services			
	Reliance upon urgent dental services			
	Deterioration of the oral health of the population of North Wales			
	Increased call upon other Primary, Secondary and Urgent care services for the treatment of more severe conditions			
	Mitigation of Non-Delivery			
	Commissioning replacement services, additional services (urgent and non-urgent), specialist and tier 2 services where budgets allow			
	Risks to Delivery			
	Contractor engagement due to impacts of contract reform variations and associated metrics			
	Access to capital funding			
Critical Enablers	Static budget for provision of services			
	Workforce shortage in all areas of dental workforce			
	Mitigation of risks to Delivery			
	Continue current supportive and flexible approach to contract and relationship management with current Independent Contractors			
	Finance			
	Access to capital funds for delivery of new methods of working. All other spend will be from within the current dental budget.			
	Workforce			
Digital	Support around trialling new methods of working, contracting, sub-contracting and working with independent contractors to increase access.			
	Introduction of new electronic patient record system into Community Dental Service will allow for more robust data collection and drive efficiencies across the service			

Improving Access to Dental Services

Priority area(s) to deliver 24/25: Improving Access to Dental Services	
	from standardised ways of working and ability to compare and contract across clinics.
	Other (Specify)
	Review of governance processes and timeframes in commissioning and awarding contracts for service delivery
Prevention & Population Health	Opportunities identified
	Working in different ways to support the promotion of oral health prevention messages within cluster and community settings. Utilisation of the dental workforce for the delivery of key prevention messages across diabetes, weight management, cancer and other promotion messages.



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Ministerial Template

Primary Care: Optometry

Improving Access to Optometry

Priority area(s) to deliver 24/25: Improving Access to Optometry				
Key focus should be on delivering		Primary and Community: Improving Access to Optometry Services		
Ref:	Indicate if new priority or continued from 23/24			
	CONTINUED FROM 2023/24			
Ref:	Resume of planning Milestones 23/24:			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
001	12 x Optometry Professional Collaboratives in place (County footprint) with agreed ToR –	Opportunities for inter and intra-collaborative working to meet patient needs and outcomes at a local population level, explored and proposals submitted as part of Health Board's Plan priorities.	Commence 'Teach and Treat Clinic' North Wales Project.	Plan for improving access to optometry services amongst harder to reach communities.
Progress synopsis	Quarter 1	Quarter 2	Quarter 3	Quarter 4
001	Completed. Optometry professional Collaboratives were established during Q1. The Collaboratives were established along the 14 cluster footprints (versus 6x county footprints proposed) to align with other primary care contractor professions. All Collaboratives established and functioning, with 12 leads in place.	<p>Completed. Establishment of the Optometry Collaboratives has supported gap analysis and local solutions to service challenges.</p> <p>3x local eye care networks (E/C/W) meet biweekly with representation from primary and secondary care eye care colleagues.</p> <p>Optometry Liaison Group formed (Q4) to strengthen for representation of the Regional Optical Committee, the statutory representative body for primary care Optometry</p>	<p>These actions are not yet complete and will be continued into 24/25 Q1/Q2. Plans to launch a glaucoma service during 2023 was not possible due to no local Optometrists applications for Higher Glaucoma placements coinciding with the 'Teach and Treat' plans.</p> <p>Project milestones revisited and the centre will now launch with an Acute eye care service (Independent Prescribing) during Q4.</p>	<p>These actions are not yet complete and will be continued into 24/25 Q1/Q2. Local initiatives to support care closer to home include data capture pathways for Glaucoma and Diabetic retinopathy. Transition planning to WGOS 4/5.</p> <p>The launch of the new Optometry contract has ensured baseline levels of service of Welsh General Ophthalmic Services (WGOS) 1 and 2 in all Optometry practices and</p>

Improving Access to Optometry

Priority area(s) to deliver 24/25: Improving Access to Optometry				
				mobile settings, thus supporting improved access in all communities. WGOS 5 Independent Prescribing Optometry Services (IPOS) urgent has launched during Q4 with provider practices committing to c3000 appointments per year
Ref:	Outcomes of delivering Ministerial Priorities 23/24:			
001	Improving access to Optometry services.			
Ref:	Overarching outcome measures/ metrics:			
	<p>The new Welsh General Ophthalmic Service, which came into force in October 2023, focusses on increased use of Optometry services. The contract obliges Optometrists to be accredited to a minimum of WGOS 2, which will result in increased access to care. WGOS 3/4/5 support a range of services that would have traditionally been provided in a secondary care environment. The ability to deliver WGOS 1-5 in a mobile setting further supports "Care Closer to Home".</p> <p>Building on the establishment of Optometry Professional Collaboratives during 23/24, working at this new local level will encourage local solutions to population need.</p> <p>Outside of WGOS, there are established Integrated pathways providing "Data Gathering" for Glaucoma and Diabetic patients. These pathways will align with the funding provisions of WGOS and a transition plan from local data gathering to full utilisation of WGOS 4/5 will be set.</p> <p>The higher level work of the new Optometry contract (WGOS 3/4/5) which enables better integrated working with secondary care and the transfer of a number of patients to primary care, requires the Optometrists to hold higher qualifications (independent prescribing, higher glaucoma, medical retina qualifications). The Optometry 'Teach and Treat' clinic supports the necessary placements aligned with these qualifications.</p> <p>The work ongoing will support the delivery of WGOS 1-5 in a community setting to reduce the requirement to be delivered in an acute setting.</p>			
	Baseline Position 23/24			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	5 /13 Optometry Collaboratives in place in across BCU	8 /13 Optometry Collaboratives in place in across BCU	11 /13 Optometry Collaboratives in place in across BCU	12/12 Optometry Collaboratives in place in across BCU – 2 Collaboratives

Improving Access to Optometry

Priority area(s) to deliver 24/25: Improving Access to Optometry				
	East 0/6 Centre 2/4 West 3/3	East 3/6 Centre 2/4 West 3/3	East 5/6 Centre 3/4 West 3/3	combined in West but still have two Leads and 2 Collaboratives combined in East with 1 Lead East 5/5 Centre 4/4 West 3/3
	Performance Trajectories 24/25			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	At the time of writing further work is required to set independent prescribing, glaucoma and medical retina performance trajectories. 5 students trained via teach and treat Additional (annual) 3000 patient capacity available for WGOS5	Further 10 students trained via teach and treat		Further 10 students trained via teach and treat
Ref:	Planned Milestones 24/25:			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Consolidate ACD work. Support additional training (including local) requirements WGOSS 4&5 via HEIW Teach and Treat Centre delivering training to support WGOSS 5	WGOSS 4 implementation commences. Teach and Treat Centre delivering training to support WGOSS 4 Audit of existing data completed	Via clusters and PCPGs, optometry fully integrated as a planning partner	Improved datasets exist for optometry to inform future planning

Improving Access to Optometry

Priority area(s) to deliver 24/25: Improving Access to Optometry				
Ref:	Outcomes of delivering Ministerial Priorities for 2024/25			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	<p>12/12 Optometry Collaboratives in place in across BCU</p> <p>Increased capacity via additional skills within optometry</p>	Increased capacity via additional skills within optometry	Capability to move services from secondary care to services closer to home	<p>Fully embed and learn</p> <p>Potential 1000 patients receiving care closer to home as a result of teach and treat centre</p>
Risks and mitigation s	Risks of Non-Delivery			
	Fragile local workforce and low numbers of Optometrists holding the higher qualifications aligned with WGOS 4/5.			
	Mitigation for Non-Delivery			
	Training requirements planning alongside HEIW and the utilisation of local training placements through the Teach and Treat centre.			
	Risks to Delivery			
	<p>Delays to the national digital programme (electronic referral and electronic patient record).</p> <p>Optometrists not transitioning to new performers list.</p> <p>Lack of resource to support transformation</p>			
Critical Enablers	Mitigation of risks to Delivery			
	<p>Local interim solutions can offer some of the functionality (not all) of the proposed digital programme to enable WGOS 4/5 to commence.</p> <p>IHC to identify resource to deliver and monitor</p>			
	Finance			
	<p>Primary care contracting will confirm new budget for WGOS. Revenue funding for Teach and Treat from WG for 24/25. We have not yet been given the budget so are unable to assess the likely financial risk until WG issue the allocation and we know the anticipated activity relating to the new contract.</p>			
	Workforce			
Digital	<p>Significant number of Optometrists have not transitioned to the new Performers list – approximately 1/3 of Optometry performers may be lost (circa 90). Impact is unknown as there is a lack of clarity as to how much activity these performers accounted for locally. Higher qualifications in medical retina, IP, Higher glaucoma are key enablers to WGOS4/5 and supported by HEIW arrangements and Teach and Treat.</p>			

Improving Access to Optometry

Priority area(s) to deliver 24/25: Improving Access to Optometry	
	IHCs to agree see above risk comments. No digital critical enablers identified.
	Other (Specify)
Prevention & Population Health	Opportunities identified
	IHCs to agree NB, prevention and wellbeing including patient management plan, social prescribing and Making Every Contact Count (MECC) all aligned with requirements of the new Optometry contract.



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2024-25
Ministerial Template
Adult Mental Health

Strategic Programme for Mental Health

Priority area(s) to deliver 24/25: Strategic Programme for Mental Health				
Key focus should be on delivering		Mental Health, with a focus on delivery of the national programme		
MH_25	111 press 2			
MH_27	Local Primary Mental Health Support Service			
MH_02	Eating Disorders Service Development			
MH_06	Perinatal Service Development			
Resume of planning Milestones 23/24:				
MH_25 111 press 2	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	3-month evaluation of 111 press 2 on a 24/7 urgent mental health issue basis.	6-month evaluation to ensure 111 press 2 service is operating effectively.	9-month evaluation to ensure 111 press 2 service is operating effectively.	Annual review.
Progress synopsis	Service established and operating 24/7	Continued engagement with the national team to ensure successful implementation in BCU and sharing learning across Wales. We continue to monitor the 111 press 2 service on a monthly basis looking at call volumes and outcomes to ensure the service is working effectively.	A peer review was carried out by National Collaborative Commissioning Unit (NCCU) and completed in Oct 2023. Reviewers were impressed with the service, and highlighted it as the best peer review they have carried out to date, noting what they described as exemplary practice that should be shared across Wales.	
MH_27 Local Primary Mental Health Support Service (LPMHSS)	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Reduction of LPMHSS assessment waiting list and delivery of 62% against Part 1a of the Mental Health Measures (MHM). Reduction in therapeutic intervention waiting list and delivery of 60% against Part 1b of MHM.	Reduction of LPMHSS assessment waiting list and delivery of 66% against Part 1a of the Mental Health Measures (MHM). Reduction in therapeutic intervention waiting list and delivery of 69% against Part 1b of MHM.	Implementation of defined actions in line with approved programme of work. Reduction of all age LPMHSS assessment waiting list and delivery of 75% against Part 1a of the MHM. Reduction in therapeutic intervention waiting list and delivery of	Full year review of position against targets. Reduction of all age LPMHSS assessment waiting list and delivery of 83% against Part 1a of the MHM. Reduction in therapeutic intervention waiting list and delivery of 90% against Part 1b of MHM.

Strategic Programme for Mental Health

			80% against Part 1b of MHM.	
Progress synopsis		Objective met ahead of schedule. We continue to see improvement in our performance against Part 1a and 1b of the WG Mental Health Measure. Latest data from August shows 85.27% reported for Part 1a and 85.14% reported for part 1b.	Transformation and redesign of our Local Primary Mental Health Support Services continues with delivery of the Welsh Government Mental Health Measure Part 1 as a key driver. Our latest reported position (November 2023) demonstrates we continue to exceed the target of 80% with Part 1a reported at 81.77% and Part 1b reported at 86.29%.	
Outcomes of delivering Ministerial Priorities:				
MH_25 111 press 2	Establishment of a 24/7 111/2 service to support citizens in North Wales needing support, advice and signposting for Mental Health.			
MH_27 LPMHSS	Improved access to and reduced waiting times for North Wales citizens needing support from LPMHSS services.			
MH_02 Eating Disorders Service Development	Improved access to and quality of care for service users needing a specialist service earlier therefore prevention of chronic condition and costly care. Prevent hospital admissions, Specialist Eating Disorder Unit (SEDU) and local, however where hospital admissions necessary – the Medical Emergencies in Eating Disorders (MEED) team likely to prevent more SEDU admissions and shorter local hospital stays and reduce workload on existing local hospital staff.			
MH_06 Perinatal	Comprehensive North Wales service to meet the needs of the population and deliver better outcomes for women, their babies and families with, or at risk of perinatal mental health problems.			
Planned Milestones 24/25				
MH_27 LPMHSS	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	<ul style="list-style-type: none">- Define the Model for Primary MH service and required establishment to deliver it.- If Welsh Government	<ul style="list-style-type: none">- Review position against above targets for Q1.- Continue Mental Wellbeing service developments.- Finalise Model of Care for Primary	<ul style="list-style-type: none">- Oversight and implementation of procedures and policy to align across the region and ensure standard practice.	<ul style="list-style-type: none">- Review actions for the full year - What worked and what challenges remain.

Strategic Programme for Mental Health

	<p>Service Improvement Funding is available, bid for funds through an evidence based case for investment.</p> <ul style="list-style-type: none"> - Continue to streamline LPMHSS pathways and data collection. - Implement CORE-10 Outcomes Measure in community services. - Aim understand primary MH provision that falls outside of the LPMHSS Part 1 MHM and any gaps in services. - Develop & adopt a robust waitlist list monitoring system. - Engage with National procurement programme for digital solutions in Mental Health. Clinical lead for LPMHSS improvement work is also Senior Reporting Officer (SRO) for BCU MHL digital transformation 	<p>MH service/LPMHSS and interdependencies.</p> <ul style="list-style-type: none"> - Maintain performance for Part 1 MHM in line with compliance target of 80%. - Establish sustainable plans for vacancy and sickness absence. - Develop staff training packages and skills enhancement programme. 	<ul style="list-style-type: none"> - Trends in performance matrices and measurements. - Iteration and learning. - Understand variation. 	
MH_02 Eating Disorders Service Development	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	<ul style="list-style-type: none"> - Subject to agreement of accommodation, team to move into identified space. - Recruitment to re-commence. 	Base to be fully operational and occupied.	Full service launch.	Initial Service evaluation.

Strategic Programme for Mental Health

	<ul style="list-style-type: none"> - Protocol completed. - Service awareness. - Staff induction and training to be completed. 			
MH_06 Perinatal	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	<ul style="list-style-type: none"> - Recruit to Key Roles essential for progression of service. - Secure appropriate bases for the team in the West, Central and East. 	<ul style="list-style-type: none"> - Recruit to remaining Mother and Baby Unit (MBU) posts. - Prepare for MBU opening. - Subject to availability of local accommodation, complete recruitment to all posts. 	<ul style="list-style-type: none"> - MBU to open – predicted end October 2024. - Achieve accreditation. 	Review service provision to date and consider any service gaps to be addressed. Where gaps are identified, business case to be developed to address need for additonality.
Overarching outcome measures/ metrics MH_27 LPMHSS				
Baseline position 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Part 1a 80.05% Part 1b 82.16%	Part 1a 83.78% Part 1b 82.65%	Part 1a 85.35% Part 1b 87.59%	Part 1a Part 1b
Performance Trajectories 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Part 1a 80% Part 1b 80%	Part 1a 80% Part 1b 80%	Part 1a 80% Part 1b 80%	Part 1a 80% Part 1b 80%
Overarching outcome measures/ metrics MH_02 Eating Disorders Service Development				
Baseline position 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Newly established service baseline not yet set. SAEDs are a priority area for data development through engagement with the National procurement programme for digital solutions in Mental Health			
Performance Trajectories 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Baseline data not yet available to establish			

Strategic Programme for Mental Health

	trajectories. Service will be supported to ensure they are digitally enabled to enable collection of relevant data including, reporting specialist assessment and treatment plan in place within 4 weeks of 1 week if urgent (as per NICE 2017 guidance).			
Overarching outcome measures/ metrics MH_06 Perinatal				
Baseline position 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
		<ul style="list-style-type: none"> - 91% compliant with type 1 Royal College Psychiatry (RCPsych) College Centre for Quality Improvement (CCQI) Community Perinatal 5th and 6th editions standards. - 82% compliant with type 2 Royal College Psychiatry (RCPsych) CCQI Community Perinatal 5th and 6th editions standards. - 83% compliant with type 3 Royal College Psychiatry (RCPsych) CCQI Community Perinatal 5th and 6th editions standards. 		
Performance Trajectories 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
			Accreditation with Royal College Psychiatry (RCPsych) CCQ all standards.	
Risks, Critical Enablers & Population & Population Health Information				
Risks	Risks of Non-Delivery		Mitigations	
	<ul style="list-style-type: none"> - Lack of equitable service provision for adults in North Wales to a specialist Eating Disorder Service. 		<ul style="list-style-type: none"> - Continued focus on recruitment to the team in line with Medical emergencies 	

Strategic Programme for Mental Health

	<ul style="list-style-type: none"> - Failure to provide of the women of North Wales a fully operational perinatal service. - Increase in waits for patients for LPMHSS. - Failure in compliance with performance targets for LPMHSS. 	<ul style="list-style-type: none"> - in eating disorders, Royal College of Physicians standards (MEED). - Prioritisation for Perinatal Services within the programme of improvements to enable delivery with support from across the division and relevant corporate teams. - Active recruitment to vacant roles. - Development of service transformation through the Adult Community Transformation Pathway Group. - Routine monitoring of LPMHSS data.
	Risks to Delivery <ul style="list-style-type: none"> - Lack of suitable accommodation for Eating Disorders and Perinatal Services. - Opening of Mother & Baby Unit is reliant on a successful recruitment process; failure to recruit could delay this essential service. - Lack of suitably qualified / experienced / appropriate candidates across Mental Health & Learning Disability Services. - Lack of comprehensive digital systems across Mental Health & Learning Disability Services. - Harnessing of SIF funding for delivery of LPMHSS. 	Mitigations <ul style="list-style-type: none"> - Continue to work with Capital & Estates team for suitable accommodation. - Continue to work with partners to enable full recruitment. - Review the staffing model and continued focus on recruitment. - Active participation in the national procurement of a Mental Health digital system. - Development of local business case for digital transformation. - Development of business case to secure SIF funding.
Critical Enablers	Finance <ul style="list-style-type: none"> - MH_27 LPMHSS service development is being undertaken within the current financial envelope. However a business case is being developed to secure Service Improvement Funding for further / future improvements. - MH_02 Eating Disorders Service Development has secured £519K Transformation Funds and £474K Service Improvement Funding. - MH_06 Perinatal has secured £390K Service Improvement Funding in 2022 and £196K BCU funding in 2022, followed by £325K Service Improvement Funding in 2023 for further expansion of service. 	
	Workforce	
	MH_27 LPMHSS Initial capacity modelling for existing staff is done and resulted in the identified need in the short term for bank staff and sharing of resource across the CMHTs. Workforce planning is part of the transformational development work for Tier 0/1 looking at Banding, alignment of services, utilisation of third sector partners and job descriptions.	

Strategic Programme for Mental Health

	<p>MH_02 Eating Disorders</p> <ul style="list-style-type: none"> - 7.8 WTE in post. - 9.0 WTE still to be recruited to. <p>MH_06 Perinatal</p> <ul style="list-style-type: none"> - 3.0 WTE in post. - 11.5 WTE still to be recruited to.
	<p>Digital</p> <p>In August 2023 Welsh Government announced their intent to review the future of WCCIS programme due to issues with development and in particular the future viability of the Care Director V5 product. In September 2023 Welsh Government announced their decision on the future of WCCIS following extensive consultation recommendation to:</p> <ul style="list-style-type: none"> > Procure 'market leading' and market specific products, to replace Care Director v5 > Underpin and integrate with a single integrated care record for social, community and mental health care supported by DHCW, delivering interoperability with all partners' care systems. > Deliver consistent data standards and user driven design across all products through a national Digital Design Service <p>Mental Health LPMHSS Services were due to pilot WCCIS care director V5 in September but due to the national decision, focus has now turned to active participation in the national procurement of a Mental Health digital system and development of local business case for digital transformation. This is key to addressing the significant risk that the division holds and will require substantial investment, but will bring the division into a place of safe practice as an attractive employer with services that can be delivered via a number of forums.</p>
	<p>Other (Specify)</p> <p>Accommodation remains a significant issue for across Mental Health & Learning Disability Services. We have key actions to support ensuring our services are appropriately accommodated, in 2024/25.</p>
Prevention & Population Health	<p>Opportunities identified:</p> <p>In 2020-21 just over 12% of people (aged 16 years and over) in BCUHB reported feeling lonely, this was similar to the Wales average. Across BCUHB, the percentage ranged from 9% on the Isle of Anglesey to 13.2% in Wrexham, (BCUHB Public Health Team, 2021).</p> <ul style="list-style-type: none"> • It was estimated that in 2020, around 93,800 people in North Wales would have had a common mental disorder such as anxiety and depression (Institute of Public Care, 2017). • During the period 2017-2021, the BCUHB suicide rate was the same as the Wales rate (12.2 per 100,000 persons aged 10 years and over, rates ranged from 10.7 per 100,000 in Conwy to 13.8 per 100,000 in Gwynedd (Public Health Wales, 2022). <p>There are further factors where age, race, disability, pregnancy and maternity, and the consequences on mental wellbeing will need to be considered.</p> <p>Studies have identified issues with worsening mental wellbeing, anxiety, loneliness post COVID and impact of lockdowns has identified consequences for mental wellbeing within the North Wales population, these are key drivers for the development and expansion of LPMHSS provision in North Wales.</p> <p>Promotion of Healthy lifestyle is incorporated into all Eating disorder service provision. Promotion of Healthy Weight is a driver for our Eating Disorders Specialist service and compliance with NICE guidance is the driver to the delivery.</p>

Strategic Programme for Mental Health

	<p>The Perinatal Service actively ensures that information regarding use of tobacco, vapes, e-cigarettes, any illicit substances, weight, diet and lifestyle are part of the initial assessment and as appropriate will provide health education and offer support to access smoking cessation services if required / requested. Perinatal Services also enquire about the use of alcohol during initial assessment and signpost to appropriate services who are able to provide more specialist support. The team adopt the approach that what is best for mum is best for baby, and actively support mothers with their choice of feeding and signpost to other agencies for additional / on-going support if required.</p>
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2024-25 Ministerial Template

CAMHS

Priority area(s) to deliver 24/25:				
Key focus should be on delivering		Mental Health, including CAMHS, with a focus on delivery of the national programme		
Ref:	New priority/ Continued from 23/24 (Delete as appropriate)			
Ref:				
Resume of planning Milestones 23/24:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref: 001	Continued from 23/24 (CAMHS) Recovery plan with trajectories for all areas across BCUHB to achieve full compliance with mental health measure (MHM) part 1a. Sustain MHM part 1b performance delivery 25%	Continued from 23/24 Sustain MHM Part 1a compliance if trajectory achieved or rebase recovery plan trajectories if not achieved. Improvement in compliance with MHM Part 1b intervention target to 40%	Continued from 23/24 Sustain MHM Part 1a compliance if trajectory achieved or rebase recovery plan trajectories if not achieved. Further improvement in compliance with MHM Part 1b target to 45%	Continued from 23/24 Sustain MHM Part 1a compliance if trajectory achieved or rebase recovery plan trajectories if not achieved. Delivery of 56% compliance with MHM Part 1b target or further improvement as per refreshed Recovery Plan actions
Progress synopsis	Part 1a: Delivered 53% Trajectory profile 80% not achieved Part 1b – Improvement Trajectory profile achieved at 44% Reduction in overall total WL and reduction in waits over 28 days from previous year Delivery of Part 2 MHM compliance – 89%	Part 1a: Delivered 74% Trajectory profile 80% not achieved Part 1b – Improvement Trajectory profile achieved at 37% Further reduction in overall total WL and reduction in waits over 28 days Delivery of Part 2 MHM compliance – 93%	Part 1a: Delivered 66% Trajectory profile 80% not achieved Part 1b – Improvement Trajectory profile achieved at 38% Further reduction in overall total WL and reduction in waits over 28 days Delivery of Part 2 MHM compliance – 93%	Forecast end 23/24: Delivery of Part 1a 80% compliance by end of Qtr 4 and sustain into 24/25 Improved compliance with Part 1b to 42% Reduction in overall total WL and reduction in waits over 28 days Delivery of Part 2 MHM compliance – 90%
Outcomes of delivering Ministerial Priorities:				
Ref: 001	Assessment waiting times reduced from 4 weeks to average wait of 2 weeks Therapy waiting times reduced from 10/12 weeks to average wait of 6/8 weeks			
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref: 001	MHM Part 1a: Sustain 80% target compliance if 23/24 trajectory achieved or rebase recovery plan into 24/25 revised trajectories if not achieved. MHM Part 1b: Recovery plan and sustain improvement trajectory at 42% towards full compliance. Overall total waiting list reduction – numbers waiting >28days	MHM Part 1a: Sustain 80% compliance or rebase recovery plan for quarter 3 if required MHM Part 1b: Delivery of Recovery plan and improvement trajectory tat 42% towards full compliance. Rebase for Qtr 3 if required. Overall total waiting list reduction – numbers waiting >28days MHM Part 2: Sustain 90% target full compliance	MHM Part 1a: Sustain 80% compliance or rebase recovery plan for quarter 4 if required MHM Part 1b: Delivery of Recovery plan and improvement trajectory of 60% towards full compliance. Overall total waiting list reduction – numbers waiting >28days	MHM Part 1a: Achieve and sustain 80% MHM Part 1a compliance MHM Part 1b: Achieve and sustain 80% compliance.

Priority area(s) to deliver 24/25:				
	MHM Part 2: Sustain 90% target full compliance		MHM Part 2: Sustain 90% target full compliance	MHM Part 2: Sustain 90% target full compliance
Ref: 02	Delivery of extended hours of crisis support for C&YP to 24/7: Progress plans for 12 hour extended provision and response to 111 press 2 CAMHS Pathways	Delivery of extended hours of crisis support for C&YP to 24/7: Progress plans for 12 hour extended provision and response to 111 press 2 CAMHS Pathways	Delivery of extended hours of crisis support for C&YP to 24/7: Progress plans for 24 hour extended provision and response to 111 press 2 CAMHS Pathways	Delivery of extended hours of crisis support for C&YP to 24/7: 24 hour extended provision and response to 111 press 2 CAMHS Pathways achieved
Ref: 03	<p>Early Intervention and Prevention supporting implementation of NEST Framework:</p> <p>Make help and advice more available for multi-agency professionals & trusted adults. Review and map access to MH training & professional consultation with partner agencies</p>	<p>Early Intervention and Prevention supporting implementation of NEST Framework.</p> <p>Action plan developed to improve access to MH training and professional consultation & MH Training with partner agencies</p>	<p>Early Intervention and Prevention supporting implementation of NEST Framework:</p> <p>Progress with implementation of action plan to improve access to MH training professional consultation with partner agencies</p>	<p>Early Intervention and Prevention supporting implementation of NEST Framework:</p> <p>Self-assessment & Implementation tool; complete. Consistently provide MH Training and professional consultation across partner agencies/sectors within 28 days of referral</p>
Ref: 04	Tier 4 Specialist Services: Undertake gap analysis of BCUHB service provision against the WG/WHSSC National Service Specification. MH Specialist Services Strategy	Tier 4 Specialist Services: Develop action plan to improve service provision against the WG/WHSSC National Service Specification	Tier 4 Specialist Services: Progress with implementation of action plan to deliver WG/WHSSC National Service Specification	Tier 4 Specialist Services: Delivery of WG/WHSSC National Service Specification
Overarching outcome measures/ metrics: Welsh Government reporting against NHS Performance & Delivery Framework - MHM part 1a, Part 1b and Part 2 MH Waiting List numbers Crisis data – Reduction in hospital admissions and ED presentations EIPS Delivery of MH training and number of consultations delivered within 28 days of referral – No reliable/consistent baseline data available currently have implemented for 24/25				
Baseline position 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	MHM Part 1a: 53% MHM Part 1b: 44% MHM Part 2: 89% of NEST Framework	MHM Part 1a: 74% MHM Part 1b: 34% MHM Part 2: 93%	MHM Part 1a: 66% MHM Part 1b: 38% MHM Part 2: 93%	Forecast MHM Part 1a: 80% MHM Part 1b: 42% MHM Part 2: 90%
Performance Trajectories 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	MHM Part 1a: 80% MHM Part 1b: 42% MHM Part 2: 90%	MHM Part 1a: 80% MHM Part 1b: 42% MHM Part 2: 90%	MHM Part 1a: 80% MHM Part 1b: 60% MHM Part 2: 90%	MHM Part 1a: 80% MHM Part 1b: 80% MHM Part 2: 90%
Risks	Risks of Non-Delivery		Mitigations	
	Increase in demand to core and specialist services		Focus on early intervention and prevention agenda	
	Risks to Delivery		Mitigations	
	Increase in demand for Crisis and unscheduled care C&YP presentations at hospital		Alternative to admission pilot schemes in 24/25 – early help community hubs. EQIAs developed	

Priority area(s) to deliver 24/25:		
	Workforce vacancy rates, hard to recruit to specific professions and skills	CAMHS Recruitment Strategy and training and development programme
Critical Enablers	Finance	
	Delivery of MHM Part 1 targets subject to approval of Performance/Transformation funding and some of the EIPS functions posts are currently subject to review under RIGA process. Significant impact if no recurrent funding to support.	
	The delivery of extended hours for crisis services funded via WG Service Improvement Funding allocations for Mental Health across NHS Wales. Professional consultation for EIPS is funded by WG SIF.	
	Tier 4 Service Specification is partly reliant on WG Capital – Business Case submitted. Revenue funding to deliver received through WHSCC SIF.	
	Workforce	
	Requires stabilised workforce for the future. Workforce planning and profiling in place aligned to HEIW Strategic MH Workforce Plan and with MHLD. Focus on recruitment and retention, training and development. National and Regional attraction strategies.	
	Digital	
	Digitally enables service required to deliver joined up services across agencies. All Age Mental Health digital Steering Group working with Digital Health Care Wales on procurement of Best of Breed System to test as pilot to replace WCCIS proposals for digital patient solution by 2025. EQIA will be completed.	
Prevention & Population Health	Other (Specify)	
	Opportunities identified:	
	<p>Collaboration with the Public Health Team on the following:</p> <ul style="list-style-type: none"> - an integrated wellbeing offer to schools (CAMHS In-reach, Whole School Approach to Emotional Health and Wellbeing, Healthy Schools) - age-appropriate content for the Emotional Health, Wellbeing and Resilience Framework for Children and Young People (5 ways to wellbeing) - supporting the RPB Children's Group to implement the Nest/Nyth Framework <p>National review of mental health data set will improve collation of demographics data to help inform decision making, business planning and reduce variation.</p> <p>Development of an Outcomes Framework underway.</p>	



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2024-25 Ministerial Template

Planned Care & Cancer

Planned Care RTT and longest Waits

Priority area(s) to deliver 24/25: Planned Care and Cancer RTT and Longest Waits				
Key focus should be on delivering		Recover, reset and transform planned care, cancer and diagnostic services		
Ref:	Review and continuation from 23/24			
Resume of planning Milestones 23/24:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref: Planned Care	Original planning milestones were updated in year in response to revised Welsh Government targets.			
Ref: Cancer	15% reduction in backlog	Further 15% reduction in backlog	Further 15% reduction in backlog	Further 15% reduction in backlog
Progress synopsis: Planned Care	At 31 st March 2024, the RTT position is predicted to be as follows: 52 Week Breaches at all stages – 36,776 (2% increase from March 2023) 52 Week Breaches Stage 1 unbooked – 17,505 (41% increase from March 2023) 104 Week Breaches at all stages unbooked – 7,970 (21% reduction from March 23) 156 Week Breaches at all stages unbooked – 1,436 (63% reduction from March 2023) 208 Weeks all stages unbooked – 278 (19% reduction from March 2023)			
Progress synopsis: Cancer	Target – 739 Actual - 892	Target – 628 Actual - 1457	Target – 535 Actual - 2371	Target – 454 Actual - TBC
Outcomes of delivering Ministerial Priorities:				
Planned Care	There has been a reduction in the total number of patients waiting, this includes a reduction in extreme long waits. Improved patient outcomes through more timely access to treatment			
Cancer	The planned reduction in the number of suspected cancer patients still active over day 62 was not achieved due to capacity issues within dermatology services. As a result, performance against the Single Cancer Pathway (SCP) target (% of patients treated within 62 days of suspicion of cancer) has remained around 58-62% rather than improving as forecast			
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref: Planned Care	Implement actions on the prioritised list of specialties to target list reduction and deploy resources to	Achieve removal of all 156 week+ treatment waits with additionally or testing of new service models and pathways of care - Straight	Targeted plans for specialties with stubborn backlogs or significant frailty challenges.	Routine delivery of High-Volume Low Complexity (HVLC) lists on three key procedures

Planned Care RTT and longest Waits

Priority area(s) to deliver 24/25: Planned Care and Cancer RTT and Longest Waits				
	support where required.	To Test (STT) and One Stop Shop (OSS).	Reduced skin backlog by 50%	Skin backlog removed
Ref: Cancer	Reduce backlog of dermatology USC patients Secure continuation of prostate straight to test pathway posts	Further reduce backlog of dermatology USC patients Develop prostate pathway STT with pre-booked biopsy proposal completed	Ensure stable dermatology service with USC waits of no more than 3 weeks Develop gynaecology pathway STT with Post-Menopausal Bleeding (PMB) proposal completed	Improved performance against SCP target Develop colorectal STT pathway with nurse led triage proposal completed
Overarching outcome measures/ metrics: PTL trajectories				
Baseline position 23/24 Planned Care	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Data for February 2024 Single Cancer Pathways – 55.2% 8 Week Diagnostics (incl. Endoscopy) – 6,465* *8 Weeks Diagnostics Endoscopy only (incl. in above) – 2,010 Therapies 14 weeks – 4,268 RTT 52 weeks Stage 1 – 17,505 RTT 52 weeks (All stages) – 35,525 RTT 104 weeks (All stages) – 9,438 RTT 156 weeks (All stages) – 1,465 RTT 208 weeks (All Stages) - 278			
Cancer	Backlog – 892 SCP – 61.2%	Backlog – 1457 SCP – 57.7%	Backlog – 2371 SCP - TBC	TBC
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Performance Trajectories 24/25 Planned Care	RTT 52 Weeks (Stage 1) 22,172	RTT 52 Weeks (Stage 1) 27,746	RTT 52 Weeks (Stage 1) 35,621	RTT 52 Weeks (Stage 1) WG TARGET 0 30,684
	RTT 104 Weeks (All stages) 9,144	RTT 104 Weeks (All stages) 10,879	RTT 104 Weeks (All stages) 14,206	RTT 104 Weeks (all stages) WG TARGET 0 19,251
	RTT 156 Weeks (All stages excl. orthodontics) 725	RTT 156 Weeks (All stages excl. orthodontics) 457	RTT 156 Weeks (All stages excl. orthodontics) 0	RTT 156 Weeks (All stages excl. orthodontics) 0

Planned Care RTT and longest Waits

Priority area(s) to deliver 24/25: Planned Care and Cancer RTT and Longest Waits				
	RTT 156 Weeks Orthodontics Only 106	RTT 156 Weeks Orthodontics Only 200	RTT 156 Weeks Orthodontics Only 300	RTT 156 Weeks Orthodontics Only 400
	RTT 208 Weeks (all stages) 0	RTT 208 Weeks (all stages) 0	RTT 208 Weeks (all stages) 0	RTT 208 Weeks (all stages) 0
	Diagnostics over 8 weeks 5,991	Diagnostics over 8 weeks 5,223	Diagnostics over 8 weeks 4,025	Diagnostics over 8 weeks 2,837
	Therapies over 14 weeks 5,564	Therapies over 14 weeks 6,536	Therapies over 14 weeks 7,508	Therapies over 14 weeks 8,480
Cancer	Backlog – 9% reduction SCP – 56%	Backlog – 24% reduction SCP – 59%	Backlog – 50% reduction SCP – 65%	Backlog – 66% reduction SCP – 70%
Risks	Risks of Non-Delivery		Mitigations	
	RTT pathway delivery is not optimised. Failure to achieve Single Cancer Pathway (SCP) target. Potential delayed cancer diagnosis and treatment.		Progress service developed in line with the quarterly milestones above and report progress via Planned Care Board. Implementation of Community Health Pathways (subject to Health Board funding commitment from 26/27 onwards) to improve appropriateness of referrals/ reduce demand.	
	Risks to Delivery		Mitigations	
	Financial position remains challenged. Insufficient capacity and fragile workforce in the following specialties: Orthodontics Urology Endoscopy Oncology Increase in urgent suspected cancer referrals Increase in complexity of cancer pathways and treatments		Reprioritise existing work to enable resources to be released to support the priorities. Implement Improvement Plans for Dermatology, Urology, Endoscopy, Oncology Implementation of straight to test pathways in line with national optimal pathways All funded schemes risk assessed for review by Executive team	
	Finance			

Planned Care RTT and longest Waits

Priority area(s) to deliver 24/25: Planned Care and Cancer RTT and Longest Waits	
Critical Enablers	<p>Headroom to move flexibly with the existing sustainability fund and within the agreed final budget.</p> <p>Funding will be required to create the additional capacity required.</p> <p>As per Health Board Financial Plan funding for new initiatives within cancer pathways will need to be identified from within existing resource if the above improvements are to be achieved.</p>
	Workforce
	<p>Programme and project management capacity to oversee developments.</p> <p>Specific schemes to address challenged workforce in some areas, primarily dermatology, urology and oncology.</p>
	Digital
	<p>Covered via Welsh Patient Record Service (WPRS) and the Welsh Administration Portal (WAP) for full and centralised booking and validation. Will also focus on specialties receiving urgent suspected cancer referrals will help with demand management</p> <p>Self-directed aftercare software is available but national programme paused</p> <p>Introduction of Teledermoscopy to improve dermatology triage</p> <p>Implementation of new cancer information system to improve data.</p>
	Other (Specify)
	Stakeholder engagement and public facing communication and engagement support
Prevention & Population Health	Opportunities identified:
	<ul style="list-style-type: none"> • Develop the healthcare public health approach to diabetes • Support the Health Board to make a left shift in its services • Enabling clinical pathways to adopt prevention as a core component <p>Implement Community Health Pathways.</p> <p>Pathway review work underway, supported by integrated impact assessments, with main cancer sites, including focus on prevention:</p> <ul style="list-style-type: none"> • Breast – new breast pain pathway under development to relieve pressure on rapid access breast clinics; opportunities to deliver self-directed aftercare identified to relieve pressure on outpatient appointments but will require investment • Colorectal – nurse led triage pilot has shown opportunity for more efficient pathway and better use of resources but will require investment • Gynaecology – work ongoing to remodel services to provide one stop post-menopausal bleeding clinics • Prostate – straight to test pathway with nurse led triage has been piloted and proven to reduce waiting times and better use of resource. Expansion will require resource

Planned Care RTT and longest Waits

Priority area(s) to deliver 24/25: Planned Care and Cancer RTT and Longest Waits	
	<ul style="list-style-type: none">• <i>WAP Full to be implemented in 2024/25</i> – focus on specialties receiving urgent suspected cancer referrals will help with demand management• <i>Introduction of Teledermoscopy</i> to improve dermatology triage and pathways



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2024-25
Ministerial Template
Regional Diagnostics

Implement Regional Diagnostic Hubs

Priority area(s) to deliver 24/25: Implement Regional Diagnostic Hubs (Reducing overall waiting times for diagnostic services)				
Key focus should be on delivering		Reducing overall waiting times for diagnostic services, building on reductions achieved in 2023-24, including continuation of the project to implement Regional Diagnostic Hubs (RDH), to sustainably reduce secondary care waiting times within national targets.		
Ref:	Review and continuation from 23/24			
Resume of planning Milestones 23/24:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref: 001	Develop a plan for those diagnostic services which can be organised regionally and delivered away from acute hospital sites.	Prioritisation of the tests and pathways that we could redesign within the existing resources will be undertaken by end Q2.	Costed plans to change service model.	Commence implementation of revised model.
Progress synopsis	Initial work undertaken, including market testing to determine potential partnering arrangements and high-level identification of potential locations. Now need to formalise clinical engagement to determine the regional solution	Endoscopy (including screening colonoscopy) Teledermoscopy photography clinics Imaging (ultrasound, MRI and CT) Echocardiogram Neurophysiology	Review of non-recurrent support, together with activity analysis as baseline preparation to subsequent Business Case development	Financial constraints have meant there is no available funding to progress. Revised profiling of Planned Care Sustainability Fund* to support delivery in 2024/25 *subject to approval.
Outcomes of delivering Ministerial Priorities:				
Ref:	Review / Optimise diagnostic capacity			
	Reduce waiting times for diagnostics/RTT			
	Improved patient outcomes			
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref: 002	Establish detailed monitoring of all current core and additional non-recurrent solutions are in place to deliver 2024-25 trajectories. Risk stratification of individual diagnostic test areas.	Continuing detailed monitoring / refinement of 2024-25 trajectories, with remedial plans escalated / actioned as required. Production of detailed analysis report for current diagnostic services (demand /	Continuing detailed monitoring / refinement of 2024-25 trajectories, with remedial actions as required. Production of workforce plan and service model specifications for all diagnostic services.	Continuing detailed monitoring / refinement of 2024-25 trajectories, with remedial actions as required. Include trajectory development for 2025-26. Delivery of business case with Welsh

Implement Regional Diagnostic Hubs

Priority area(s) to deliver 24/25: Implement Regional Diagnostic Hubs (Reducing overall waiting times for diagnostic services)

	<p>Establish formal diagnostics project group to progress waiting time recovery and RDH project. Ensure links to all relevant groups are established.</p> <p>Complete review of current service delivery models including demand, capacity and activity analysis.</p> <p>Commence clinical and stakeholder engagement with identified diagnostic services.</p> <p>Development of Integrated Equalities Assessment.</p> <p>Commence development of business case for the establishment of RDH's.</p>	<p>capacity / performance / workforce / risks / finance), together with identification of potential options for subsequent engagement / evaluation.</p> <p>Continuation of clinical / stakeholder engagement and business case development.</p>	<p>Conduct options appraisal with respect to identified options from previous engagement / analytical work.</p> <p>Continuation of clinical / stakeholder engagement and business case development.</p>	<p>Government (WG) support and endorsement from National Diagnostics programme.</p> <p>Publication of implementation plan.</p>
Expected Outcomes	<p>Shared baseline understanding of the breadth of provided diagnostic services, together with core capacity and main service risks.</p> <p>Identify opportunities for increased equality data collection through Welsh Patient Record System (WPRS) / Welsh Administration Portal (WAP) and other IT systems to measure impact on outcomes by protected</p>	<p>High level understanding and broad consensus on potential options for service models articulated. Identification of commercial partner.</p>	<p>Completion of business case with significant evidence of stakeholder engagement / co-production.</p>	<p>Subject to agreement of business case commence implementation Subject to business case approval completion of this phase of the project and close document published</p>

Implement Regional Diagnostic Hubs

Priority area(s) to deliver 24/25: Implement Regional Diagnostic Hubs (Reducing overall waiting times for diagnostic services)				
	characteristic and vulnerable groups.			
Overarching outcome measures/ metrics:				
Baseline position 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	TBC	TBC	TBC	TBC
Performance Trajectories 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	TBC	TBC	TBC	TBC
Risks	Risks of Non-Delivery		Mitigations	
	Not progressing a programme of sustainability in diagnostics means that overall RTT pathway delivery is not optimised		Continuation of non-recurrent insourcing / premium agency solutions through annual IMTP process.	
	Risks to Delivery		Mitigations	
	Financial position is likely to remain challenged, and will pose a threat to delivery particularly if vacancy freeze prevents recruitment of additional capacity/expertise to deliver the significant programme of change required		Support will be required to reprioritise existing work to enable resources to be released to support the priorities	
Critical Enablers	Finance			
	Headroom to move flexibly within existing funding			
	Workforce			
	Programme and project management capacity			
	Digital			
	Covered via WPRS/ WAP full and centralised booking and validation			
	Other (Specify)			
Stakeholder engagement and public facing comms and engagement support will be required				
Prevention & Population Health	Opportunities identified:			
	Speeding up diagnostic tests will result in improved outcomes for those who need treatment. Will support more prudent expenditure and alleviate burden of disease on service delivery			



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2024-25

Ministerial Template

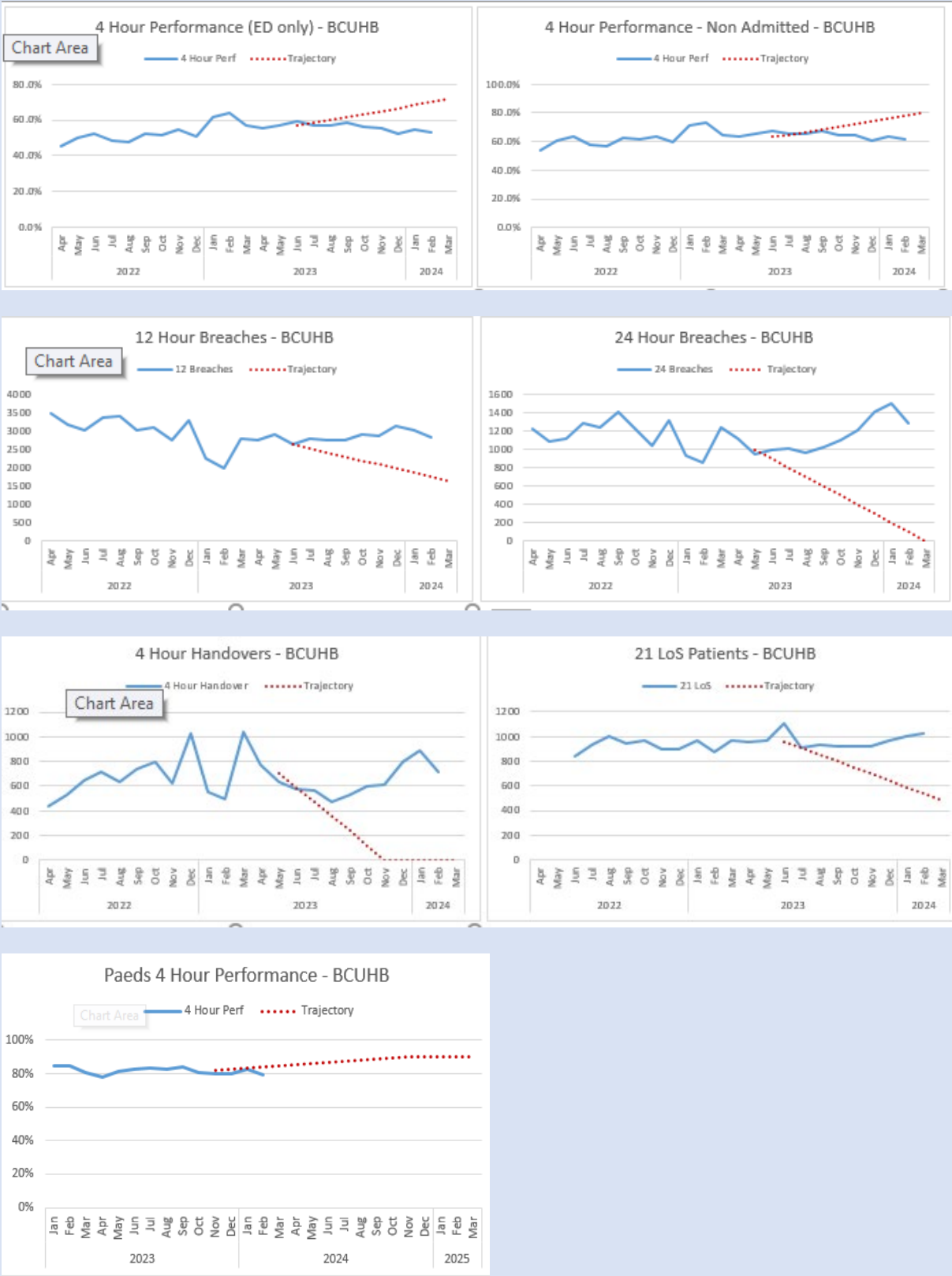
Urgent & Emergency Care

Priority area(s) to deliver 24/25:				
Key focus should be on delivering		Urgent and Emergency Care, 6 Goals Programme Delivery (High level)		
Resume of UEC Milestones 23/24:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	N/A	N/A	N/A	N/A
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref: 001 Six Goals Planning	Commence development of a 5 year UEC plan inclusive of 6 goals programme	Review of IHC 6 goals structure and leadership per goal	Draft UEC 5 year plan completed and submitted to Board for approval.	Implementation Plan developed subject to Board approval of 5 year Plan PEER Review with other Health Boards to review progress against actions and identify lessons learnt.
Ref: 002 UEC Performance Planning	Recommence UEC Performance meetings with a focus on national and locally agreed metrics to support improvements in line with Special measures. IRIS UEC: USC dashboard - Power BI Report Server	Performance dashboard for UEC. Ensure all Senior leaders in BCUHB are sighted and have ownership of local data for UEC (Acute Metrics, and IHC 'right patient, right place' dashboard) with a focus on driving internal improvements.	Stroke, Neck of Femur, Trauma become part of UEC data reporting on a monthly basis and are included in UEC reporting.	Trajectory planning 25-26: Re-structure UEC performance meetings to reflect lessons learnt. Ensure IHCs are provisionally sighted on trajectories for the following year at the end of Q3 with a focus on sign off at the start of Q4 and internal governance signed off by the end of Q4
Overarching outcome measures/ metrics 24 / 25:				
Ref: 001 Six Goals Planning	<ul style="list-style-type: none">Reduced duplication and a singular version of UEC for North Wales.Improved local IHC ownership of Six Goals for Urgent and Emergency Care.			
Ref: 002 UEC Performance Planning	<ul style="list-style-type: none">Improved ownership of performance data per IHCClear accountable framework for all elements of UEC data in line with local IHC structures and 6 Goals for Urgent and Emergency CareAccurate national reporting metricsReal time data capacity to support national discussions			

Priority area(s) to deliver 24/25:

Baseline position 23/24

BCUHB:



Quarter 1

Quarter 2

Quarter 3

Quarter 4

Priority area(s) to deliver 24/25:				
Performance Trajectories 24 / 25	5% Improvement on all trajectories by the end of Q1	Continuous improvement on Q1	Continuous improvement on Q2	Maintain performance position as Q3 and prevent deterioration but noting a reduction in ED arrivals of up to 15% for Type II patients.
Risks	Corporate Risk			
	BAF 1.2 Risk of the provision of poor standards of care to the patients and population of North Wales, falling below the expected standards of quality and safety, resulting in a deterioration of care and harm to patients and service users. Current mitigation is being developed through the six goals programme for urgent and emergency care to support “Right patient, Right place approach.			
	BAF 1.3 Failure to effectively manage unscheduled care demand and capacity infrastructure, adversely impacting on quality of care and patient experience. Current mitigation is being managed with support from the national delivery unit as part of the performance accountability reviews to ensure respective Integrated Health Communities are sighted on the increasing demand and able to support de-escalation.			
	Risks of Non-Delivery		Mitigations	
	<ul style="list-style-type: none">Continued deteriorating UEC performance.Negative impact on planned care due to in-patient capacity.Poor Patient experience.Staffing morale and recruitment.Increased harm.		<ul style="list-style-type: none">Re-focus the 6 goals priorities with NHS Executive programme team supportFocus on delivering 3 elements of the six goals programme well to ensure ability to deliver.Continue to work in partnership with Local Authority colleagues and improve sharing of data.	
	Risks to Delivery		Mitigations	
	<ul style="list-style-type: none">Continued crowding in the ED resulting in acutely unwell patients remaining in the ED waiting room who may need a space ahead of a patient arriving by Ambulance.Continued failure on “Right patient, right place” approach resulting in ED being single point of access for unscheduled care.		<ul style="list-style-type: none">Joint Action Plans with all Urgent and Emergency care stakeholders.Robust processes / Agreements between partners	
Critical Enablers	Finance			
	There is an additional funding stream from the Six Goals Programme to support streaming and re-direction (Same Day Emergency Care / Urgent Primary Care Centres). It is currently difficult to articulate any additional costs for ED staff.			
	Workforce			
Fragility of the Urgent and Emergency care, six goals programme team has been acknowledged by the national team owing to the size of the team and three IHCs.				

Priority area(s) to deliver 24/25:	
	Modelling review to be undertaken with the national team to ensure capacity to deliver in line with daily competing factors.
	Digital
	There is a live data feed on all front door Urgent and Emergency care data sets that demonstrates current and potential position, and a requirement to move from an IRIS data warehouse approach into a power BI format.
	Access points to the WAST CAD to support frequent attenders and reduce WAST attending and conveying.
	Consultant connect if functioning along with Electronic Patient Report Form (EPRF) to allow case review prior to arrival and assist streaming.
	ADASTRA (GP Out of Hours system) requires integration with wider health systems to support sharing of primary care and acute details to support patient management.
Prevention & Population Health	Symphony is embedded across North Wales but unlikely to be supported further via WPAS.
	Other (Specify)
	Engagement and integrated working across the Integrated Health Communities and national agencies that supports Urgent and Emergency Care.
	Opportunities identified:
	<p>An ageing population with multiple co-morbidities who have a greater need for potential access to hospital and ongoing care if not managed sooner through the 6 Goals Programme</p> <p>BCUHB 6 Goals Programme for Urgent and Emergency care supports:</p> <ul style="list-style-type: none"> Goals 1 and 2 focus on population education and signposting. Goals 3 and 4 focus on admission avoidance and alternative pathways to admission, targeted operational projects led by Therapies and Mental Health, MH111, no wrong door, falls programme, supporting nursing homes / residential homes with admission avoidance (ANP rota for community/red bag scheme). Goals 5 and 6 focus on internal improvement and working with system partners. The Forum is regularly attended by LA, primary care, mental health leads etc. <p>The above Goals have an impact on ambulance service provision and capacity. There is also an appetite to manage Frailty and End of Life Care patients that require Urgent and Emergency Care access for brief periods at the front door with a rapid in reach and redirection safely by reducing the need for hospital admissions or recurring 999 calls.</p>

Key focus should be on delivering: Goal 1 – co-ordination, planning and support for populations at greater risk of needing urgent or emergency care		Primary and Community Care: Example: Improving Access GP and Community Services		
Ref:	PLANNED MILESTONES FOR 24/25 BELOW. REFER TO SEPARATE TEMPLATE FOR FULL DETAILS.			
Ref:	Planned Milestones 24/25			
001 Primary Care Strategy	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Develop a 5 year Primary Care Plan 2025 – 2030	Series of co-design events carried out with stakeholders and patients EQIA and SWOT analysis	Draft 5 year Primary Care Plan 2025 – 2030 submitted to Board for approval	Implementation plan developed subject to Board approval of Primary Care Plan Communications and engagement Plan in place.
002 Delivery Plan to implement National Workforce Strategy recommendations	Undertake a baseline assessment of the National Workforce Strategy for Primary Care Develop a first draft delivery plan and strategy response	Progress plan through internal governance for approval	Implement approved plan. Costed plans for consideration against Strategic Programme for Primary Care funding	Monitor progress Update plan for 25/26
	Implement recommendations for Managed Practices that includes Quality, Finance, Workforce and Access (Annual Plan 23 – 24)	Project team established and activity underway	Monitor progress through programme office Study and review	Study and review Report progress to date and move to business as usual
003 Implementation of Managed Practices oversight approach				
004 Implementation of approach to GP practice escalation and sustainability	Implement recommendations to review and strengthen the approach to Practice Escalation and Sustainability	Project team established and activity underway	Monitor progress through programme office Study and review	Report progress to date and move to business as usual

	(Annual Plan 23 – 24)			
Ref:	Outcomes of delivering Ministerial Priorities 2024/25			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	<p>Primary Care Plan: A transformative primary care plan that has buy in from key stakeholders and a clear sense of direction.</p> <p>Delivery Plan to implement National Workforce Strategy recommendations: A sustainable workforce plan for primary care that makes North Wales an attractive and exciting place to live and work. The plan will proactively support MDT working.</p> <p>Implementation of Managed Practices oversight approach: A regional Oversight and Steering Committee for Health Board Practices that will drive improvement and seek assurance</p> <p>Implementation of approach to GP practice escalation and sustainability: Governance processes in place which will enhance and improve our current processes and procedures</p>			

Key focus should be on delivering :		Urgent and Emergency Care, with a focus on 6 goals –		
Goal 2 – signposting people with urgent care needs to the right place, first time		Example: Delivery and Implementation of a 24/7 Urgent Care Service, accessible via 111 Wales, to support improved access and GMS sustainability		
Ref: New priority/ Continued from 23/24 (Delete as appropriate)				
Resume of planning Milestones 23/24:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	7173	7620	7113	7110
Progress synopsis	The overall UPCC referrals in one hospital site remained consistent, however there was growth in the two other sites. The development of an Urgent Treatment Care facility incorporating UPCC on one site helped to increase referrals from ED, otherwise a high majority came from primary care and with consistent referrals from a number of specific GP practices			
Outcomes of delivering Ministerial Priorities:				
	Increased referrals from Primary Care across two hospital sites and good percentage of virtual sessions			
	ED referrals to UPCC at one hospital site when used in conjunction with the Urgent Treatment Centre			
	Reduction in those attending ED requiring prescriptions or those that could be managed with advice and self-care.			
Planned Milestones 24/25				
	Delivery and Implementation of a 24/7 Urgent Care Service, accessible via 111 Wales, to support improved access and GMS sustainability.			

		Quarter 1	Quarter 2	Quarter 3	Quarter 4
		Complete options appraisals for each locality for transition from UPCC to 24/7 Urgent Care, with outline plan for next 3 years	Review of UPCC / OOH processes to align delivery and review SICAT capacity with enhancement to support GP virtual service	Transition to integrated service model	Transition complete; review model to assess implementation
		Confirm funding from 6 Goals investment and also P&T fund to support transition model	Update Directory of Services and plan for effective signposting of services including prescribing pharmacists in the community with 111 and GMS.	Work with stakeholders and the accelerated clusters on proposals to develop the primary care model.	Review of signposting services and adapt to meet new models and uptake
		Develop locality based models to address current referral rates into existing UPCC's	Begin education programme to support transitional models and ability to treat minor illness		
Overarching outcome measures/ metrics:					
	UPCC MIU	Quarter 1	Quarter 2	Quarter 3	Quarter 4
		7173	7620	7113	7110
		17,226	17,492	9970	9030
Performance Trajectories 24/25		Quarter 1	Quarter 2	Quarter 3	Quarter 4
		5% increase	5% increase on Q1	2% increase	Continued increase
Risks		Risks of Non-Delivery		Mitigations	
		Lack of capacity to see and treat patients needing same day urgent care; pressure on GMS and other urgent care services e.g. ED		Use of other community services	
		Review of staff to deliver the programme		Re-allocate staff as necessary	
		Risks to Delivery		Mitigations	
		Cessation of funding		As no new money will be available it may require reconfiguration of services to deliver this programme - closer integration with other community services	
		Inability for primary care and community to take on additional work		Review current service delivery models to see if some work can be stopped or moved	
Critical Enablers		Finance			
		Funding is a combination of Six Goals, Performance and Transformation monies and MIU budgets. Six goals funding for 24 / 25 to be confirmed.			
		Workforce			
		Existing UPCC workforce in place with MIU staffing potentially requiring upskilling and review of banding.			

	Digital
	An appropriate clinical system to be considered that enables better information sharing between GMS and community services
	Other (Specify)
	Current services have some inherent inefficiencies due to the rurality of community hospital locations and the need for specialist skills. Integration of stand-alone teams will enable some degree of enhanced skill mix to provide economies of scale e.g. MIU nurses able to treat some UPCC patients, staff able to cover wards etc.
Prevention & Population Health	Opportunities identified:
	<p>The Same Day Urgent Community Care (SDUCC) proposal will provide a safety net for patients, promoting greater health equity.</p> <p>There are opportunities to improve management of chronic conditions in primary and community care settings and increase the level of treatment available to patients living with chronic conditions in the community when exacerbations / condition deteriorations occur. Clinics are delivered in community settings by acute services such as diabetes and COTE. Work will take place to expand this in order to reduce demand within urgent and emergency care. This should support care closer to home, self-care and allow for timely interventions and treatment to support patients remaining at home.</p>

Priority area(s) to deliver 24/25: Improving Access to Community Pharmacy				
Key focus should be on delivering		Primary & Community Care:		
Goal 2- signposting people with urgent care needs to the right place, first time		Example: Improving Access to Community Pharmacy		
Ref:	PLANNED MILESTONES FOR 24/25 BELOW. REFER TO SEPARATE TEMPLATE FOR FULL DETAILS.			
Ref:	Planned Milestones 24/25			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
24/001: Care Home Support Service	All homes offered a visit and those that have agreed have received a 1 st visit within the past 12 months			70% of homes who have not declined a visit will have received a 2 nd visit within 12 months
24/002: Inhaler Review Service		400 Level 2 reviews completed		
24/003: Pharmacist Independent Prescriber Service (PIPS)	Commission 35% of pharmacies to offer PIPS			Commission 50% of pharmacies to offer PIPS
24/004: Urinary Tract Infection		Commission 15% of pharmacies to offer UTI	Commission 30% of pharmacies to offer UTI	Commission 50% of pharmacies to offer UTI screening and treatment

		screening and treatment	screening and treatment	
24/005: Adherence Support Service		Commission 15% of pharmacies to offer the Adherence Support Service	Commission 30% of pharmacies to offer the Adherence Support Service	Commission 50% of pharmacies to offer the Adherence Support Service
24/006: Medicines Administration Record Service		Commission 25% of pharmacies to offer the Medicines Administration Record Service	Commission 50% of pharmacies to offer the Medicines Administration Record Service	Commission 75% of pharmacies to offer the Medicines Administration Record Service
24/007: Automated Access to Medicines in OOH period	Install Medicine Machine in Dolgellau		Complete evaluation of use case pilot	
Ref:	Outcomes of delivering Ministerial Priorities 2024/25			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
24/001: Care Home Support Service	Improved medicines management within care home settings, including ordering, storage, administration, and disposal. Issues identified to be addressed via an action plan, supported by the community pharmacy, or escalated via the Continuing Health Care team.			
24/002: Inhaler review service	Optimisation of therapy for respiratory care, to reduce risk of exacerbations or deterioration during winter 2024/25			
24/003: Pharmacist independent Prescriber Service (PIPS)	Increasing availability of PIPS to reduce demand on General Practice and release capacity to focus on more complex patient care			
24/004: Urinary Tract Infection	Increase access and choice for patients with urinary tract infection to receive assessment and treatment			
24/005: Adherence Support Service	Patients able to access support with taking their medicines to maximise the therapeutic benefit from their medicines and minimise the risk of harm			
24/006: Medicines Administration Record Service	Patients receiving support with taking medicines from formal carers will be able to be supported effectively with this and have a clear audit trail for medicines use.			
24/007: Automated Access to Medicines in OOH period	Increase access to key medicines in the out of hours period for patients who would otherwise have to travel significant distances, or wait until a local pharmacy was open			

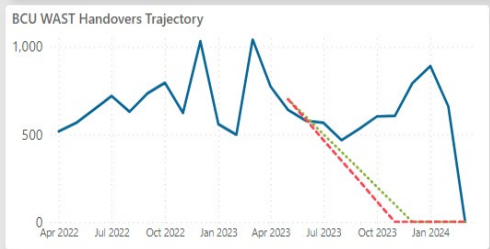


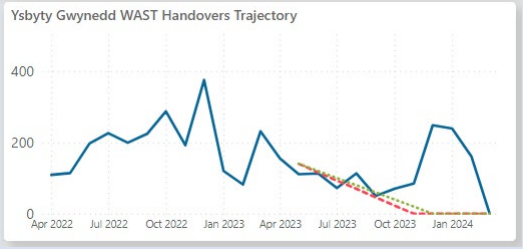
Key focus should be on delivering	<i>Urgent and Emergency Care, with a focus on 6 goals – Implementation of Same Day Urgent Care Services (SDECs)</i>			
Goal 3				
Resume of planning Milestones 23/24:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Data	6096	6513	6746	Q4 data incomplete and un-validated
Progress synopsis	Progress has been made with data recording in all SDEC's and greater clarity on segregation of new referrals versus follow up appointments. Two hospital sites have			

	implemented direct WAST referrals. Bedding on all sites remains a constant feature however a ring fenced pilot at one hospital site demonstrated significant performance improvements in ED and Ambulance Handovers			
Outcomes of delivering Ministerial Priorities:				
	WAST direct Referrals at two sites			
	Greater clarity and accuracy of data submission and performance			
Planned Milestones 24/25				
	Implementation of Same Day Emergency Care			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Review funding for SDEC's from 6 Goals investment and performance and transformation funds.	Review medical job plans, rostering and workforce models	Develop pathways, communications and engagement plan to rollout the new direct referral routes in and out of SDEC across all three acute hospital sites	Embed new pathways and improve the booking service into ED
	Develop robust process to prevent bedding in SDEC including extreme site pressures. Ensure trolley capacity is protected	Pilot extended working and evaluate impact on performance and costs	Continue monitoring attendance and activity. Reduce returners to SDEC's and pilot virtual follow-up services	Pilot to be rolled out across all hospital sites
	Work with National transformation team for visit to all SDEC units and develop plan for recommendations	Agree prioritisation of recommendations from National team and test with each SDEC	Expand Criteria for WAST referrals and ensure WAST direct pathways in all SDECS	Primary Care and WAST to improve access
Overarching outcome measures/ metrics:				
Baseline position 23/24	Quarter 1 6096	Quarter 2 6513	Quarter 3 6746	Quarter 4 Q4 data incomplete and un-validated
Performance Trajectories 24/25	Quarter 1 An additional 1900 patients	Quarter 2 An additional 2250 patients	Quarter 3 An additional 2500 patients	Quarter 4 An additional 3000 patients
Risks	Risks of Non-Delivery		Mitigations	
	Inability to protect SDEC Units Clinical Leadership for SDEC's on all 3 sites Impact on key ED performance and ambulance handovers Poor patient experience Inability to increase activity through units Recruitment and retention		Full capacity protocols and reduction in pathway of care delays Physical estates review	
	Risks to Delivery		Mitigations	
	Lack of support from other clinical services needed to deal with returners i.e. UDU/MDU		Secure buy-in from services that are being referred onto.	
	Finance			

Critical Enablers	Acute sites need to develop a strategic plan to continue with SDEC functions once national funding support has ceased in 2027.
	Workforce
	Continue to recruit to substantive posts to agreed structure to run SDEC as a 5 day unit to avoid high agency costs. Review medical rosters and job plans. Additional funding for medical cover to support extended weekday and weekend working. Re-assessment of job planning
	Digital
	Funding to introduce Symphony SDEC. Consider using Emergency Admission System (EAS) for all specialties (currently only used by Medical teams)
	Other (Specify)
Prevention & Population Health	Opportunities identified:
	Identify data around speciality referrals within ED who are discharged within 24 hours so “true” SDEC patients to support ongoing work around extending the criteria and improving pathways for SDEC referrals.

Key focus should be on delivering Goals 4 & 5		Urgent and Emergency Care, with a focus on 6 Goals – Continued commitment to the reduction of ambulance handover waits and safely reduce Ambulance Conveyances to ED.		
Ref:		Continued from 23/24		
Resume of planning Milestones 23/24:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref: 001 Planning	Continued from 23/24 Review of hospital full and ambulance escalation process.	Continued from 23/24 Implementation of reviewed Hospital full protocol and ambulance escalation process.	Continued from 23/24 Effective utilisation of UEC data dashboards to predict demand.	Continued from 23/24 Merging of data dashboards with social care data (SHREWD) to present a North Wales data dashboard to support flow from Entry to Exit.
Progress synopsis	Full implementation has been in place since September 2023, a full review of the actions aligned to	Training being reviewed for all Site / On Call managers in relation to the policies and ability to enact	Work taking place to ensure On call / Site managers are effectively using the data dashboards to	UEC Data sharing dashboard that supports a full system overview of demand and

	the above documents to identify any change requirements and process improvements in line with national escalation triggers.	and de-escalate in a timely fashion.	support demand and capacity and assist with flow planning.	capacity. In turn this will reduce the requirement for multiple discussions during peak periods in demand.
Ref: 002 Pathways	Direct access Pathways rather than ED.	Urgent and Emergency care protected areas	Implementation of new direct access pathways	Pan North Wales review of pathways into a new Directory of Service (DoS)
Progress synopsis	All active direct access pathways are being reviewed within BCUHB that allow WAST to directly refer into by 100 rather than direct to Emergency Departments.	On-going work to ensure Same Day Emergency Care/ Urgent primary care and Ambulatory care areas are not bedded down during peak periods of demand and ensuring it is reflected in-line with the hospital full protocols.	Implementation of direct access pathways for : <ul style="list-style-type: none">• Neck of Femur Fractures,• Frailty,• Cauda Equine	The DoS currently being amended and made accessible to primary care / WAST / 111 / GP OOH with up to date pathways, consultant connect access and times of service provisions.
Outcomes of delivering Ministerial Priorities for 23 / 24:				
Ref: 001 Planning	<ul style="list-style-type: none">• Refreshed escalation plans• Ambulance delays reduced• Internal professional standards improved• Effective data usage that predicts increases in demand• Level 4 escalations reduced• Appendix B's (Welsh Government risk notification) reduced• Improved WAST response for Amber 1 calls and other calls of lower acuity			
Ref: 002 Pathways	<ul style="list-style-type: none">• Reduction in the number of ambulance arrivals to the Emergency departments.• Reduction in the number of Type II patients attending the emergency departments• Increase in the number of ambulance referrals to alternative pathways.• Improved performance on Stroke / Neck of Femur metrics.			
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Planning How	Reduce Delays by:- 1. Increasing the resilience response when increased demand becomes evident. 2. Reduce delays for ward transfers owing to real time data. 3. Improving flow consistently from the emergency departments 24/7.	Review the impact of strengthened on-call awareness of escalation planning and areas of capacity that ensure efficient function of Urgent and Emergency care areas the following day and reducing gridlock.	Reduction in Immediate release requests. Reduction in additional Non-Emergency Patient Transport Service costs.	Improved discharge profile/demand earlier in the day. Increased planning for discharge at point of arrival with access to social care dataset and vis versa. Embedding of SAFER/ Red to Green
Pathways How	Reduce delays by:	Improved ED streaming resulting in an improved 4hr	Continued improvement on Q2 in line with	Reduction in ambulance arrivals to each ED.

	<div>1. Reducing the number of ambulances arriving at EDs.</div> <div>2. Improved performance of Stroke / #Neck of Femur metrics.</div>	<div>performance for admissions.</div> <div>A minimum of 5 moves every morning from each emergency department as routine by 10.00hrs.</div>	<div>increased demand of Winter resilience.</div>	<div>Reduction in Ambulance service demand owing to increased access to 111 and pathways.</div>									
Data Collection	<div>Urgent and Emergency care dashboard through access along with daily Electronic Bedford report.</div>	<div>Improve compliance on Q1</div>	<div>Improve compliance on Q2</div> <div>Targeted support where there is poor compliance</div>	<div>Improve compliance on Q3</div> <div>Targeted support where there is poor compliance</div>									
Overarching outcome measures/ metrics:													
Baseline position 23/24	<div>BCUHB:</div> <div></div>												
	<div>Ysbyty Glan Clwyd:</div> <div></div>												
	<div>Wrexham Maelor:</div> <div></div>												
	<div>Ysbyty Gwynedd:</div> <div></div>												
	<div>Key: Green dotted line – local IHC trajectories</div> <div>Red dotted line – national trajectories</div> <div>Total ambulances offloaded over 4hrs 23/24:</div> <table><tr><td>Site</td><td>Quarter 1</td><td>Quarter 2</td><td>Quarter 3</td><td>Quarter 4</td></tr><tr><td>BCUHB</td><td>19%</td><td>13%</td><td>18%</td><td>21%</td></tr></table>				Site	Quarter 1	Quarter 2	Quarter 3	Quarter 4	BCUHB	19%	13%	18%
Site	Quarter 1	Quarter 2	Quarter 3	Quarter 4									
BCUHB	19%	13%	18%	21%									
Performance Trajectories 24/25	<div>Quarter 1 –</div> <div>5% reduction in delays on 2023 / 2024 average.</div>	<div>Quarter 2 –</div> <div>7.5% reduction in delays. Continuous improvement on Q1</div>	<div>Quarter 3</div> <div>10 % reduction on baseline.</div> <div>Continuous improvement on Q2</div>	<div>Quarter 4</div> <div>Same as Q3.</div> <div>Maintain position as Q3 and prevent deterioration but noting a reduction in ED arrivals of up to 15% for Type II patients.</div>									
Risks	<div>Corporate Risk</div> <div>BAF 1.2</div> <div>Risk of the provision of poor standards of care to the patients and population of North Wales, falling below the expected standards of quality and safety, resulting in a deterioration of care</div>												

	<p>and harm to patients and service users. Current mitigation is being developed through the six goals programme for urgent and emergency care to support “Right patient, Right place approach.</p> <p>BAF 1.3 Failure to effectively manage unscheduled care demand and capacity infrastructure, adversely impacting on quality of care and patient experience. Current mitigation is being managed with support from the national delivery unit as part of the performance accountability reviews to ensure respective Integrated health communities are sighted on the increasing demand and able to support de-escalation.</p>	
	Risks of Non-Delivery	Mitigations
	<ul style="list-style-type: none"> • Delays in responding to 999 calls in the community. • Increased acuity of self-presenting patients. • Increased admission rates. • Patients having longer lengths of stay and greater risk of harm due to de-conditioning • Negative impact on patient flow • Negative impact on planned care due to in-patient capacity 	<ul style="list-style-type: none"> • Sign posting to alternative services • Developing increased pathways. • Improved internal escalations. • Embedding internal professional standards to improve the patient journey • Developing an improved relationship with local authorities and sharing of data.
	Risks to Delivery	Mitigations
	<ul style="list-style-type: none"> • Continued crowding in the ED resulting in acutely unwell patients remaining in the ED waiting room who may need a space ahead of a patient arriving by Ambulance. • Continued failure on “Right patient, right place” approach resulting in ED being single point of access for unscheduled care. 	<ul style="list-style-type: none"> • Joint Action Plans with all Urgent and Emergency care stakeholders. • Robust processes / Agreements between partners
Critical Enablers	Finance	
	There is an additional funding stream via the Six Goals Programme to support streaming and redirection (Same Day Emergency care/ Urgent Primary Care Centres). It is currently difficult to articulate any additional costs for ED staff.	
	Workforce	
	This is subject to Further Faster Funding. The medical workforce is undertaking a job planning exercise to identify any additional staffing and the nursing ratio's are under review	
	Digital	
	There is a live data feed on all front door Urgent and Emergency care data sets that demonstrates current and potential position and a requirement to move from an IRIS data warehouse approach into a power BI format.	
	<p>Access points to the WAST CAD to support frequent attenders and reduce WAST attending and conveying.</p> <p>Consultant Connect if functioning along with Electronic Patient Report Form (EPRF) to allow case review prior to arrival which can assist with streaming.</p> <p>ADASTRA (GP Out of Hours system) requires integration with the wider health systems to support wider sharing of primary and acute details to support patient management.</p> <p>Symphony is embedded across North Wales but unlikely to be supported further via WPAS.</p>	

	Other (Specify)
	Engagement and integrated working across the Integrated Health Communities and national agencies that support Urgent and Emergency Care.
Prevention & Population Health	Opportunities identified:
	<p>An ageing population with multiple co-morbidities who have a greater need for potential access to hospital and ongoing care if not managed sooner through the 6 Goals Program.</p> <p>BCUHB 6 Goals Programme for Urgent and Emergency care supports:</p> <ul style="list-style-type: none"> Goals 1 and 2 are focused on population education and signposting. Goals 3 and 4 focus on admission avoidance and alternative pathways to admission, see SDEC update above. This area also includes targeted operational projects led by therapies and Mental Health, MH111, no wrong door, falls program, supporting Nursign Homes / Residential Homes with admission avoidance (ANP rota for community/red bag scheme). Goals 5 and 6 are about internal improvement, working with system partners. The Forum is widely and regularly attended by LA, primary care, mental health leads etc. <p>The above Goals have an impact on ambulance service provision and capacity. There is also an appetite to manage Frailty and End of Life care patients that require Urgent and Emergency Care for brief periods at the front door with rapid in reach and redirection safely and reduce the need for hospital admissions or recurring 999 calls.</p>

Priority area(s) to deliver 24/25:				
Key focus should be on delivering		Enhancing care in the community, with a focus on reducing delayed pathways of care		
GOAL 6				
Ref:	PLANNED MILESTONES FOR 24/25 BELOW. REFER TO SEPARATE TEMPLATE FOR FULL DETAILS.			
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Assessment Delays <i>(Detailed actions / milestones are in the POCDs Action Plan, these will be reviewed once Further Faster initiative have been agreed)</i>	Reduce Assessment Delays by:- 4. Increasing the number of staff undertaking Trusted Assessor Roles 5. Reduce Health Assessment Delays by implementation of a range of efficiencies	Review the impact of increased TA roles – identify further actions to progress at pace	Continued improvement on Q2	Continued improvement on Q3
Care Home related delays	1.Reduction in the number of adverse discharges to care	Further role out and embedding		Demonstrate continuous improvement i.e.

	<p>homes by establishing / embedding improvement groups –</p> <p>2.Establish TA role in Care Homes across North Wales to support timely discharge</p> <p>3.Improve Choice and Escalation Pathways to ensure timely discharge to homes - Implement principles across North Wales</p>	<p>Further role out and embedding</p> <p>Evaluate and identify opportunities for continuous improvement</p>	<p>Evaluate the programme and agree further improvement</p>	<p>reduction of care home related delays</p>																											
Data Collection	Commence D2RA Aggregated reporting	Improve compliance on Q1	Improve compliance on Q2 Targeted support where there is poor compliance	Improve compliance on Q3 Targeted support where there is poor compliance																											
Overarching outcome measures/ metrics:																															
Baseline position 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4																											
	321 Patients Delayed 25 Staff undertaking Trusted Assessor roles	341	336	359 Patients Delayed 38 Staff undertaking Trusted Assessor roles																											
Performance Trajectories 24/25	Quarter 1 – 5% reduction in delays on 2023 / 2024 average. (See below) D2RA Reporting will be established as an aggregated position (currently snap shot until April 2024), we will then agree performance targets against the measures Increase number of staff undertaking TA roles by 20%	Quarter 2 – 7.5% reduction in delays Continuous improvement on Q1 Increase number of staff undertaking TA roles by 30%	Quarter 3 10 % reduction on baseline Continuous improvement on Q2 Increase number of staff undertaking TA roles by 40%	Quarter 4 10% reduction on baseline Continuous improvement on Q3 Increase number of staff undertaking TA roles by 40%																											
	<div><div>NORTH WALES</div><div>Reduction Target</div><div><div>2024/25 Reduction Trajectory</div><table><tr><td>5%</td><td>7.50%</td><td>10%</td><td>10%</td></tr><tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr><tr><td>Number of Patients</td><td>17</td><td>25</td><td>34</td><td>34</td></tr><tr><td>Average Days Lost</td><td>526</td><td>789</td><td>1052</td><td>1052</td></tr><tr><td>Average Number of Patients >21 days</td><td>8</td><td>12</td><td>16</td><td>16</td></tr><tr><td>Assessment Delays</td><td>8</td><td>12</td><td>17</td><td>17</td></tr></table></div></div>				5%	7.50%	10%	10%	Q1	Q2	Q3	Q4	Number of Patients	17	25	34	34	Average Days Lost	526	789	1052	1052	Average Number of Patients >21 days	8	12	16	16	Assessment Delays	8	12	17
5%	7.50%	10%	10%																												
Q1	Q2	Q3	Q4																												
Number of Patients	17	25	34	34																											
Average Days Lost	526	789	1052	1052																											
Average Number of Patients >21 days	8	12	16	16																											
Assessment Delays	8	12	17	17																											

	Days lost for Assessment Delays	203	304	407	407
	Health Assessment Delays	4	5	7	7
	Joint Assessment Delays	2	4	5	5
	Social Care Assessment Delays	3	4	5	5
	Inc. Trusted Assessor Roles (this is a stretch target due to lack of progress in 2023/24)	20%	30%	40%	50%
		8	12	16	20



Teitl adroddiad: <i>Report title:</i>	Special Measures Cycle 2 Closure Report			
Adrodd i: <i>Report to:</i>	Performance, Finance and Information Governance Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	21 st March 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The purpose of this paper is to close down the second 90-day cycle within the Stabilisation phase. This provides a detailed assurance rating against all milestones and describes which milestones were carried forward to be tracked alongside Cycle 3 milestones. The paper also includes change controls that were approved in relation to Cycle 2.			
Argymhellion: <i>Recommendations:</i>	<p>The PFIG committee is asked to:</p> <p>1. NOTE the progress made along with the challenges highlighted and the further learning gained during the cycle.</p>			
Arweinydd Gweithredol: <i>Executive Lead:</i>	<p>Carol Shillabeer, Chief Executive (Accountable Officer)</p> <p>Dr Chris Stockport, Executive Director of Transformation & Strategic Planning (Lead Executive)</p>			
Awdur yr Adroddiad: <i>Report Author:</i>	Geraint Parry, Special Measures Programme			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input type="checkbox"/></p>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				

Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	To support Special Measures
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	Not applicable
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	Not applicable
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Not applicable
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i>	Not applicable
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	Not applicable
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Camau Nesaf: <i>Next Steps:</i> Implementation of recommendations	
Rhestr o Atodiadau: <i>List of Appendices:</i> Appendix 1 – Summary of Cycle 2 milestones Appendix 2 – Change Control Appendix 3 – Cycle 2 milestones carried forward (with revised dates)	

Special Measures Cycle 2 Closure Report

▪ Introduction

This report presents a summary of the overall position in relation to Special Measures as at the end of the second 90-day cycle (September to November 2023) within the Stabilisation Phase. This overarching summary builds upon the assurance reports that have been presented to Committees of the Board for the areas that they have agreed to have oversight of and provides a complete assessment against all of the agreed milestones.

The report identifies some of the key points of learning from the second cycle which are being applied moving forward, and describes which milestones are being carried forward and tracked alongside Cycle 3 milestones.

▪ Cycle 2 Closure Approach

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

In addition, a series of checkpoints have been in place throughout the cycle, both internally and externally, and these have been utilised to assess the overall pace of change and readiness for future phases. These include the Special Measures Assurance Board in November, chaired by the Chief Executive of NHS Wales, along with the Special Measures Ministerial Forum which was held face to face in Abergele Hospital during November. Early December also saw the Joint Executive team (JET) meeting with Welsh Government, a standard twice yearly meeting for all Health Boards, which provided an opportunity to take stock of the progress the Health Board has made along with an assessment of the prevailing challenges.

These have been supplemented by specific meetings with Welsh Government in readiness for the next phase commencing in April, agreeing the approach and priorities as we begin to align our Special Measures planning with the 3 year planning process. These meetings have reviewed progress across all five outcomes areas enabling an objective look back and identification of areas requiring additional pace.

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

▪ Cycle 2 Closure Summary

The following table provides a high-level summary against the milestones committed to within this second cycle. Where work has not concluded in its entirety during the second cycle, this work has been carried forward into the third cycle. It is worth noting that a number of the milestones were delayed due to issues outside of the Health Board's control, for example those relating to the Planning Review report.

Outcome	Completed Milestones	Overdue	Total
Outcome 1: A well-functioning Board	15	4	19
Outcome 2: A clear, deliverable plan for 2023/24	15	9	24
Outcome 3: Stronger leadership and engagement	12	9	21
Outcome 4: Improved access, outcomes and experience for citizens	28	17	45
Outcome 5: A learning and self-improving organisation	13	4	17
Overall	83	43	126

Table 1

A more detailed summary against each of the specific areas of work is provided in Appendix 1. As a number of milestones scheduled for cycle 2 did not conclude within the originally intended timescales, revised due dates have been proposed. Appendix 3 outlines these milestones with their original and revised due dates.

▪ Learning from Cycle 2

The overall internal assessment of the second cycle is that there is a continuation of the good progress made in Cycle 1, with incremental progress across all of the five outcomes. This is supporting increased stabilisation and preparedness for the challenges ahead as part of the 2024/25 annual plan.

The pace required within a discrete 90-day cycle period has continued to prove demanding and leaves little margin for course correction when unforeseen delays occur or when in-cycle adaptation is required to better meet the emerging needs of the Health Board. This is particularly evident when delays to the receipt of Independent Reviews, which are outside Health Board control, impact on the subsequent milestones agreed.

There is also a risk that in our attempts to be ambitious with our plans that some optimism bias can occur when setting out what is realistic for a cycle. An example of this is where a document has been scheduled for approval at a meeting but this has been delayed whilst ensuring all stakeholder input and feedback has been considered. Deferring this decision has been considered the most appropriate course in order to ensure longer term buy-in, acknowledging that true engagement can require a pause to ensure all voices are heard. Applying this learning across all areas and ensuring optimism bias is minimised in future plans will be a key focus going forward.

Despite this, our reflections remain that the 90-day cycle approach has been effective during the stabilisation phase and has provided focus and enabled greater traction to be gained. As we transition Special Measures into the 3 year planning process, the improvement plans and monitoring arrangements will be aligned to the established planning cycles, whilst taking on board the rich learning gained from the first 9 months of Special Measures.

It is evident that the outcome-based approach has gained traction and has enabled us to describe the longer term strategic intent. This approach is informing the FY24/25 strategic objectives moving forward.

▪ **Change Control**

As part of the Special Measures governance arrangements any proposed changes require approval through a change control process. This is approved through the Special Measures Senior Responsible Officer (SRO) before submission to the Board for final approval.

A full list of approved Change Control Requests relating to Cycle 2 can be found in Appendix 2, where further explanatory notes are included. These have all been approved by the Board along with some further requests relating to Cycle 3. The conclusion of this report has also informed a mid-cycle review for Cycle 3 and may lead to further changes control requests relating to Cycle 3.

▪ **Conclusion**

The Organisation has made significant strides across each of the five Special Measures outcome areas during the first two Special Measures 90-day cycles, though there remains much to do. The work to date has provided the foundations upon which an effective organisation for the long term can be built and ensures that the right conditions are in place for changes to embed and be sustained.

The remaining Independent Reviews are expected to report during the final quarter of this financial year, which will mark the culmination of a period of significant discovery work. Early delivery against the findings from initial reviews is already visible, and the completion of the discovery activity will allow a greater onward focus upon design and delivery of long term sustainable change.

This closure report has also informed the mid-cycle review for Cycle 3, including an assessment of which areas may need further strengthening and these have been presented to the Executive Team for consideration.

■ Appendix 1: Summary of Cycle 2 Milestones

Key:	Completed	Overdue	Milestone to be retired via Change Control
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1. A well-functioning Board

Deliverable	Milestones summary text	SRO	Status	Due Date
C1-1.3: Implement phase 1 induction for all Board members	1.3.3 Induction completed for all current IMs (as at 01/09/23) using existing induction process	Phil Meakin		01/11/2023
	1.3.4 New Board induction programme for IMs agreed by Chair of the Board	Phil Meakin		30/11/2023
	PMO Assurance Comments: All Independent Members (IM's) have been through an induction and a review exercise was undertaken to gather feedback which identified improvements required. The improvements required have been addressed in the revised programme which has been approved by the Chair on behalf of the Board.			
C1-1.4: Develop phase 1 Board development programme	1.4.4 Phase 1 of the New Board development programme agreed by Chair of the Board	Phil Meakin		30/11/2023
	PMO Assurance Comments: It is evident that a range of work is underway in this area and that iterative dialogue took place with the Chair to refine proposals prior to final approval, which is now proceeding to implementation.			
C1-1.5: All committees with assigned IMs operational	1.5.5 Findings from the Independent Review reports available received by each of the relevant Board Committees	Phil Meakin		01/10/2023
	1.5.6 The following findings from the OBS review implemented: 1) ToR for all Committees, 2) Confirmed membership for each Committee, 3) Cycle of Business (CoB) for each Committee, 4) Corporate calendar to reflect CoB	Phil Meakin		30/11/2023
	PMO Assurance Comments: A formal process has been agreed for Independent Reviews which has included Committee development sessions, a management response to formal Committee and publication via the Board papers. Whilst some reviews remain overdue in terms of receipt into the organisation, the Health Board has enacted the necessary governance steps for those reviews received, with implementation of the recommendations now the priority. The November Audit committee and November Board received a Corporate Governance Report, covering the relevant items from the OBS review.			
C1-1.6: Design Risk management framework and commence implementation	1.6.3 Board approval of Risk management framework at Sep Board	Phil Meakin		30/09/2023
	1.6.4 Commence implementation of risk management framework implementation plan (developed during this cycle)	Phil Meakin		30/11/2023
	PMO Assurance Comments: Strong progress is well evidenced. Building on Board approval of the Framework a new strategic approach has been developed and there is a well-documented picture of how that work is being taken forward, including stronger governance arrangements with updates to committees and Board. A training plan has been developed with a tiered approach based on requirement of the role, and the remaining challenges will be around building upon this early progress to ensure it permeates through all areas of the organisation.			

C1-1.7: Permanent Chair/IM/CEO/Exec recruitment – dependent on Exec Portfolio Review and Senior HR Cases	1.7.6 Permanent Vice Chair and 2x permanent IMs recruitment: "Phase 2" appointments made by WG	Phil Meakin		30/10/2023
	1.7.7 Permanent Chair recruitment: Interview dates set	Phil Meakin		30/11/2023
	1.7.8 Permanent CEO recruitment: Interview dates set	Phil Meakin		30/11/2023
	1.7.9 4x Permanent IMs recruitment: "Phase 3" job adverts closed	Phil Meakin		30/11/2023
	1.7.10 Exec recruitment: Adverts live to close gaps in Executive Team where appropriate (dependent on Exec Portfolio Review and Senior HR Cases)	Jason Brannan		30/11/2023
	PMO Assurance Comments: Strong overall progress with appointments made and individuals commenced in post. Further IM recruitment did not conclude during the cycle and was carried forward to Cycle 3. The adverts have since closed and appointments are expected by the end of Cycle 3. Progress on executive appointments has not progressed at the same pace and is required to carry forward.			
C2-1.8: OBS team – implement interim and design permanent structure	1.8.1 Assessment of current capabilities in the OBS team, matched against requirements set out in OBS Review and subsequent follow up work	Phil Meakin		30/11/2023
	1.8.3 Proposal on interim OBS structure	Phil Meakin		31/10/2023
	1.8.4 Risk Management function moved into OBS	Phil Meakin		31/10/2023
	1.8.5 Met necessary governance and achieved necessary sign offs to enable full implementation of OBS structure by start of January	Phil Meakin		30/11/2023
	PMO Assurance Comments: Initial work has completed and an interim approach to improving the Office of the Board Secretary (OBS) service to the Health Board was agreed during Cycle 2 and went live on 12 th December 2023, soon after commencement of Cycle 3. The Risk Management function is already working in the OBS and contributing to the wider corporate governance improvements. Interviews for the role of Director of Corporate Governance took place during December and the design of the permanent structure has been deferred until the post holder is in place.			
C2-1.9: Policy management and implementation/audit approach	1.9.1 Present outline approach for Policy Management to Audit Committee on 15/09/2023	Phil Meakin		15/09/2023
	1.9.2 Present final "policy on policies management and implementation approach " to Audit Committee on 09/11/2023	Phil Meakin		09/11/2023
	1.9.3 A stock take of all policies will be undertaken and Exec Team members asked to prioritise the review of policies that they are responsible for"	Phil Meakin		30/11/2023
	PMO Assurance Comments: Policy management approach agreed through the Audit Committee during Cycle 2. The 3 rd milestone around taking the first tranche of policies through the executive team did not complete and has subsequently been revised through a change control to undertake a stock take of all policies. This activity was also rolled forward to cycle 3.			

2. A clear, deliverable plan for 2023/24

Deliverable	Milestones summary text	SRO	Status	Due Date
C1-2.2: Implement escalated financial savings approach for 23/24	2.2.6 All plans to meet the £25.2m savings target to be 100% RAG score Green/Amber	Russell Caldicott		31/10/2023
	2.2.7 Recurrent Investment Group Assurance (RIGA) review completed on all budgeted cost overruns resourced in 2023/24 plans	Russell Caldicott		31/10/2023
	2.2.8 Phase 2: Recurrent Investment Group Assurance (RIGA) Phase 2 to review new investments (£42m) budgeted in 2023/24 plans, including prioritisation exercise considering the schemes from RIGA Phase 1.	Russell Caldicott		30/11/2023
	2.2.9 Review of potential for enhanced financial outturn in conjunction with Welsh Government completed	Russell Caldicott		30/11/2023
	PMO Assurance Comments: Good progress has been made during this cycle and plans to meet the £25.2m savings target having a RAG score of either Green or Amber have been achieved. The Recurrent Investment Group Assurance (RIGA) review has been completed on all budgeted cost overruns in 2023/24 plans, however the review on new investments and the review of potential for enhanced financial outturn will not be complete until cycle 3. RIGA Phase 2 to review new investments (£42m) will be commenced during Cycle 3.			
C1-2.3: Financial & value opportunities for 24/25 & 25/26	2.3.3 Identified savings and efficiency opportunities during the first round of FY24/25 planning	Russell Caldicott		30/11/2023
	PMO Assurance Comments: This milestone did not conclude during Cycle 2 and more robust savings opportunities are required from Divisions. The pressures of identifying savings within the current year has taken priority and the pace of this work will therefore accelerate during Q4.			
C1-2.4: Deliver local plans	2.4.5 Directorate level plans agreed for direct reports to CEO for FY23/24	Russell Caldicott		30/11/2023
	PMO Assurance Comments: The Executive team have endorsed the issue of control totals, with a series of accountability meetings in place to hold teams to account on delivery.			
C1-2.5: Continue supporting and enabling a review of Planning	2.5.3 Receive the first draft report on the outcome of the independent review of integrated planning	Chris Stockport		14/10/2023
	2.5.4 Receive the final report on the independent review of integrated planning	Chris Stockport		31/10/2023
	2.5.5 Planning independent review report submitted to Executive Team and dates agreed for when will be taken to relevant Board sub-committees	Chris Stockport		30/11/2023
	PMO Assurance Comments: The Planning Review has completed however the Health Board has did not receive the report in Cycle 2 due to going through a number of iterations in Welsh Government. The Health Board is ready to move at pace once the report has been received, however this deliverable in its entirety is held up for reasons outside of Health Board control.			

C1-2.6: Contract and procurement management review	2.6.4 Receive the first draft report on the outcome of the independent review of contract procurement management	Russell Caldicott		31/10/2023
	2.6.5 Receive the final report on the outcome of the independent review of contract procurement management	Russell Caldicott		30/11/2023
	2.6.6 Agreed recommendations have been incorporated into the Financial Control Environment Action Plan	Russell Caldicott		30/11/2023
	PMO Assurance Comments: The initial draft report has been received and the Health Board and Welsh Government have held a series of discussions in terms of factual accuracy. The final report was not received during the cycle as originally intended and was carried forward to Cycle 3, and at the time of writing the accuracy checking between the Health Board and Welsh Government was just concluding.			
C1-2.7: Stabilise Finance team and develop capacity	2.7.4 CEO decision reached on proposed supplementary interim resourcing for Finance Department	Russell Caldicott		30/10/2023
	2.7.5 Completed Benchmarking exercise of finance staffing	Russell Caldicott		30/10/2023
	2.7.6 First draft of recurrent Finance staffing requirements	Russell Caldicott		30/11/2023
	PMO Assurance Comments: An interim support team has been established in October and November via secondment opportunities including the Head of Capital, Compliance and Business Improvement role and additional Management Accountant support to the Central IHC team. Benchmarking work has concluded and the results will inform the structure review in the new year. The first draft of the recurrent Finance staffing requirements will be concluded in Cycle 3 and fixed term senior leadership posts will be advertised in early in 2024.			
C1-2.8: Financial Control Environment Action Plan	2.8.7 Signed off Local level SORDs	Russell Caldicott		31/10/2023
	2.8.8 Signed off Health Board SORD	Russell Caldicott		30/11/2023
	2.8.9 Development programme for Finance staff and all other staff exercising financial responsibilities on behalf of the HB agreed, linking in with the Finance Academy partners	Russell Caldicott		30/11/2023
	PMO Assurance Comments: The 2023 Schemes of Delegation (SORDs) and Standing Financial Instructions (SFIs) were presented to the Audit Committee in November and subsequent Board approval was received. Development programme and timetable agreed and awareness and development sessions for key finance staff already delivered which will be extended to other divisions in Cycle 3.			
C2-2.9: Design Integrated Planning Framework and commence implementation	2.9.1 Draft integrated planning framework submitted to executive team	Chris Stockport		13/09/2023
	2.9.2 Integrated planning framework submitted to Board	Chris Stockport		28/09/2023
	2.9.3 Implementation of the integrated planning framework commenced	Chris Stockport		30/11/2023
	PMO Assurance Comments: The Framework was approved by September Board and proceeded to implementation and is informing the submission of plans for 2024/25. As part of continuous learning the Framework remains under review and will be refreshed as required.			

C2-2.10: Design Integrated Performance framework and commence implementation	2.10.1 Draft integrated performance framework submitted to executive team	Russell Caldicott		13/09/2023
	2.10.2 Integrated performance framework submitted to Board	Russell Caldicott		28/09/2023
	2.10.3 Implementation of the integrated performance framework commenced	Russell Caldicott		30/11/2023
	PMO Assurance Comments: The Framework was approved by the September Board and is now being implemented as part of strengthened accountability arrangements, with the Integrated Performance Executive Delivery Group overseeing progress.			

3. Stronger leadership and engagement

Deliverable	Milestones summary text	SRO	Status	Due Date
C1-3.1: Exec Portfolios review recommendations	3.1.4 Receive final Exec Portfolios review report	Jason Brannan		20/10/2023
	3.1.5 Individual and collective discussions on the Exec Portfolio report and wider insights completed	Jason Brannan		10/11/2023
	3.1.6 Agreement of how to progress Exec Portfolio review recommendations reached with Remuneration Committee	Jason Brannan		30/11/2023
	PMO Assurance Comments: The Executive Portfolio review has been completed and the report received by the Health Board. The individual and collective discussions did not conclude by the end of the cycle, but have done early in Cycle 3. The final milestone was retired via the change control process as the Chair advised that this review was now to follow a different route. This is now for the CEO to consider and bring back wider proposals to the Board in due course and this is covered within Cycle 3 milestones.			
C1-3.2: Senior leadership engagement in initial Operating Model restructure stocktake findings	3.2.4 Insights gathered, key themes and next steps for operating model structure stock take reviewed by Executive team	Jason Brannan		30/11/2023
	PMO Assurance Comments: This initial work has completed and a review was undertaken by the Chief Executive Officer (CEO) and the Deputy Director of People on behalf of the Executive team. A decision was taken to extend the small sample review and commission a larger piece of work within Cycle 3 and bring to the full Executive Team in due course.			
C1-3.5: Leadership development	3.5.5 Executive Team development: work outlined and agreed by Board at September Board	Jason Brannan		30/11/2023
	3.5.6 Leadership development approach agreed at November Board	Jason Brannan		30/11/2023
	PMO Assurance Comments: A significant amount of work has taken place in this area including discussions with the Executive Team for feedback on initial Executive Team development proposal, and an external provider has been agreed to commence 1:1's and team development sessions in January 2024. Overall this work has carried forward into Cycle 3 as part of the wider Integrated Leadership Development Framework and the relevant approvals for this work will need to be re-evaluated during Cycle 3.			

C1-3.8: Consider outcome of clinical engagement field work	3.8.5 Outcome of clinical engagement field work considered by Executive Team and aligned to the organisational development plan	Gareth Evans		30/11/2023
	PMO Assurance Comments: All commitments have been met on time throughout. This deliverable will now be retired in Cycle 3 as the work is fully integrated into the Organisational Development Plan and future milestones will be recorded in that section.			
C1-3.9: Patient, family and carer involvement	3.9.13 A draft annual schedule for conversations with communities agreed with the Board	Helen Stevens-Jones		30/11/2023
	3.9.14 The Independent Advisor report on Engagement received	Helen Stevens-Jones		06/10/2023
	3.9.15 The Partnerships, Engagement and Communication function team engaged in a review of the team's purpose	Helen Stevens-Jones		30/11/2023
	PMO Assurance Comments: The Independent Advisor report has been received and reviewed with a wide range of recommendations, and there has been extensive involvement from within and outside of the Partnership, Engagement and Communication (PEC) team around the team purpose. An engagement plan for the remainder of 2023/24 has been shared with the Board and dates agreed. The wider engagement plan for the calendar year 2024 did not conclude by the end of the cycle and was carried forward and has been concluded during January 2024.			
C1-3.10: Implement plans for integrated electronic patient record	3.10.5 Outline case for Tactical ED service blueprint (that can be delivered in 6-12 months) completed	Dylan Roberts		30/11/2023
	3.10.6 Prioritised list of tactical interventions from ED service blueprint evaluated	Dylan Roberts		30/11/2023
	PMO Assurance Comments: A significant amount of diagnostic work has been undertaken with clinical and operational teams resulting in a range of identified improvements, both technical and relating to business change. This is supported by a range of documented options and evidence of collaboration to prioritise. Cycle 2 commitments have been met however the challenge now through a busy winter and beyond will be to ensure that clinicians and operational teams are invested in the delivery of these further changes and that they are aligned to the winter resilience plan.			
C2-3.11: Create an Organisational Development Plan covering the full suite of interventions outside of just the Operating Model structure	3.11.1 Draft Integrated Organisational Development Plan reviewed and discussed at Executive Team	Jason Brannan		31/10/2023
	3.11.2 Proposed Integrated Organisational Development Plan presented to November Board	Jason Brannan		30/11/2023
	PMO Assurance Comments: Work in this area was delayed and carried forward to Cycle 3 where the establishment of an Organisational Development (OD) Steering Group is seen as a significant enabler to developing a plan that is co-produced with the organisation and therefore has wider ownership.			

C2-3.12: Design Culture definition and improvement – taking inputs from all independent reviews	3.12.1 Board Workshop to agree our approach to culture change incorporating multiple sources of insight, including all relevant independent reviews	Jason Brannan		31/10/2023
	3.12.2 Culture Improvement Scoping Phase Project Plan to include identification of resource required and creation of the “case for change”	Jason Brannan		30/11/2023
	PMO Assurance Comments: All independent reviews were appraised along with other sources of insight and the appropriate elements incorporated into the evidence for the case for change. The Board workshop took place on the 1 st December to agree the approach to culture change and an Organisational Development (OD) Steering Group has since been established. Work on the identification of resources required for various stages of the programme commenced during the cycle however this has been rolled forward to Cycle 3 where gaining agreement from the OD steering group is seen as key to future success.			

C2-3.13: Create and commence implementation of plan for replacement of all Interim roles	3.13.1 Paper presented to Remuneration Committee in September containing recommendations from Interims Review	Jason Brannan		30/09/2023
	3.13.2 Interims review actions due by end of November completed	Jason Brannan		30/11/2023
	PMO Assurance Comments: The recommendations from the Interims review were presented to the Remuneration Committee in September. A plan is in place, including enhanced controls, and implementation has commenced with significant reductions noted in staff employed via agency, which is reported locally to committees of the Board and Welsh Government. Some actions were carried forward into Cycle 3 where they have since been confirmed as complete.			

C2-3.14: Introduce the NHS Wales Staff Survey	3.14.1 Communications and Engagement Plan developed to gain maximum engagement with the NHS Wales staff survey	Jason Brannan		08/09/2023
	3.14.2 Health Communities and Pan Services NHS Wales Staff Survey communications and engagement plans developed	Jason Brannan		08/09/2023
	3.14.3 NHS Wales Staff Survey open	Jason Brannan		15/10/2023
	3.14.4 Agreement with Executive Team on how the information and insights coming from the initial NHS Wales staff survey responses will be utilised for learning and improvement	Jason Brannan		30/11/2023
	PMO Assurance Comments: Communication and engagement plans were developed and enacted and the Health Board response rate matches the All-Wales average. Work to agree how the insights will be used was not concluded and was carried forward to Cycle 3.			

4. Improved access, outcomes and experience for citizens

Deliverable	Milestones summary text	SRO	Status	Due Date
	4.2.5 Progress and further develop the Planned Care Elective Care Recovery and Sustainability Plan	Adele Gittoes		30/11/2023
	4.2.6 Detailed Demand & Capacity analysis completed for Top 7 specialities (NHS Executive support requested)	Adele Gittoes		30/11/2023
	4.2.7 Review of RTT Guidance compliance and associated training across the Health Board completed (NHS Executive support requested)	Adele Gittoes		30/11/2023
	4.2.8 Implement clerical validation of open pathways	Adele Gittoes		30/11/2023
	4.2.9 Full Capacity protocol agreed and in place and which guides decisions on elective cancellations	Adele Gittoes		30/09/2023
	4.2.10 Development of a plan to commission additional orthodontic capacity	Adele Gittoes		31/10/2023
PMO Assurance Comments: There has been a continued focus on reduction of extreme waits, with waits over 6yrs now eradicated, and further focus on making inroads into 5yr and 4yr waits. There is also a broader focus on achieving an expected standard of 97% of all open pathways waiting less than 104 weeks with the position of 94.5% achieved. With regards to commissioning additional Orthodontics activity, support has been received from the Welsh Health Specialised Services Committee (WHSSC) and discussions ongoing with the Countess of Chester, although yet to fully conclude. Overall, whilst progress is being made, not all of the agreed milestones for Cycle 2 were completed and these were carried forward to Cycle 3 where they have continued to be progressed. This includes work on Demand and Capacity where support from the NHS Executive has not been realised within the initial timelines.				
C1-4.3: As part of the Planned care Programme, refine the work programme for Orthopaedic care, to include the finalisation of the Orthopaedic expansion business case	4.3.4 Orthopaedic Business Case agreed by Board	Chris Stockport		30/09/2023
	4.3.5 Orthopaedic Business Case presented to Infrastructure Investment Board (WG) on 26.10.23 for final approval and both capital and revenue funding	Chris Stockport		30/11/2023
	PMO Assurance Comments: The Business Case was approved by the Board in September and submitted to Welsh Government. This was subsequently approved by the WG Infrastructure and Investment Board, and then final approval given by the Health Minister.			
C1-4.5a: Vascular improvement plan	4.5a.6 Vascular review reports and recommendations (parts 1 and 2) received	Nick Lyons		30/11/2023
	4.5a.7 Actions to address Vascular Review recommendations incorporated into the Vascular improvement plan and implementation commenced	Nick Lyons		30/11/2023
	4.5a.8 Continued Executive Team review of Vascular Steering Group progress and priorities	Nick Lyons		30/11/2023
	PMO Assurance Comments: The receipt of reports during Cycle 2, including the Independent Review Part 1, which has subsequently been reviewed at a QSE Development Session in December, means that traction is being maintained and the Improvement Plan adapting accordingly. Part 2 relates to the external case note review which is yet to conclude. The Vascular Steering Group continues to meet with the latest review falling just beyond Cycle 2, and close executive oversight remains in place. Cycle 3 will see an important shift forward in both agreeing a range of pathways at the Clinical Effectiveness Group (CEG) and in particular the Emergency Diabetic Foot			

	pathway being implemented with a clinical audit cycle alongside in order to monitor access, outcomes and experience.			
C1-4.5b: Urology improvement plan	4.5b.5 Royal College of Surgeons Urology review and recommendations received	Nick Lyons		31/10/2023
	4.5b.6 Actions to address Urology review recommendations incorporated into the Urology improvement plan	Nick Lyons		16/11/2023
	4.5b.7 Updated Urology Improvement Plan, including both the GIRFT and RCS recommendations, presented to Executive Team for agreement on priorities of the service.	Nick Lyons		30/11/2023
	PMO Assurance Comments: It is evident that progress in relation to processing the report is being made and that decisions have been made to ensure a robust and sensitive review of the report. This has elongated that phase of the process and the Executive Team review also had to be deferred as a result of the work on industrial action. Revised timelines are now in place leading to review at QSE in February.			
C1-4.5c: Ophthalmology improvement plan	4.5c.5 Integrated Eye Care Group established to oversee development and delivery of eye care service model	Adele Gittoes		30/11/2023
	4.5c.6 Integrated Eye Care service model and associated delivery plan development progressed	Adele Gittoes		30/11/2023
	4.5c.7 Ophthalmology Train and Treat implemented	Adele Gittoes		14/11/2023
	4.5c.8 Ophthalmology Pan BCU Clinical Lead appointed	Adele Gittoes		30/11/2023
	4.5c.9 Ophthalmology R1 Clinical validation (Longest-Waiting R1s) completed	Adele Gittoes		30/11/2023
	PMO Assurance Comments: The early groundwork around the plan has been progressed and an improvement group established to oversee, however the solutions required to deliver improvements in performance and reduction in risk have been delayed. This requires resolution and an agreed way forward, including financial agreements are required in Cycle 3.			
C1-4.5d: Oncology improvement plan	4.5d.4 Establish long term Clinical Oncologist on-call cover for Saturdays as part of job planning	Nick Lyons		30/11/2023
	4.5d.5 Appoint Clinical Radiotherapy Lead, with a key responsibility being to support liaison and working with other Welsh cancer centres	Nick Lyons		30/11/2023
	4.5d.6 Explore joint appointment opportunities with Bangor University	Nick Lyons		30/11/2023
	PMO Assurance Comments: It is evident that strong progress is being made with regards to stabilising this service and work was therefore scheduled into Cycle 3 for the Executive Team to review readiness for transitioning towards standardisation. Acceleration of early work to explore joint appointment opportunities with Bangor University will be a key activity within Cycle 3.			

C1-4.5e: Dermatology improvement plan	4.5e.4 Agreed plan in place for Dermatology in the West, whilst wider Dermatology model is worked through	Adele Gittoes		30/10/2023
	4.5e.5 Complete a clinically led options appraisal to address medium term risk pan BCUHB in relation to Dermatology Cancer	Adele Gittoes		31/10/2023
	4.5e.6 Teledermoscopy model implementation commenced (subject to outcome of WG bid)	Adele Gittoes		30/11/2023
	4.5e.7 Dermatology improvement plan and delivery framework further strengthened	Adele Gittoes		30/11/2023
	4.5e.8 Pan BCU Dermatology Clinical Lead appointed	Adele Gittoes		30/11/2023
PMO Assurance Comments: This service remains under significant challenge and the waiting times for patients with skin cancer continues to deteriorate which poses a clinical and organisational risk, and a number of milestones were carried forward. There is clearly however a huge amount of focus being applied to rectify the situation, but lots more to do in Cycle 3.				
C1-4.5f: Plastics improvement plan	4.5f.4 Contract with St Helens & Knowsley in place, with a consistent partnership clinical model and data sharing model operating across BCUHB	Adele Gittoes		30/10/2023
	4.5f.5 Initial review of plastics patients completed, as agreed with WHSSC and St Helens & Knowsley	Adele Gittoes		30/11/2023
PMO Assurance Comments: The Service Level Agreement being coordinated by the Welsh Health Specialised Services Committee (WHSSC) with additional focus during Cycle 3 to bring this to a conclusion. Both milestones were carried forward with revised dates of 29 th February 2024 and good progress is being made.				
C1-4.6: Mental Health review of previous reviews – phase 2	4.6.5 Royal College of Psychiatry interview schedule developed and interviews undertaken	Teresa Owen		04/10/2023
	4.6.6 Royal College of Psychiatry visit schedule developed and undertaken	Teresa Owen		10/11/2023
PMO Assurance Comments: All interviews and visits undertaken on schedule, and a draft copy of the report was subsequently received during Cycle 3.				
C1-4.7: Mental Health Inpatients Safety review - phase 2	4.7.4 Action plan agreed by MHLD SLT to fully address the recommendations of the NCCU/NHSE Mental Health Inpatient Safety review	Teresa Owen		31/10/2023
PMO Assurance Comments: Detailed action plan received which has been approved through the Mental Health Senior Leadership Team and subsequently submitted and a management response using a thematic approach has also been submitted to this committee. A working group with agreed terms of reference has now been established and progress will be tracked by fortnightly meetings, and arrangements being made for a re-review.				

C1-4.8a: CAMHS improvement plan	4.8a.5 Executive Team review held on CAHMS improvement progress and priorities	Adele Gittoes		30/11/2023
	4.8a.6 Test, and then refine, the CAMHS Recovery plan	Adele Gittoes		30/11/2023
	PMO Assurance Comments: The plan has undergone the scheduled review and documentation received along with evidence of the Executive review, resulting in both Cycle 2 milestones being complete. The review at Executive team did however unearth some concerns regarding progress and a request to return in the new year, therefore further work required on the plan during Cycle 3.			
C1-4.8b: Neurodiversity improvement plan	4.8b.4 Executive Team review held on ND improvement progress and priorities	Adele Gittoes		30/11/2023
	4.8b.5 Continuous review and update of the ND Programme Plan	Adele Gittoes		30/11/2023
	4.8b.6 ND tender for private provision of assessments awarded	Adele Gittoes		30/11/2023
	PMO Assurance Comments: The plan has undergone the scheduled review and documentation received along with the executive review. The subsequent challenge is similar to CAMHS in the need to accelerate progress in Cycle 3 into delivery of improvement. The award of the tender remains outstanding and this will be a pressing action for Cycle 3.			
C1-4.9a: Revised UEC Programme and improvement in: 1) ED triage times, 2) ED assessment waits, 3) 4-hour ambulance	4.9a.6 Urgent Primary Care Review completed to assess effectiveness of UPCCs and learning from across BCUHB and Wales	Adele Gittoes		30/11/2023
	4.9a.7 UEC live dashboard developed for use by operational and clinical staff to inform key risk and harm i.e., ED triage and assessment times, handover waits etc	Adele Gittoes		30/10/2023
	4.9a.8 Revised UEC protocols, including the Full Capacity Protocol and 4-hour ambulance delay escalation to Executive Director of Operations Protocol, approved by Executive Team and being enacted	Adele Gittoes		30/09/2023
	4.9a.9 Implement Integrated Urgent and Emergency Care Plan	Adele Gittoes		30/11/2023
	PMO Assurance Comments: The full capacity protocol and ambulance delay escalation procedure were approved by the Executive Team and are now operational, and the UEC dashboards are now live and in use to dynamically assess risk. Conclusion of the work on Urgent Primary Care Centres (UPCC's) remains outstanding and is required to draw to a close during Cycle 3, in particular given the external scrutiny in this area. Whilst progress was made in relation to the plan, further work is required to carry forward.			
C1-4.9b: UEC Winter Planning	4.9b.5 Stakeholder round table discussion held to finalise winter resilience plan (including Social Care partners)	Adele Gittoes		22/09/2023
	4.9b.6 UEC Winter resilience plan signed off by Executive Team	Adele Gittoes		30/10/2023
	PMO Assurance Comments: A stakeholder round table discussion was held to finalise the winter resilience plan including social care partners. It was agreed that the Winter Resilience plan would be presented to the Board for approval which took place in November.			

C2-4.10: Orthopaedic improvement plan	4.10.1 Abergele orthopaedic model commenced with increased focus on throughput and increased utilisation (at Abergele and DGH sites following transfer of activity)	Adele Gittoes		11/09/2023
	4.10.2 Overarching Orthopaedics plan developed, including Orthopaedic GIRFT recommendations	Adele Gittoes		30/11/2023
	PMO Assurance Comments: The Abergele Orthopaedic model has commenced with the proof of concept completed. The overarching Orthopaedic plan has been developed including the uptake of GIRFT recommendations and development of an Orthopaedic hub at Llandudno hospital, and these are being supplemented by further performance assessment and local engagement.			

5. A learning and self-improving organisation

Deliverable	Milestones summary text	SRO	Status	Due Date
C1-5.1: Develop a 'Learning Organisation' Framework, including a single repository for all organisational learning	5.1.4 Draft Learning Organisation framework updated based on feedback from stakeholders/critical friends	Jason Brannan		31/10/2023
	5.1.5 An engagement event held with clinical colleagues to explore what clinicians would need from a 'staff-facing' version of the Learning Organisation Framework	Jason Brannan		31/10/2023
	5.1.6 A Learning Organisation Readiness and Capability Assessment (LORCA) developed to test current organisational readiness for becoming a Learning Organisation	Jason Brannan		09/11/2023
	5.1.7 An initial 'organisational learning repository' platform developed with colleagues from Informatics and Comms	Jason Brannan		30/11/2023
	5.1.8 MHLD safety related learning is one of the early adopters of the Learning Organisation process and approach	Jason Brannan		30/11/2023
	PMO Assurance Comments: Good progress being made and the draft Learning Organisation Framework (LOF) has been updated based on feedback sought and received. This was supplemented by an engagement event held on the 28 th November with over 60 staff attending, all feeding into an assessment of organisational readiness. Activities around a single repository are underway with support from DDaT however this was carried forward into Cycle 3 where work continues. The work around Mental Health was also deferred into Cycle 3 whilst the relevant products were developed to test, and this has subsequently commenced.			

C1-5.2: Effective procedures for learning from incidents and preparing for inquests and HSE	5.2.5 Fully engaged with pilot of National Learning Framework alongside NHS Executive Wales	Angela Wood		10/11/2023
	5.2.6 Revised SOP for inquests (incl monitoring system) agreed by Executive Team	Angela Wood		20/10/2023
	5.2.7 Refined SOP for escalating coronial matters regarding concerns/breaches/progress to the Executive Medical Director implemented, enabling proactive management prior to Coroner intervention	Angela Wood		30/11/2023
	PMO Assurance Comments: Documented evidence of new procedures being in place and approved through appropriate governance routes. Oversight arrangements are in place via the Executive Medical Director's Office to ensure issues around timeliness of submissions which have been raised by the Coroner are addressed. Further corporate support has also been agreed to ensure a programmatic approach is taken and the appropriate learning is gleaned. Work around the development of the Quality Dashboard which will go live during the Cycle 3 will be another important step along our journey, providing timely insights to areas of concern.			
C1-5.4: Transformation & Improvement support	5.4.4 Transformation & Improvement resource allocation proposal agreed at HBLT implemented (including consideration of hand over of previous work)	Chris Stockport		30/09/2023
	PMO Assurance Comments: The work agreed by the Health Board Leadership Team (HBLT) in Cycle 2 was implemented following discussions with the Executive Director of Public Health and the Interim Executive Director of Operations via the Operational Leadership Team (OLT). The effectiveness of this new resource allocation approach is being monitored by the Transformation & Strategic Planning Exec led Delivery Group as well as PFIG.			
C1-5.5: Implement an enhanced Healthcare Public Health programme	5.5.4 Proposed Enhanced Healthcare Public Health programme reviewed at Executive Team	Teresa Owen		31/10/2023
	5.5.5 Enhanced Healthcare public health programme commenced	Teresa Owen		30/11/2023
	PMO Assurance Comments: The Programme was reviewed at Executive Team in September and enacting the programme has commenced, with Diabetes identified as the first point of focus.			
C1-5.6: Embed Special Measures assurance approach	5.6.5 Final SoP (s) for Special Measures Assurance signed off by SRO	Chris Stockport		10/11/2023
	PMO Assurance Comments: The Standard Operating Procedure was submitted and approved by the SRO within the agreed timescales.			

C1-5.7: Implement proposal to become an intelligence led organisation	5.7.7 Actions taken to increase clinical engagement with data in relation to planned care	Dylan Roberts		31/10/2023
	5.7.8 Training and guidance provided in the use of Information products through an established schedule of awareness / drop-in sessions	Dylan Roberts		31/10/2023
	5.7.9 IRIS structure and content reviewed – to standardise and make information products more readily available across a wider audience – one report, many purposes	Dylan Roberts		30/11/2023
	5.7.10 A measurement framework / data catalogue developed for core measures managed by the Data, Intelligence & Insight Team. This will include sources, reporting criteria and publication details	Dylan Roberts		30/11/2023
	5.7.11 Scope a data strategy aligned with the development of the Health Board's Digital Strategy	Dylan Roberts		30/11/2023
PMO Assurance Comments: A scoping exercise has been undertaken which identifies 6 key themes for the Data Strategy and is informing next steps, and this is supplemented by a draft data catalogue framework, with the first iteration focusing on data within the Planning Minimum Dataset (MDS). Clinical engagement work has also progressed as part of the Planned Care programme with a data workstream established, led by Medical and Nursing Information Officers and underpinned by a Terms of Reference. Activities around training and a review of IRIS met with some constraints around staff availability and have been carried forward to Cycle 3.				

▪ Appendix 2: Change Control

Summary of Changes

Introduction

Any changes requested in relation to a Special Measures Deliverable or Milestone are required to go through a change control process and these changes are governed by a Standard Operating Procedure (SOP). The Senior Responsible Officer (SRO) decides whether any changes can be implemented '**at risk**' in the interim (in order to prevent any operational delays) before being presented to the Board for consideration of final endorsement.

Change Log

The following table summarises the changes that have been approved by the SRO for interim implementation since the Change Log was last presented to Board.

Reference no: 19	
Change Proposed	Remove milestone 4.3.3 of present Orthopaedic Business Case to Board and replace with a new milestone regarding Welsh Government approval of the Business Case.
Rationale for Change	The wording of milestone 4.3.3 was very similar to 4.3.4 of "agreed by the Board". This was considered duplicative whilst the required approval from Welsh Government that was subsequently required did not feature.
New Milestone for addition (approved by SRO)	4.3.5 Orthopaedic Business Case presented to Infrastructure Investment Board (WG) on 26.10.23 for final approval and both capital and revenue funding
Milestone for deletion (approved by SRO)	4.3.3 Present Orthopaedic Business Case to Board

Reference no: 20	
Change Proposed	Change of wording of milestone 1.4.4. regarding new Board Development Programme, from " <i>agreed by Board</i> " to " <i>agreed by Chair of the Board</i> ".
Rationale for Change	The Chair outlined the importance of protecting scarce Board meeting time and that following appropriate consultation with members regarding content that as Chair he was able to approve on behalf of the Board.
Original Milestone	Phase 1 of the New Board development programme agreed by Board Members.
Revised Milestone (approved by SRO)	Phase 1 of the New Board development programme agreed by the Chair of the Board.

Reference no: 21	
Change Proposed	Change of wording for milestone 1.3.4. regarding new Board Induction Programme, from <i>"agreed by Board"</i> to <i>"agreed by Chair of the Board"</i>
Rationale for Change	The Chair outlined the importance of protecting scarce Board meeting time and that following appropriate consultation with members regarding content that as Chair he was able to approve on behalf of the Board.
Original Milestone	New Board induction programme for IMs agreed by Board Members
Revised Milestone (approved by SRO)	New Board induction programme for IMs agreed by Chair of the Board

Reference no: 22	
Change Proposed	Change of wording for milestone 1.8.3 from <i>"permanent OBS structure"</i> to <i>"interim OBS structure"</i>
Rationale for Change	Developing the proposal for the permanent structure requires the Director of Corporate Governance in post. This milestone had been unintentionally labelled as permanent.
Original Milestone	Proposal on permanent OBS structure [received]
Revised Milestone (approved by SRO)	Proposal on interim OBS structure [received]

Reference no: 23	
Change Proposed	Changed scope regarding milestone 1.9.3.
Rationale for Change	A revised approach is now being taken which involves adding a step within this process requiring each Executive to prioritise policies for review, with the actual approvals commencing from March 2024 onwards. This represents a more realistic scope within this cycle.
Original Milestone	1.9.3 First tranche of new or revised priority policies presented to Executive Team for approval (This is an extensive programme of policy reviews that will need an 18-month programme)
Revised Milestone (approved by SRO)	1.9.3 A stock-take of all policies will be undertaken and Exec Team members asked to prioritise the review of policies that they are responsible for by end of January 2024

Reference no: 24	
Change Proposed	Proposal to retire milestone 3.1.6 relating to the need for the Remuneration Committee to agree how to progress the Executive Portfolio Review recommendations.
Rationale for Change	The Chair outlined this was for the now substantive CEO to take forward and bring proposals to the Board in due course and this is included within Cycle 3 milestones (1.11.2)
Milestone to be retired (approved by SRO)	Agreement of how to progress Exec Portfolio review recommendations reached with Remuneration Committee.

Reference no: 25	
Change Proposed	Change the Executive Lead for Executive team recruitment from Director of Governance to Deputy Director of Workforce and OD for Milestone 1.7.10
Rationale for Change	This milestone (along with milestone 1.7.8 around CEO recruitment) had been incorporated into a broader deliverable around Board recruitment and had inadvertently led to the wrong responsible officer being assigned to this milestone.
Relates to Milestone	1.7.10 "Exec recruitment: Adverts live to close gaps in Executive Team where appropriate (dependent on Exec Portfolio Review and Senior HR Cases)"

Reference no: 27	
Change Proposed	Strengthen the wording of milestone 2.2.8 regarding Recurrent Investment Group Assurance (Phase 2 RIGA review) and retire Cycle 3 milestone 2.2.10 which is a duplication of 2.2.8, created in error.
Rationale for Change	The wording of milestone 2.2.8 requires clarification so that it is clear the scope relates to the Phase 2 £42m budget. In addition, cycle 3 milestone 2.2.10 was created in error as it duplicates 2.2.8. Therefore milestone 2.2.10 requires deletion.
Original Milestone	2.2.8 Recurrent Investment Group Assurance (RIGA) review completed on new investments budgeted in 2023/24 plans
Revised Milestone (approved by SRO)	2.2.8 Phase 2: Recurrent Investment Group Assurance (RIGA) Phase 2 to review new investments (£42m) budgeted in 2023/24 plans, including prioritisation exercise considering the schemes from RIGA Phase 1.
Milestone for deletion (approved by SRO)	2.2.10 Phase 2: Recurrent Investment Group Assurance (RIGA) Phase 2 to review new investments (£42m) budgeted in 2023/24 plans, including prioritisation exercise considering the schemes from RIGA Phase 1

NOTE: Change control items 26 and 28 are not listed above as they were draft change controls that were later superseded by items listed above.

■ Appendix 3: Cycle 2 milestones carried forward (with revised dates)

1. A well-functioning Board				
Deliverable	Milestones	Exec Lead	Original Due Date	Revised due date
C1-1.7: Permanent Chair/IM/CEO/Exec recruitment – dependent on Exec Portfolio Review and Senior HR Cases	1.7.9 4x Permanent IMs recruitment: “Phase 3” job adverts closed	Phil Meakin	30/11/2023	31/01/2024
	1.7.10 Exec recruitment: Adverts live to close gaps in Executive Team where appropriate (dependent on Exec Portfolio Review and Senior HR Cases)	Jason Brannan	30/11/2023	29/02/2024
C2-1.8: OBS team – implement interim and design permanent structure	1.8.5 Met necessary governance and achieved necessary sign offs to enable full implementation of OBS structure by start of January	Phil Meakin	30/11/2023	31/07/2024*
C2-1.9: Policy management and implementation/audit approach	1.9.3 A stock take of all policies will be undertaken and Exec Team members asked to prioritise the review of policies that they are responsible for	Phil Meakin	30/11/2023	31/01/2024

2. A clear, deliverable plan for 2023/24				
Deliverable	Milestones	Exec Lead	Original Due Date	Revised due date
C1-2.2: Implement escalated financial savings approach for 23/24	2.2.8 Phase 2: Recurrent Investment Group Assurance (RIGA) Phase 2 to review new investments (£42m) budgeted in 2023/24 plans, including prioritisation exercise considering the schemes from RIGA Phase 1.	Russell Caldicott	30/11/2023	29/02/2024
	2.2.9 Review of potential for enhanced financial outturn in conjunction with Welsh Government completed	Russell Caldicott	30/11/2023	29/02/2024
C1-2.3: Financial & value opportunities for 24/25 & 25/26	2.3.3 Identified savings and efficiency opportunities during the first round of FY24/25 planning	Russell Caldicott	30/11/2023	29/02/2024
C1-2.5: Continue supporting and enabling a review of Planning	2.5.3 Receive the first draft report on the outcome of the independent review of integrated planning	Chris Stockport	14/10/2023	31/01/2024
	2.5.4 Receive the final report on the independent review of integrated planning	Chris Stockport	31/10/2023	31/01/2024
	2.5.5 Planning independent review report submitted to Executive Team and dates agreed for when will be taken to relevant Board sub-committees	Chris Stockport	30/11/2023	25/01/2024
C1-2.6: Contract and procurement management review	2.6.5 Receive the final report on the outcome of the independent review of contract procurement management	Russell Caldicott	30/11/2023	31/01/2024
	2.6.6 Agreed recommendations have been incorporated into the Financial Control Environment Action Plan	Russell Caldicott	30/11/2023	29/02/2024
C1-2.7: Stabilise Finance team and develop capacity	2.7.6 First draft of recurrent Finance staffing requirements	Russell Caldicott	30/11/2023	29/02/2024

3. Stronger leadership and engagement				
Deliverable	Milestones	Exec Lead	Original Due Date	Revised due date
C1-3.1: Exec Portfolios review recommendations	3.1.5 Individual and collective discussions on the Exec Portfolio report and wider insights completed	Jason Brannan	10/11/2023	31/01/2024
C1-3.5: Leadership development	3.5.5 Executive Team development: work outlined and agreed by Board at September Board	Jason Brannan	30/11/2023	31/01/2024
	3.5.6 Leadership development approach agreed at November Board	Jason Brannan	30/11/2023	31/01/2024
C1-3.9: Patient, family and carer involvement	3.9.13 A draft annual schedule for conversations with communities agreed with the Board	Helen Stevens-Jones	30/11/2023	31/01/2024
C2-3.11: Create an Organisational Development Plan covering the full suite of interventions outside of just the Operating Model structure	3.11.1 Draft Integrated Organisational Development Plan reviewed and discussed at Executive Team	Jason Brannan	31/10/2023	31/01/2024
	3.11.2 Proposed Integrated Organisational Development Plan presented to November Board	Jason Brannan	30/11/2023	31/01/2024
C2-3.12: Design Culture definition and improvement – taking inputs from all independent reviews	3.12.2 Culture Improvement Scoping Phase Project Plan to include identification of resource required and creation of the “case for change”	Jason Brannan	30/11/2023	31/01/2024
C2-3.13: Create and commence implementation of plan for replacement of all Interim roles	3.13.2 Interims review actions due by end of November completed	Jason Brannan	30/11/2023	31/01/2024
C2-3.14: Introduce the NHS Wales Staff Survey	3.14.4 Agreement with Executive Team on how the information and insights coming from the initial NHS Wales staff survey responses will be utilised for learning and improvement	Jason Brannan	30/11/2023	31/01/2024

4. Improved access, outcomes and experience for citizens				
Deliverable	Milestones	Exec Lead	Original Due Date	Revised due date
C1-4.2: Planned Care	4.2.6 Detailed Demand & Capacity analysis completed for Top 7 specialities (NHS Executive support requested)	Adele Gittoes	30/11/2023	29/02/2024
	4.2.7 Review of RTT Guidance compliance and associated training across the Health Board completed (NHS Executive support requested)	Adele Gittoes	30/11/2023	29/02/2024
	4.2.8 Implement clerical validation of open pathways	Adele Gittoes	30/11/2023	31/03/2024*
C1-4.5a: Vascular improvement plan	4.5a.6 Vascular Review reports and recommendations (parts 1 and 2) received.	Nick Lyons	30/11/2023	29/02/24
C1-4.5b: Urology improvement plan	4.5b.7 Updated Urology Improvement Plan, including both the GIRFT and RCS recommendations, presented to Executive Team for agreement on priorities of the service.	Nick Lyons	30/11/2023	19/01/2024
C1-4.5c: Ophthalmology improvement plan	4.5c.7 Ophthalmology Train and Treat implemented	Adele Gittoes	14/11/2023	29/02/2024
	4.5c.8 Ophthalmology Pan BCU Clinical Lead appointed	Adele Gittoes	30/11/2023	29/02/2024
	4.5c.9 Ophthalmology R1 Clinical validation (Longest-Waiting R1s) completed	Adele Gittoes	30/11/2023	29/02/2024
C1-4.5e: Dermatology improvement plan	4.5e.5 Complete a clinically led options appraisal to address medium term risk pan BCUIB in relation to Dermatology Cancer	Adele Gittoes	31/10/2023	29/02/2024
	4.5e.6 Teledermoscopy model implementation commenced (subject to outcome of WG bid)	Adele Gittoes	30/11/2023	29/02/2024
	4.5e.7 Dermatology improvement plan and delivery framework further strengthened	Adele Gittoes	30/11/2023	29/02/2024
	4.5e.8 Pan BCU Dermatology Clinical Lead appointed	Adele Gittoes	30/11/2023	29/02/2024
C1-4.5f: Plastics improvement plan	4.5f.4 Contract with St Helens & Knowsley in place, with a consistent partnership clinical model and data sharing model operating across BCUIB	Adele Gittoes	30/10/2023	29/02/2024
	4.5f.5 Initial review of dermatology patients completed, as agreed with WHSSC and St Helens & Knowsley	Adele Gittoes	30/11/2023	29/02/2024
C1-4.8b: Neurodiversity improvement plan	4.8b.6 ND tender for private provision of assessments awarded	Adele Gittoes	30/11/2023	29/02/2024
C1-4.9a: Revised UEC Programme and improvement in: 1) ED triage times, 2) ED assessment waits, 3) 4-hour ambulance handovers	4.9a.6 Urgent Primary Care Review completed to assess effectiveness of UPCCs and learning from across BCUIB and Wales	Adele Gittoes	30/11/2023	29/02/2024
	4.9a.9 Implement Integrated Urgent and Emergency Care Plan	Adele Gittoes	30/11/2023	29/02/2024

5. A learning and self-improving organisation				
Deliverable	Milestones	Exec Lead	Original Due Date	Revised due date
C1-5.1: Develop a 'Learning Organisation' Framework, including a single repository for all organisational learning	5.1.7 An initial 'organisational learning repository' platform developed with colleagues from Informatics and Comms	Jason Brannan	30/11/2023	29/02/2024
	5.1.8 MHL D safety related learning is one of the early adopters of the Learning Organisation process and approach	Jason Brannan	30/11/2023	29/02/2024
C1-5.7: Implement proposal to become an intelligence led organisation	5.7.8 Training and guidance provided in the use of Information products through an established schedule of awareness / drop-in sessions	Dylan Roberts	31/10/2023	29/02/2024
	5.7.9 IRIS structure and content reviewed – to standardise and make information products more readily available across a wider audience – one report, many purposes	Dylan Roberts	30/11/2023	29/02/2024

* Milestones with revised due dates after Cycle 3.



Teitl adroddiad: <i>Report title:</i>	Special Measures Cycle 3 Closure Report			
Adrodd i: <i>Report to:</i>	Performance, Finance and Information Governance Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	21 st March 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The purpose of this paper is to close down the third and final Special Measures 90-day cycle within the Stabilisation phase. The paper supplements the 'One Year On' Special Measures Annual Board report and provides a detailed assurance rating against all milestones that were tracked during the cycle, including those that were carried forward from Cycle 2.			
Argymhellion: <i>Recommendations:</i>	The PFIG committee is asked to NOTE the overall progress made along with the challenges highlighted.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Carol Shillabeer, Chief Executive (Accountable Officer) Dr Chris Stockport, Executive Director of Transformation & Strategic Planning (Lead Executive)			
Awdur yr Adroddiad: <i>Report Author:</i>	Geraint Parry, Special Measures Programme			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>		To support Special Measures		

Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	Not applicable
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	Not applicable
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Not applicable
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i>	Not applicable
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	Not applicable
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Camau Nesaf: <i>Next Steps:</i> Implementation of recommendations	
Rhestr o Atodiadau: <i>List of Appendices:</i> Appendix 1 – Summary of Cycle 3 milestones	

Special Measures Cycle 3 Closure Report

■ Introduction

This report supplements the 'One Year On' Special Measures Annual Board report and presents a summary of the overall position against the Cycle 3 milestones (December 2023 to February 2024). This over-arching summary builds upon the assurance reports that have been presented to Committees of the Board for the areas that they have agreed to have oversight of. The report provides a complete assessment against all of the agreed milestones based at time of writing in March.

The report identifies some of the key points of learning from the third cycle which are being applied moving forward, and which have informed the development of the Annual Plan for 2024/25 as the Special Measures response is integrated into the wider Planning process.

■ Cycle 3 Closure Approach

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

The overall approach has followed a similar format to previous cycles whereby key meetings are held internally and externally. The Executive Team undertook mid-cycle reviews to track progress and undertake remedial action where milestones were reported at risk of being off track. The external forums such as the Special Measures Assurance Board and the Ministerial Forum have continued to provide the necessary support and challenge to the overall progress being made.

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

▪ Cycle 3 Closure Summary

The following table provides a high-level summary against the milestones committed to within this third cycle. Work is now underway to ensure continual tracking of those milestones that have not quite concluded whilst integrating the larger pieces of ongoing work required into the Annual Delivery Plan for 2024/25.

Outcome	Completed Milestones	Overdue	Total
Outcome 1: A well-functioning Board	13	3	16
Outcome 2: A clear, deliverable plan for 2023/24	15	2	17
Outcome 3: Stronger leadership and engagement	23	6	29
Outcome 4: Improved access, outcomes and experience for citizens	27	24	51
Outcome 5: A learning and self-improving organisation	15	4	19
Overall	93	39	132

Table 1 – Cycle 3 milestone completion rate by Outcome

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

▪ Learning from Cycle 3

The Health Board has continued to undertake an iterative learning approach as we progress through each of the cycles. Much of the learning remains in a similar vein to that described during the first two cycles, with the pace required within a discrete 90-day cycle period continuing to prove demanding. This leaves little margin for course correction when unforeseen delays occur or when in-cycle adaptation is required to better meet the emerging needs of the Health Board.

A particular impact during this third cycle has been the combined impact of the Christmas and New Year period, winter pressures and their impact for key individuals along with the industrial action which further exacerbated those pressures. These issues combined made for a particularly challenging final cycle and this learning will be factored into future planning in order that known or potential constraints are considered when agreeing commitments for particular time periods.

The overall assessment is that now the first three cycles have provided the necessary pace and traction it is important for us to build our longer term approach to success. This includes evolving the five Special Measures outcomes into strategic objectives for the organisation and beginning to embed the required changes. This will also include developing our approach to major change and focusing scarce organisational resource on fewer, bigger challenges and setting them up for success.

■ Conclusion

The Organisation has made significant strides through each of the 90-day cycles within the Stabilisation phase and these are outlined in more detail within the Special Measures Annual Report which this milestone summary is appended to. The foundations have been laid for longer term change and a significant amount of discovery work has been completed both via internal mechanisms and through the Independent Review process.

The Health Board is now in a much more stable position and well placed to move forward in its improvement journey to build a more effective and sustainable organisation for the long term.

■ Appendix 1: Summary of Cycle 3 Milestones

Key:	Completed	Overdue
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1. A well-functioning Board

Deliverable	Milestones summary text	SRO	Status	Due Date
C1-1.5: All committees with assigned IMs operational	1.5.7 Phase 2 - Approval at January Board of full and finalised Corporate Governance arrangements outlined in the OBS Review and highlighted below: 1. ToR for all Committees 2. Confirmed membership for each Committee 3. Cycle of Business for each Committee 4. Corporate Calendar for 2024/25	Phil Meakin		31/01/24
	PMO Assurance Comments: The Terms of Reference for all committees were all ratified at the January Board and the Corporate Calendar has now been agreed and distributed.			
	1.5.8 Findings from the Independent Review reports available received by each of the relevant Board Sub Committees.	Phil Meakin		29/02/24
	PMO Assurance Comments: All of the Independent Reviews received by the Health Board have been actioned accordingly, with Vascular being presented to a development session in December and the management response being prepared for formal QSE committee. Arrangements are in place for a PFIG development session to receive the Contract Procurement and Planning reviews on the 21 st March. The Mental Health Review of Reviews has also now been received and arrangements are being made for this to be presented to the appropriate committee.			
	1.5.9 Committee Business Management Group (CBMG) re-introduced and scheduled to take place on a quarterly basis	Phil Meakin		29/02/24
C1-1.7: Permanent Chair/IM/CEO/Exec recruitment – dependent on Exec Portfolio Review and Senior HR Cases	PMO Assurance Comments: The re-introduction of the Committee Business Management Group was deferred until a full set of Independent Members (IM's) have been appointed. The existing Terms of Reference is being reviewed as the basis for the functioning of the group moving forward and now the full set of IM's are in place this work will recommence.			
	1.7.9 4x Permanent IMs recruitment: "Phase 3" job adverts closed	Phil Meakin		31/01/24
	PMO Assurance Comments: The adverts for the Independent Members have closed and the Minister has now announced the 4 appointments.			
	1.7.10 Exec recruitment: Adverts live to close gaps in Executive Team where appropriate (dependent on Exec Portfolio Review and Senior HR Cases)	Jason Brannan		31/01/24
C2-1.8: OBS team – implement interim	PMO Assurance Comments: The advert for the Executive Director of Workforce and Organisational Development is now live. Preparation for the advertisement of additional posts has continued in the background whilst the constraints that were acknowledged at the start of the cycle have been worked through. Further progress and additional adverts are expected in the near term following Welsh Government review of Job descriptions.			
	1.8.5 Met necessary governance and achieved necessary sign offs to enable full implementation of OBS structure by start of January	Phil Meakin		31/07/2024

and design permanent structure	PMO Assurance Comments: The work around the permanent structure has been deferred until the new post holder for Director of Corporate Governance is in place.			
	1.8.6 Director of Corporate Governance recruitment: Interviews held (this appointment will enable the design and implementation of the permanent structure)	Phil Meakin		31/12/23
	PMO Assurance Comments: The recruitment has completed for a Director of Corporate Governance with a start date of 1 st April.			
	1.8.7 Interim OBS structure agreed by CEO and Chair, and implementation has completed	Phil Meakin		31/01/24
	PMO Assurance Comments: The Interim structure for the Office of the Board secretary has been agreed and implemented.			
C2-1.9: Policy management and implementation/audit approach	1.9.3 A stock take of all policies will be undertaken and Exec Team members asked to prioritise the review of policies that they are responsible for.	Phil Meakin		31/01/24
	PMO Assurance Comments: The stock take of policies has completed and was presented to the Executive Team during February and it was agreed to undertake further consultation. Further meetings with Executive colleagues have been scheduled to review their areas.			
	1.9.4 The final "Policy on Policies" document approved at Audit Committee in January 2024	Phil Meakin		31/01/24
	PMO Assurance Comments: The Audit committee approved this document at its meeting in March.			
C3-1.10: Progress implementation of the risk management framework	1.10.1 Risk Management Training reflecting the new Risk Management Framework design and tested	Phil Meakin		29/02/24
	PMO Assurance Comments: The updated risk management training plan was approved at the Risk Management Group on the 6 th February.			
	1.10.2 Final format for the Board Assurance Framework agreed by Board Members (updated to include strategic objectives if available during Cycle 3)	Phil Meakin		29/02/24
	PMO Assurance Comments: A final format of the Board Assurance Framework was taken to the Board on 25 th January with some minor modifications to be made before implementation.			
C3-1.11: Permanent IM/Exec recruitment – dependent Senior HR Cases	1.11.1 4x Permanent IMs recruitment: Interview dates set (WG lead this activity – Board Secretary will link in for feedback on progress)	Phil Meakin		31/01/24
	PMO Assurance Comments: The interviews for the Independent Members took place on the 6 th and 7 th February and this is now marked as complete.			
	1.11.2 Progress design of the revisions to the Executive Portfolio through discussion and implementation/recruitment commenced	Phil Meakin		29/02/24
	PMO Assurance Comments: The proposed design and revisions paper was shared on the 19 th January with discussions scheduled and comments received by the 1 st February. The proposals were well received and plans for recruitment have commenced.			
C3-1.12: Implement phase 2 induction for all Board members	1.12.1 Induction for Vice chair and x2 IMs recruited in November 2023 completed, using new Board Induction Programme	Phil Meakin		31/12/23
	PMO Assurance Comments: The Board Induction Handbook and SharePoint have been finalised and the Vice Chair and 2 IMs recruited in November 2023 have been completing their induction using the new Board Induction Programme.			
C3-1.13: Develop phase 2 Board development programme	1.13.1 Phase 2 Board Development programme for 2024/25 reviewed at Executive Team	Phil Meakin		31/01/24
	PMO Assurance Comments: A concept document has been developed outlining the principles of the Board Development programme,			

	and in the immediate term there has been a focus on Mental Health and Quality. Now that a full set of Independent Members have been appointed a skills audit will be undertaken, which will inform the programme for the year ahead. Bringing this work to a conclusion will be an early priority for the new Director of Corporate Governance.			
	1.13.2 Phase 2 Board Development programme for 2024/25 agreed with the chair through engagement with board members	Phil Meakin		29/02/24
	PMO Assurance Comments: NOTE: The PMO Assurance comments for the previous milestone 1.13.1 are also applicable to this milestone, with the core difference between the two milestones being the audience.			

2. A clear, deliverable plan for 2023/24

Deliverable	Milestones summary text	SRO	Status	Due Date
C1-2.1: Annual Plan	2.1.4 Draft 3 year / annual plan developed	Chris Stockport		29/02/24
	PMO Assurance Comments: The draft plan was developed including population of the ministerial templates and the Minimum Dataset (MDS). A review took place at the Executive Team during February, leading to a PFIG workshop on the 7 th March. Further work continues to develop into the final product. This will be reviewed at PFIG on the 21 st March before being submitted to the Board for approval on the 28 th March.			
C1-2.2: Implement escalated financial savings approach for 23/24	2.2.8 Phase 2: Recurrent Investment Group Assurance (RIGA) Phase 2 to review new investments (£42m) budgeted in 2023/24 plans, including prioritisation exercise considering the schemes from RIGA Phase 1.	Russell Caldicott		29/02/24
	PMO Assurance Comments: The RIGA Phase 2 commenced during February and voting took place on the 28 th February. A full review and scoring of the investments is complete and a final decision will be made during w/c 18 th March.			
	2.2.9 Review of potential for enhanced financial outturn in conjunction with Welsh Government completed	Russell Caldicott		29/02/24
	PMO Assurance Comments: Productive discussions have taken place with Welsh Government regarding opportunities for the Health Board to secure a deficit position that will improve from the current forecast of £33m to £28m. It is anticipated that with further Board discussions that the Health Board will move to this figure as a final forecast. This represents progress towards attainment of a £20m deficit control target which secures the conditionally recurrent funding.			
C1-2.3: Financial & value opportunities for 24/25 & 25/26	2.3.3 Identified savings and efficiency opportunities during the first round of FY24/25 planning	Russell Caldicott		29/02/24
	PMO Assurance Comments: A Value and Sustainability approach to transformational savings identification and delivery was presented to the Executive Team on the 28 th February and endorsed and further review took place at the Executive Delivery Group. This outlined the areas of saving opportunities within each value stream and progress and delivery will be reported upon in the next cycle.			
	2.3.4 Proposed Financial strategic approach based on Value Based Healthcare principles, to support the delivery of the 24/25 Annual Plan, presented to Execs	Russell Caldicott		29/02/24
	PMO Assurance Comments: The proposed approach has been developed by the Executive Director of Finance and submitted to the Executive Team for the meeting on the 28 th February. Following review, the CEO requested a more detailed review take place at the Integrated Performance Executive Delivery Group which took place on the 5 th March.			
C1-2.5: Continue supporting and	2.5.3 Receive the first draft report on the outcome of the independent review of integrated planning	Chris Stockport		31/01/24

enabling a review of Planning	PMO Assurance Comments: The draft report was received into the Health Board for factual accuracy checking on the 24 th January and comments fed back during early February.			
	2.5.4 Receive the final report on the independent review of integrated planning	Chris Stockport		31/01/24
	PMO Assurance Comments: The final report was received into the Health Board on the 12 th March.			
	2.5.5 Planning independent review report submitted to Executive Team and dates agreed for when will be taken to relevant Board sub-committees	Chris Stockport		25/01/24
	PMO Assurance Comments: The report has been received and circulated and the report author invited to attend a development session of PFIG on the 21 st March. The management response will follow for the April meeting.			
	2.5.6 Agreed recommendations have been incorporated into a Planning Review Action Plan	Chris Stockport		08/01/24
	PMO Assurance Comments: A first iteration of the Action Plan has been drafted based upon the draft version of the review. As soon as the reviewer has attended the development session of PFIG on the 21 st to present the report, this will be fully refreshed into a final plan for approval.			
	2.5.7 Planning Review and associated action plan have been presented at PFIG	Chris Stockport		18/01/24
	PMO Assurance Comments: The late receipt of the report has prohibited the completion of this milestone. This will now be progressed at pace.			
C1-2.6: Contract and procurement management review	2.5.8 Delivery of the Planning Review Action Plan commenced	Chris Stockport		29/02/24
	PMO Assurance Comments: Work has commenced as part of the planning currently underway for the Annual Plan for 2024/25 as part of a wider 3 year plan.			
	2.6.5 Receive the final report on the outcome of the independent review of contract procurement management	Russell Caldicott		31/01/24
	PMO Assurance Comments: The final report was received during January and delivery of the response has begun.			
C1-2.7: Stabilise Finance team and develop capacity	2.6.6 Agreed recommendations have been incorporated into the Financial Control Environment Action Plan	Russell Caldicott		29/02/24
	PMO Assurance Comments: The recommendations have been incorporated into the Special Measures action plan, which has now superseded the previously named Financial Control Environment Action Plan. Delivery of the plan has also commenced and good progress being made with 70% of the actions already addressed and closed.			
	2.7.6 First draft of recurrent Finance staffing requirements	Russell Caldicott		29/02/24
C1-2.8: Financial Control Environment Action Plan	PMO Assurance Comments: A number of temporary staffing changes have been implemented during Cycles 1 and 2, and the benchmarking work has been completed, however the first draft of the permanent revised structure cannot be progressed at this stage (linked to the substantive Executive Director of Finance role) and will need to carry forward into the next financial year.			
	2.8.10 Senior Leadership Team in the Finance Department to have completed a self-evaluation checklist in relation to grip and control and to have shared it with WG	Russell Caldicott		31/01/24
	PMO Assurance Comments: The first draft of the Grip and Control Assessment has been produced by the Finance Department and reviewed by the Executive Director of Finance and shared with Welsh Government. Further work will also continue in the next financial year.			

C3-2.11: Special Measures to be incorporated into IMTP and Annual Planning processes	2.11.1 Special Measures deliverables and milestones beyond Cycle 3 have been incorporated into the IMTP/Annual Plan	Chris Stockport		30/01/24
	PMO Assurance Comments: The Special Measures Outcomes have been developed into five strategic objectives which form the basis of the Annual Plan. Embedding the Special Measures response into the 3 year plan is outlined in detail in the Special Measures Annual report to the Board, along with the narrative within the Annual Plan. The Special Measures Improvement Plans for challenged services have been also been integrated across into the Annual Plan.			
	2.11.2 Special Measures and IMTP/Annual Plan governance and reporting have been combined into a single process in preparation for the standardisation phase	Chris Stockport		29/02/24
	PMO Assurance Comments: The Special Measures Assurance Portal has been further developed to incorporate Annual Plan monitoring as part of a wider Portfolio Assurance Portal. The governance and reporting proposals have been outlined in a Standard Operating Procedure and plans are also developing to ensure that the process of risk management is integrated more closely in the next financial year.			

3. Stronger leadership and engagement

Deliverable	Milestones summary text	SRO	Status	Due Date
C1-3.1: Exec Portfolios review recommendations	3.1.5 Individual and collective discussions on the Exec Portfolio report and wider insights completed	Jason Brannan		31/01/24
	PMO Assurance Comments: Discussions have taken place and a revised proposal was circulated on the 19th January. Feedback and insights received which supported the proposals which are now proceeding to recruitment.			
C1-3.2: Senior leadership engagement in initial Operating Model restructure stocktake findings	3.2.5 Scoping and methodology proposal for the wider review of the 2022 Operating Model restructure agreed via an appropriate Executive governance process following appropriate engagement	Jason Brannan		31/12/23
	PMO Assurance Comments: This work is progressing and has been presented to the OD steering group. Feedback has been provided by the group which includes a pre-requisite of senior clinical engagement. The group has requested further development of the proposal which will return to the April meeting for further review.			
	3.2.6 Findings from the wider review of the 2022 Operating Model restructure presented via an appropriate Executive governance process and next steps agreed.	Jason Brannan		29/02/24
	PMO Assurance Comments: This milestone is dependent upon milestone 3.2.5 above occurring first.			
C1-3.5: Leadership development	3.5.5 Executive Team development: work outlined and agreed via a appropriate Executive governance process	Jason Brannan		31/01/24
	PMO Assurance Comments: This work is underway and recent development sessions have taken place on the 31 st January/1 st February and the 5 th /6 th March.			
	3.5.6 Leadership development approach agreed via an appropriate Executive governance process.	Jason Brannan		31/01/24
	PMO Assurance Comments: The Integrated Leadership Development Framework was presented to the Leadership Conference of over 250 leaders on the 27 th February. The approach has been agreed and some feedback is being reviewed and incorporated into further iterations.			
	3.5.7 Integrated Leadership Development Framework socialised across the organisation for feedback	Jason Brannan		28/02/24
	PMO Assurance Comments: The Framework has been widely socialised across the organisation through various stakeholder groups and via BetsiNet and was presented to the Leadership conference on the 27 th February.			

	3.5.8 Integrated Leadership Development Framework implementation plan presented via an appropriate Executive governance process.	Jason Brannan		29/02/24
	PMO Assurance Comments: The Implementation Plan was presented to the OD Steering group on the 4 th March.			
	3.5.9 Exploration of approach to leadership: Draft proposal of the approach and how to adopt it, presented via an appropriate Executive governance process.	Jason Brannan		29/02/24
	PMO Assurance Comments: The proposal on the approach to leadership was incorporated within the culture, leadership and engagement paper that was presented to the OD Steering Group on the 4 th March, supplemented by the Organisational Development plan.			
C1-3.9: Patient, family and carer involvement	3.9.13 A draft annual schedule for conversations with communities agreed with the Board	Helen Stevens-Jones		31/01/24
	PMO Assurance Comments: The draft annual schedule has now been agreed with Board members and dates secured throughout the next financial year.			
	3.9.16 Workshop held as part of the co-design of the approach to engagement at an individual, service and organisational level	Helen Stevens-Jones		31/01/24
	PMO Assurance Comments: Workshop held on the 5 th February including internal stakeholders and colleagues from Llais, and a plan was agreed with regards to the developing the engagement approach.			
	3.9.17 Principles and objectives associated to the engagement work agreed at Exec Team	Helen Stevens-Jones		29/02/24
	PMO Assurance Comments: An engagement group has been formed to take forward this work and the principles and objectives remain under development. A paper is being prepared for the Executive Team meeting on the 27 th March outlining the work to date and the plan for the year ahead.			
	3.9.18 Draft proposal on approach to engagement commenced in Cycle 3, for completion by end of March 2024	Helen Stevens-Jones		29/02/24
	PMO Assurance Comments: The first design workshop has been held and actions agreed for developing a plan for the year ahead. The work is underway but is yet to conclude in order to ensure that the approach is fully co-designed with patients, families and carers. A paper will be brought to the Executive Team on the 27 th March to outline the approach to planning for a co-designed approach.			
C1-3.10: Implement plans for integrated electronic patient record	3.10.7 - Finalise, review and agree prioritised service and digital tactical interventions for ED, quantify benefits and develop costed plan for delivery.	Dylan Roberts		31/12/23
	PMO Assurance Comments: Full list of options generated and prioritised and implementation plan developed and commenced.			
	3.10.8 - Draft Strategic Outline Case for Electronic Healthcare Record Systems (EHR) presented to Exec Team, including plan to take forward with wider stakeholders	Dylan Roberts		31/01/24

C2-3.11: Create an Organisational Development Plan covering the full suite of interventions outside of just the Operating Model structure	PMO Assurance Comments: The Draft Strategic Outline Case has been developed and was presented to the Executive Team during January with further consultation underway.			
	3.10.9 Case developed for best of breed Mental Health system in conjunction with DHCW and WG to help address the lack of electronic health care records.	Dylan Roberts		29/02/24
	PMO Assurance Comments: Discussions are progressing between the national team and Mental Health and Learning Disabilities regarding procurement, and the MH and LD Digital Steering group is driving forward the work. This tactical project will address immediate issues in Mental Health and will merge into the wider EHR over the course of the full programme.			
	3.11.1 Co-production of an All Organisation Development Plan to start at the Organisational Development Steering Group in February 2024.	Jason Brannan		29/02/24
	PMO Assurance Comments: The OD Steering Group, chaired by the CEO, was launched on the 5 th February and has since met for a second time and is proceeding with the implementation of the OD Plan.			
	3.11.2 Proposed Organisational Development plan for the organisation to be submitted via an appropriate Executive governance process.	Jason Brannan		31/01/24
	PMO Assurance Comments: The plan was submitted to the OD steering group on the 4 th March.			
	3.11.3 OD Steering Group established	Jason Brannan		30/12/23
	PMO Assurance Comments: The OD steering group has now been established and met for the first time on the 5 th February with a further meeting held in March, and the workplan is progressing.			
	3.11.4 Clinical engagement: Progress demonstrated in the part of the OD plan relating to clinical engagement field work conducted in previous cycles	Jason Brannan		29/02/24
	PMO Assurance Comments: The recommendations from the original fieldwork were reviewed by the OD Steering Group on the 5 th February. Further work is being undertaken to understand the barriers to engagement of clinicians and this has been incorporated into the wider Organisational Development plan which was presented to the OD Steering Group at its second meeting on the 4 th March.			
	3.11.5 Measure employee engagement: Proposal on a broad range of mechanisms to do this other than just the staff survey presented via an appropriate Executive governance process	Jason Brannan		29/02/24
	PMO Assurance Comments: A paper was presented to the OD Steering Group on the 4 th March which detailed a broad range of mechanisms to measure employee engagement. The NHS Wales Staff Survey and planned quarterly Pulse surveys, which commence during this Spring will provide a benchmark for the measurement of progress through an engagement index. A range of other measures including completion of PADRs and engagement with internal communications activities are also proposed.			
	3.11.6 Line manager's impact on employee engagement: Proposal on the behaviours required from this group to support high employee engagement, along with a plan to deliver them, presented via an appropriate Executive governance process.	Jason Brannan		29/02/24
PMO Assurance Comments: This work is aligned to the development of organisation wide Behaviours Framework. Early work has commenced with regard to research in this area including learning from the University of Surrey regarding unprofessional behaviours between healthcare staff. Co-designing this work with colleagues from across the organisation through a comprehensive listening and engagement process is deemed critical to its success and further work will come back to the OD steering group in due course.				

C2-3.12: Design Culture definition and improvement – taking inputs from all independent reviews	3.12.2 Culture Improvement Scoping Phase Project Plan to include identification of resource required and creation of the “case for change”	Jason Brannan		31/01/24
	PMO Assurance Comments: The case for change was outlined to the OD steering group on the 4 th March which included the resources and investment required to take forward the culture improvement work and also proposed the development of a culture change sub-group reporting into the OD steering group.			
	3.12.5 Formal Culture Change Plan and accompanying Comms and Engagement plan presented via an appropriate Executive governance process.	Jason Brannan		29/02/24
	PMO Assurance Comments: A comprehensive update on the wider Organisational Development plan was presented to the OD Steering Group on the 4 th March and the work is progressing further.			
	3.12.6 Examine the current pervasive culture: Final results from NHS Wales Staff Survey shared with all relevant managers and thematic analysis fed into Culture Change Plan	Jason Brannan		29/02/24
	PMO Assurance Comments: The Organisational and All-Wales results from the staff survey have been shared widely with managers across the organisation and the themes have been incorporated into the OD plan. Directorate level detail will follow during April which will enable local teams to develop their responses.			
	3.12.7 Previously collected staff feedback on the existing values to be analysed and proposals of methods of co-production with the staff including comms and engagement plans to be submitted via an appropriate Executive governance process	Jason Brannan		29/02/24
	PMO Assurance Comments: The proposals were submitted to the OD Steering Group on the 4 th March as part of wider set of Organisational Development plans and are now proceeding to implementation.			
C2-3.13: Create and commence implementation of plan for replacement of all Interim roles	3.13.2 Interims review actions due by end of November completed	Jason Brannan		31/01/24
	PMO Assurance Comments: This milestone is now complete with regular updates being provided to Executive Team and the Remuneration Committee, and significant reductions evident within reported figures.			
C2-3.14: Introduce the NHS Wales Staff Survey	3.14.4 Agreement via an appropriate Executive governance process on how the information and insights coming from the initial NHS Wales staff survey responses will be utilised for learning and improvement.	Jason Brannan		31/01/24
	PMO Assurance Comments: A comprehensive update on Culture, Leadership and engagement was presented to the OD Steering Group on the 4 th March which incorporated how the staff survey results will be integrated into the wider approach being taken forward around employee engagement.			

4. Improved access, outcomes and experience for citizens

Deliverable	Milestones summary text	SRO	Status	Due Date
C1-4.2: Planned Care	4.2.5 Progress and further develop the Planned Care Elective Care Recovery and Sustainability Plan	Adele Gittoes		29/02/24
	PMO Assurance Comments: Work has been underway throughout the cycle on further progressing the plan and reductions have been evident in the waiting times for patients. Recent work has also taken place with the Interim Executive Director of Operations to develop the improvement plan approach as we move into the next financial year.			
	4.2.6 Detailed Demand & Capacity analysis completed for Top 7 specialities (NHS Executive support requested)	Adele Gittoes		29/02/24
	PMO Assurance Comments: This work is partially complete through analysis for Dermatology and Ophthalmology. Updates for further specialties are still required from the NHS Executive and this requirement will be escalated in order to bring to a conclusion in a timely manner.			
	4.2.7 Review of RTT Guidance compliance and associated training across the Health Board completed (NHS Executive support requested)	Adele Gittoes		29/02/24
	PMO Assurance Comments: The RTT guidance is continually reviewed and a formal part of accountability meetings with the NHS Executive. The review of training has been completed and will form part of a newly refreshed training programme for the new patient booking and validations teams.			
	4.2.8 Implement clerical validation of open pathways	Adele Gittoes		31/03/24
	PMO Assurance Comments: The first tranche of validation is complete and this forms part of regular updates to IQPD. Plans are progressing for the recruitment of an internal validation team to sustain this work.			
	4.2.10 Development of a plan to commission additional orthodontic capacity	Adele Gittoes		29/02/24
	PMO Assurance Comments: There have been significant resourcing challenges within this specialty which has national shortages. There is a lack of capacity and expertise in the private sector and within neighbouring health organisations which has affected the ability to develop a plan to date, which was also exacerbated by unforeseen absence. Further mitigations are being discussed as a priority with executive leads.			
	4.2.11 Approach to demand and capacity planning and data developed, working with NHS Executive colleagues. Part of this will be to maximise the use of core clinical capacity.	Adele Gittoes		31/01/24
	PMO Assurance Comments: The NHS Executive has been commissioned to complete detailed demand and capacity analysis. To date these have been received for Dermatology and Ophthalmology which have informed improvement plans for these areas. Awaiting updates for further specialties.			
	4.2.12 Undertake a baseline assessment/review of oral health services across BCUHB to include Secondary Care, Community Dental Services, and General Dental Services to inform the future service model required to meet demand	Adele Gittoes		29/02/24
	PMO Assurance Comments: This work will be informed by the detailed demand and capacity work that is underway. Once received this will inform the next phase of review and the development of the optimal service model.			
	4.2.13 Development commenced of a 5-year oral health plan for North Wales, outlining the future service model.	Adele Gittoes		29/02/24
	PMO Assurance Comments: This work is delayed due to the interdependency with the demand and capacity work. This will commence once the baseline assessment has been completed.			

	4.2.14 Continue to deliver the Planned Care Recovery and Sustainability Plan to a) eradicate > 5 and 6 year waits b) significantly reduce > 4 year waits	Adele Gittoes		29/02/24
	PMO Assurance Comments: A refresh of the Recovery and Sustainability plan has recently taken place, and 5 and 6yr waits have now been eradicated.			
	4.2.15 Deliver an interim plan of >30 new Orthodontic patients to be seen within existing sessions (displacing follow up activity)	Adele Gittoes		29/02/24
	PMO Assurance Comments: The delivery of local plans to address long waits in Orthodontics have faced significant challenges including an unplanned absence for a sustained period. The national workforce shortages are impacting on the ability to provide alternative arrangements and this work did not complete within cycle and will need additional focus during the next year.			
C1-4.3: As part of the Planned care Programme, refine the work programme for Orthopaedic care, to include the finalisation of the Orthopaedic expansion business case	4.3.6 Phase 1 - Orthopaedic Surgical Hub Delivery - Formal award of the contract for the main package of works, following ministerial approval of the business case	Chris Stockport		31/12/23
	PMO Assurance Comments: The contract for the main package of works has now been awarded.			
	4.3.7 Phase 1 - Orthopaedic Surgical Hub Delivery - Construction commenced on site in relation to the main package tender award.	Chris Stockport		29/02/24
	PMO Assurance Comments: Following the award of the contract the indicative timelines were reviewed and final dates agreed. This has led to a slight delay with the commencement of the construction outside of the cycle by a matter of a few weeks. Decant works and site enablement have commenced, and despite this slight delay the overall package of works remains on-track.			
	4.3.8 Phase 2 - Further Surgical Hub Design - Scoping document approved by Programme Board to support commencement of Phase 2 Business Case (dependant on outcome of clinical engagement and requires further Capacity & Demand modelling)	Chris Stockport		29/02/24
C1-4.5a: Vascular improvement plan	PMO Assurance Comments: This Programme team are undertaking an Options Appraisal which includes clinical input, and therefore a slight delay is being incurred to enable appropriate notice to be given and ensure all key stakeholders are available. This is expected to conclude during April.			
	4.5a.8 Continued Executive Team review of Vascular Steering Group progress and priorities	Nick Lyons		31/01/24
	PMO Assurance Comments: The Vascular Steering Group continues to meet every 2 months and is the principal mechanism for the review of the Vascular Integrated Improvement Plan. Executive oversight remains in place with regular updates via the Executive Medical Director and through formal submission of the plan to the Executive Team meeting.			
	4.5a.9 Integrated Vascular hub and spoke: North Wales Vascular Service Specification, outlining roles and responsibilities of Hub and Spoke sites, to be revised in light of other improvements made and presented to Vascular Steering Group	Nick Lyons		31/01/24
	PMO Assurance Comments: The Service Specification was presented to the Vascular Steering Group on the 27 th February, who endorsed the work and the next steps. The specification will now be socialised through the organisation and work to map current service provision and resources will actively commence.			
	4.5a.10 Welsh Government Phase 2 audit of anonymised case files completed	Nick Lyons		29/02/24
	PMO Assurance Comments: The audits took place during February and the final report is expected by the end of March.			
	4.5a.11 Updated Vascular Integrated Improvement Plan, which incorporates all outstanding, and new improvement recommendations, and service level priorities developed and approved by Vascular Steering Group	Nick Lyons		29/02/24

	PMO Assurance Comments: The Vascular Integrated Improvement Plan continues with its implementation and regular updates provided to the steering group. Recent additions to the recommendations include those following part 1 of the independent review and these have been integrated. The team have engaged fully with the case note audit, which is also expected to generate further recommendations.			
	4.5a.12 17 vascular related pathways approved by Strategic Clinical Effectiveness Group for implementation including audit and evaluation cycles	Nick Lyons		29/02/24
	PMO Assurance Comments: The Clinical Effectiveness Group (CEG) sought additional information regarding the submitted pathways and further work has been undertaken for a re-submission during March, which had led to a short delay in proceeding to implementation.			
	4.5a.13 Emergency Diabetic Foot Pathway implemented and clinical audit cycle in place to monitor improvements in access, outcomes and experience	Nick Lyons		29/02/24
	PMO Assurance Comments: Some operational challenges have been experienced in relation to the development of the pathway. This has been escalated to the Vascular Steering Group who are reviewing options to expedite the development and then proceed to consultation.			
C1-4.5b: Urology improvement plan	4.5b.7 Updated Urology Improvement Plan, including both the GIRFT and RCS recommendations, presented to Executive Team for agreement on priorities of the service.	Nick Lyons		19/01/24
	PMO Assurance Comments: The Urology Improvement Plan was presented to the Executive Team on the 28 th February, and is proceeding with regards to implementation.			
	4.5b.8 Recruitment completed of dedicated expert clinical support to advise, support and implement the Urology Improvement Plan	Nick Lyons		31/12/23
	PMO Assurance Comments: Initial discussions regarding dedicated expert clinical support were ultimately unsuccessful and alternative options are now being explored. The issue has been raised as part of the Urology Risk Register.			
	4.5b.9 Delivery commenced of the Urology Improvement Plan and improvements in consistency of delivery in quality standards and access to urgent and elective pathways across North Wales starting to be realised	Nick Lyons		19/01/24
	PMO Assurance Comments: Delivery of the improvement plan has commenced and was presented to the Executive Team with an accompanying paper on the 28 th February. The realisation of improvements and consistency in delivery of quality standards is required before the milestone can be completed and this will therefore be the priority focus in the next period.			
	4.5b.10 Plan agreed with the national robotic programme to ensure effective and sustainable use of the north Wales robot, to enable improved access for our population	Nick Lyons		31/01/24
C1-4.5c: Ophthalmology improvement plan	PMO Assurance Comments: The Health Board continues to engage with the National Team via the Executive Medical Director and discussions remains underway but are yet to reach agreement.			
	4.5c.7 Ophthalmology Train and Treat implemented	Adele Gittoes		29/02/24
	PMO Assurance Comments: Initial recruitment delays at Cardiff University impacted upon the delivery of this milestone, with the Health requiring access to external expertise. Progress has been made and BCU have completed the elements required locally, with further work at the University required in order to conclude. The delays are being actively managed and this is expected to conclude by April.			
	4.5c.8 Ophthalmology Pan BCU Clinical Lead appointed	Adele Gittoes		29/02/24

	PMO Assurance Comments: Recruitment of a Clinical Lead remains a challenge and alternative plans are being explored by the Office of the Medical Director.			
	4.5c.9 Ophthalmology R1 Clinical validation (Longest-Waiting R1s) completed	Adele Gittoes		29/02/24
	PMO Assurance Comments: The completion of this work requires funding which is not currently available. This is being reviewed as part of the overall RIGA process in order to reach an agreement.			
	4.5c.10 Development commenced of an outline 5-year eye care plan based on an integrated sustainable model.	Adele Gittoes		29/02/24
C1-4.5d: Oncology improvement plan	PMO Assurance Comments: Early discussions regarding the importance of developing a long term approach have taken place however further work is required in the new financial year in order to commence the development of the longer term plan.			
	4.5d.7 Review of Oncology completed at Exec Team with respect to readiness for transitioning towards standardisation	Nick Lyons		29/02/24
C1-4.5e: Dermatology improvement plan	PMO Assurance Comments: A paper has been prepared and submitted for discussion at the Executive Team and this is now expected to take place during April.			
	4.5e.5 Complete a clinically led options appraisal to address medium term risk pan BCUHB in relation to Dermatology Cancer	Adele Gittoes		29/02/24
	PMO Assurance Comments: The options appraisal has been undertaken between Senior Clinical Leads and the Executive Medical Director and has informed strengthening of the improvement plan and delivery framework (milestone 4.5e.7)			
	4.5e.6 Teledermoscopy model implementation commenced (subject to outcome of WG bid)	Adele Gittoes		29/02/24
	PMO Assurance Comments: The implementation has commenced and the programme is on track for successful delivery with training due to commence in April.			
	4.5e.7 Dermatology improvement plan and delivery framework further strengthened	Adele Gittoes		29/02/24
	PMO Assurance Comments: A meeting took place between the Executive Medical Director and Senior Clinical Leads on the 23 rd February. Agreement was reached as part of the short-term Dermatology Plan, to provide clinical cover for inpatient services urgent cases and clinical supervision for specialist nurses in West IHC. Ongoing cover informs part of the wider sustainable Dermatology Plan.			
	4.5e.8 Pan BCU Dermatology Clinical Lead appointed	Adele Gittoes		29/02/24
	PMO Assurance Comments: Work has been undertaken in this area with the focus of activity being directed on stabilising clinical risk within the significant dermatology waiting list, however a proposal to recruit a dedicated role has been endorsed and is currently with the Health Board medical recruitment team.			
	4.5e.9 Delivery commenced of an immediate plan to reduce the backlog with a maximum scope of an additional c.2000 patient appointments, dependent on WLIs.	Adele Gittoes		29/02/24
C1-4.5f: Plastics improvement plan	PMO Assurance Comments: The Senior Operational Leadership team approved a plan which included investment in this area and this currently being enacted.			
	4.5f.4 Contract with St Helens & Knowsley in place, with a consistent partnership clinical model and data sharing model operating across BCUHB	Adele Gittoes		29/02/24
	PMO Assurance Comments: Significant delays have been incurred during the Service Level agreement negotiations with a number of			

	queries from the provider. These are currently being worked through and this work is now expected to conclude during April.			
	4.5f.5 Initial review of Plastics patients completed, as agreed with WHSSC and St Helens & Knowsley	Adele Gittoes		29/02/24
	PMO Assurance Comments: The review has now concluded and a report developed with the findings. All patients who required a follow up have now been booked into a review clinic.			
C1-4.6: Mental Health review of previous reviews – phase 2	4.6.7 Copy of Royal College of Psychiatry MH&LD report received.	Teresa Owen		31/01/24
	PMO Assurance Comments: A copy of the report was received in draft form during January and a response was provided to Welsh Government re: factual accuracy. The final report was received on the 12 th March.			
	4.6.8 MH&LD/RCPsych Action Plan developed and scheduled for sign off via appropriate governance routes.	Teresa Owen		29/02/24
	PMO Assurance Comments: The final Royal College of Psychiatry report was received on the 12 th March, outside of the cycle. The action plan will now be developed as a priority in the coming weeks.			
C1-4.7: Mental Health Inpatients Safety review - phase 2	4.7.5 NCCU Action Plan Delivery Group fortnightly meetings held.	Teresa Owen		31/12/23
	PMO Assurance Comments: The NCCU Patient Safety Delivery Group continues to meet fortnightly, with a sub group meeting weekly to quality assure updates and evidence aligned to the action plan progress.			
	4.7.6 MH&LD evidence log and repository developed.	Teresa Owen		31/12/23
	PMO Assurance Comments: Data collection form and evidence collection process agreed, and link provided to repository where evidence is stored following approval.			
	4.7.7 MH&LD NCCU update report submitted through appropriate governance routes to provide an overview of progress made with implementation of action plan.	Teresa Owen		29/02/24
	PMO Assurance Comments: The NCCU update report has been processed through Divisional Governance and was submitted to the NCCU and the NHS Executive on the 31 st January.			
C1-4.8a: CAMHS improvement plan	4.8a.7 Delivery of the agreed BCU performance trajectories for the Mental Health Measure for December, January, February.	Adele Gittoes		29/02/24
	PMO Assurance Comments: The Improvement Plan for CAMHS, inclusive of focus on trajectories was approved by the Executive Team in January. The percentage of patients receiving assessment within 28 days in February was at 86%, exceeding the expected position of 80%.			
	4.8a.8 Focused review of CAMHS service model across BCU undertaken	Adele Gittoes		29/02/24
	PMO Assurance Comments: A focused review has taken place and a delivery model for early intervention, prevention and promotion has been drafted for consultation. The Enhanced Crisis and Unscheduled Care model has been finalised and approved along with the Tier 4 specialist service specification. The plan was approved by the Executive Team in January.			
C1-4.8b: Neurodiversity improvement plan	4.8b.6 ND tender for private provision of assessments awarded	Adele Gittoes		29/02/24
	PMO Assurance Comments: The tender award remains outstanding at this stage and is under review with members of the Executive Team with regards to agreeing the route forward. It has been concluded that options within the current national funding envelope will not meet the need and demand of our population and further discussions are planned nationally.			

C1-4.9a: Revised UEC Programme and improvement in: 1) ED triage times, 2) ED assessment waits, 3) 4-hour ambulance handovers	4.9a.6 Urgent Primary Care Review completed to assess effectiveness of UPCCs and learning from across BCUHB and Wales	Adele Gittoes		29/02/24
	PMO Assurance Comments: The area has experienced some delays due to an unforeseen absence. The work is now progressing again with a Phase 2 modelling exercise of the service planned during March.			
	4.9a.9 Implement Integrated Urgent and Emergency Care Plan	Adele Gittoes		29/02/24
	PMO Assurance Comments: The plan has been implemented throughout the cycle.			
	4.9a.11 Evidence received of increasing usage of the new UEC live dashboard, developed for use by operational and clinical staff to inform key risk and harm i.e., ED triage and assessment times, handover waits etc	Adele Gittoes		29/02/24
	PMO Assurance Comments: The new Dashboard is in use and the corporate UEC team are actively engaging with senior leaders in the IHC around the importance of its use to dynamically assess risk, and this has been supplemented by usage stats.			
C1-4.9b: UEC Winter Planning	4.9a.12 Continued implementation and refinement of the Integrated Urgent and Emergency Care Plan	Adele Gittoes		29/02/24
	PMO Assurance Comments: The plan continues to be refined and implemented and the Interim Executive Director of Operations has recently undertaken work to standardise the approach to improvement plans. Further work is now underway on the plan to strengthen the metrics and outcomes section to ensure its robustness.			
	4.9b.7 Winter plan implemented, taking a dynamic approach to inclusion of new developments	Adele Gittoes		29/02/24
	PMO Assurance Comments: The winter pressure plan was signed off by the Board in November and this is being implemented on an ongoing basis. The plan remains under ongoing review alongside the industrial action monitoring and fortnightly updates are provided. To date, the only dynamic changes required have related to the Hospital Full protocol when Infection Prevention issues have developed.			
C2-4.10: Orthopaedic improvement plan	4.9b.8 Winter plan "lessons learned" review scheduled	Adele Gittoes		29/02/24
	PMO Assurance Comments: A winter resilience debrief is scheduled with each Health Community from April onwards, which will also incorporate a review of bed modelling.			
	4.10.2 Overarching Orthopaedics plan developed, including Orthopaedic GIRFT recommendations	Adele Gittoes		29/02/24
	PMO Assurance Comments: The Orthopaedic plan has been developed and the milestone complete. The plan will continue to undergo appropriate iterations.			
	4.10.3 To meet the agreed Planned Care activity levels for Abergele Hospital for December, January, February.	Adele Gittoes		29/02/24
	PMO Assurance Comments: Meeting the planned activity levels has been inhibited by the Industrial Action which necessitated the standing down of scheduled work. Further industrial is planned and likely to cause further disruption however activity levels remain under constant scrutiny.			

5. A learning and self-improving organisation

Deliverable	Milestones summary text	SRO	Status	Due Date
C1-5.1: Develop a 'Learning Organisation' Framework, including a single repository for all organisational learning	5.1.7 An initial 'organisational learning repository' platform developed with colleagues from Informatics and Comms	Jason Brannan		29/02/24
	PMO Assurance Comments: Work is underway and this is now expected to complete by the end of March for the first phase of the work. The background architecture has been developed in readiness for the Quality team to review and will progress to enable data to be inputted and uploaded over the next 2 weeks.			
	5.1.8 MHLd safety related learning is one of the early adopters of the Learning Organisation process and approach	Jason Brannan		29/02/24
	PMO Assurance Comments: Collaboration underway between the Organisational Development team and the Mental Health Senior Leadership team. The corporately designed tools and processes aligned to the Learning Organisation Framework are being used for safety incident related learning and test areas have been identified.			
	5.1.9 Presentation on progress of Learning Organisation Framework to date delivered via an appropriate Executive governance process.	Jason Brannan		31/01/24
	PMO Assurance Comments: The Learning Organisation Framework was presented to the Formal Executive Meeting on the 28 th February which completed the milestone.			
C1-5.2: Effective procedures for learning from incidents and preparing for inquests and HSE	5.1.10 Staff facing version of the Learning Organisation Framework developed for use in work-based learning contexts. This will enable improvements in a wide range of organisational outcomes, such as quality, access, experience etc	Jason Brannan		29/02/24
	PMO Assurance Comments: Version 1 of the staff facing Learning Organisation Framework is complete and ready for testing. The testing will be undertaken by the Mental Health and Learning Disabilities Division along with colleagues from the wider community of practice.			
	5.2.8 A central and digital learning repository and cascade system prototype developed, based on Office 365	Angela Wood		29/02/24
	PMO Assurance Comments: This work, also aligned to the Learning Organisation Framework, is now expected to conclude by the end of March following testing of the design work that is currently underway.			
	5.2.9 Complete a review of the Incident Process to inform changes to the Incident Procedure from April 2024.	Angela Wood		29/02/24
	PMO Assurance Comments: The review was completed and presented to the Patient Safety Group in January and to the Quality Delivery Group on the 26 th February where the changes were approved and will proceed to implementation.			
	5.2.10 As part of the integrated performance framework, the first part of the Quality Dashboard will be live	Angela Wood		29/02/24
	PMO Assurance Comments: Good progress has been made and the dashboard was launched with key individuals as part of a testing process before going live. The testing uncovered some technical issues which are being resolved before it can be fully launched to a wider group and oversight is in place via weekly meetings.			
	5.2.11 Building on the new Inquest Procedure approved in the last 90 day cycle, a retrospective review project will commence of all open inquest cases to quality assure the investigations, action plans and evidence of learning. A project steering group led by the Executive Medical Director will oversee this work.	Angela Wood		29/02/24
	PMO Assurance Comments: The project has now commenced with the Executive Medical Director as the SRO and project support in place. The steering group is also now in place supported by a Project Initiation Document (PID) and a Stakeholder			

	Engagement map, and briefings have taken place including to QSE. The work is anticipated to last for a further 12 months.			
	5.2.12 Collate and assess the evidence of action plan delivery to provide an assurance/compliance position against the Health Board's response to the HSE Notice of Contravention on falls.	Angela Wood		29/02/24
	PMO Assurance Comments: The HSE recommendations have been combined with those from Internal Audit into one overarching improvement plan which is monitored by the Monthly Inpatient Falls group. A tabletop review of the Health Board's position against the actions was held on the 29th January 2024 with all operational teams and key leads to ensure that the evidence required is clear and provides assurance of the improvements. An Executive led review meeting is being held on 26 March 2024 with the IHC and Divisional Senior Operational Leads to receive progress on the improvement plan.			
C1-5.3: Clinical Governance review	5.3.2 To have fully supported and engaged with the review process as directed by the reviewing team, ensuring all key staff are available as required once ToRs agreed and review commenced. It is unknown at this time what format the review will take. Ensure the learning and actions from the Patient Safety Review are covered by this work	Angela Wood		29/02/24
	PMO Assurance Comments: Meetings with the national team took place during December and Terms of Reference agreed. Work is underway with the NHS Executive who have been onsite during February meeting with both corporate colleagues and visiting clinical areas. A proposed roadmap for the work has been agreed.			
	5.3.3 Discovery work into examples and implementation approach of a Quality Management System commenced.	Nick Lyons		29/02/24
	PMO Assurance Comments: Progress is being made around the development of a Quality Management System (QMS) and NHS Wales colleagues have presented to both the Executive Teams and the Senior Leadership team. Targeting taking a draft QMS proposal to Board in May.			
C1-5.5: Implement an enhanced Healthcare Public Health programme	5.5.6 High level plan developed for the enhanced work with an initial focus on a Diabetes project.	Teresa Owen		31/01/24
	PMO Assurance Comments: Work to develop a high level plan with an initial focus on Diabetes completed with outline work plan submitted.			
	5.5.7 HCPH steering group established to focus on the Diabetes project to improve outcomes.	Teresa Owen		29/02/24
	PMO Assurance Comments: The steering group has been established and is also supported by a data and intelligence group. Terms of Reference have been established which will be approved during the March meeting and the workplan will also be submitted to the Executive Team.			
	5.5.8 Identify internal stakeholders to support the HCPH Diabetes pathway project, inform development of the Steering Group and have commenced implementation	Teresa Owen		29/02/24
	PMO Assurance Comments: A lead has been identified to pull stakeholders into the programme, all of which has been outlined in a proposal to the Executive Team.			
C1-5.7: Implement proposal to become an intelligence led organisation	5.7.8 Training and guidance provided in the use of Information products through an established schedule of awareness / drop-in sessions	Dylan Roberts		29/02/24
	PMO Assurance Comments: A series of sessions have taken place with further dates scheduled. Topics covered range from Emergency Department and RTT reporting through to a focus on data quality.			
	5.7.9 IRIS structure and content reviewed – to standardise and make information products more readily available across a wider audience – one report, many purposes	Dylan Roberts		29/02/24
	PMO Assurance Comments: Initial review completed and proposed changes have been made within the test environment. The working group has approved decision to go live with the changes, which will lead to improved navigation and			

streamlining of reporting. This work is underpinned by an improved governance process for report development and publication.			
5.7.12 Review completed of the current use of benchmarking data across the Health Board and proposal presented to Executive Team on how to incorporate into existing governance and reporting.	Dylan Roberts		31/01/24
PMO Assurance Comments: A review of CHKS (Comparative Health Knowledge System) usage has been undertaken and some initial groundwork around data quality and clinical coding audits has also taken place. This will be supplemented by further work during March which will inform an update to the Executive Team, which will be required before the milestone can be concluded.			
5.7.13 Data Quality Forum established covering areas such as: data literacy training, data auditing processes, assigning data stewards, automation, and prioritisation of work plan etc	Dylan Roberts		29/02/24
PMO Assurance Comments: The Data Quality Forum is now established, initially commencing with core staff from within DDaT. The scope of the group is now being extended and will include Data Governance and a draft set of Terms of Reference is currently under review with the Director of Performance.			
5.7.14 Roadmap developed to becoming an intelligence led organisation, including proposals for data governance, literacy for key staff and technological developments, along with how the National Data Resource Platform will be utilised.	Dylan Roberts		29/02/24
PMO Assurance Comments: The roadmap has been developed with some early priorities focusing on Planned Care. A number of themes have been identified with regards to next steps all of which is aligned to the wider digital strategy roadmap. A workshop was held with DHCW on the 4 th March to support this work which considered the implications for the Health Board's local Data Warehouse, alongside the National Data Resource Platform.			