

Bundle Performance, Finance & Information Governance Committee 24 March 2022

Unfortunately BCU Committee meetings are being held via a virtual platform at present due to Covid19 regulations. Minutes of meetings will be available on the website in due course.

- 1 PF22/36 Apologies
- 2 PF22/37 Declaration of Interest
- 3 PF22/38 BCUHB Draft Integrated Medium Term Plan 2022-2025
Chris Stockport
Appendices
A. Financial focus - Sue Hill
B. Draft Capital programme 2022-27 - Sue Hill
C. Regional Treatment Centre update - Gill Harris
Recommendation:
The Committee is asked to
 - *review the updated draft IMTP, including all the appendices, and consider whether any further amendments are required prior to submission to the Health Board on 30.3.22 for approval and submission to Welsh Government on 31.3.22*
 - *approve the draft 5 year capital programme 2022/23 to 2026/27*
 - *note the Regional Treatment Centre (RTC) update*
 - PF22.38i IMTP final draft 2022.23_24.25 v1.0.docx
 - PF22.38.ii A. IMTP MAIN final draft 18.3.22.pdf
 - PF22.38.iii B. IMTP - App1 (Alignment matrices).pdf
 - PF22.38.iv C. IMTP - App2 (Restoring core+Recovery) - 17Mar22DRAFT.pdf
 - PF22.38.v D. IMTP - App3 (2022-23 Priorities - SMART detail).pdf
 - PF22.38.vi E. IMTP - App4 (Workforce profiles).pdf
 - PF22.38.vii F. IMTP - App5 (23-24 and 24-25 indicative).pdf
 - PF22.38.viii G. IMTP - App6 (Logic Models).pdf
 - PF22.38.ix H. IMTP - App7 (Links).pdf
 - PF22.38.1 IMTP Appendix A Financial Focus v1.0.docx
 - PF22.38.2a IMTP Appendix B Capital Programme 2022-27 v1.0.docx
 - PF22.38.2b IMTP Appendix B App X Capital Programme 2022-2027 Mar 22.pdf
 - PF22.38.3 IMTP Appendix C RTC March 2022 v2.docx
- 5 PF22/39 Agree items for Chairs Assurance report
- 6 PF22/40 Date of next meeting 28.4.22



Cyfarfod a dyddiad: Meeting and date:	Performance, Finance and Information Governance Committee 24.3.22						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Draft Integrated Medium Term Plan (IMTP) 2022/23- 2024/25						
Cyfarwyddwr Cyfrifol: Responsible Director:	Chris Stockport Executive Director of Primary Care and Community Services						
Awdur yr Adroddiad Report Author:	The IMTP is a co-produced document.						
Craffu blaenorol: Prior Scrutiny:	Previous versions of the draft IMTP have been presented to Committees and Board as the plan has developed.						
Atodiadau Appendices:	Appendix 1 – Alignment matrices Appendix 2 – Restoring Core & Recovery Appendix 3 – 2022-23 Priorities Appendix 4 – Workforce profiles Appendix 5 – 2023-24 & 2024-25 indicative Appendix 6 – Logic Models Appendix 7 – Links Appendix A – Financial focus Appendix B – Draft 5 year Capital programme 2022-23 – 2026-27 Appendix C – Regional Treatment Centre (RTC) Update						
Argymhelliad / Recommendation:							
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Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	X	Ar gyfer Trafodaeth For Discussion	X	Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						Y	
Sefyllfa / Situation:							

The draft IMTP has been previously scrutinised in a number of Committee and Board workshops and meetings and has also been discussed with colleagues from Welsh Government. The current version has incorporated all feedback and recommendations and includes 10 appendices which provide supplementary information to support the main IMTP document.

Cefndir / Background:

The Health Board was required to submit annual plans to Welsh Government while under the regime of Special Measures and during the Covid pandemic all NHS Wales organisations were requested to submit annual plans.

The Health Board confirmed to Welsh Government on 28 February 2022 that it will submit an IMTP for the period 2022/23 – 2024/25 on 31 March 2022. The IMTP has been reviewed in detail and has been subject to an extensive review process.

Goblygiadau Strategol / Strategy Implications

The Health Board's vision is to create a healthier North Wales, with opportunities for everyone to realise their full potential. This means that, over time, the people of North Wales should experience a better quality and length of life.

This Integrated Medium Term Plan (IMTP), and associated appendices, lays out how we will move forwards by prioritising the key areas that can be delivered within the resources available to us. Whilst greatest detail surrounds the actions we will undertake in the coming year, the IMTP also sets out, in indicative form, how we will build upon our 2022/23 actions during 2023/24 and 2024/25.

The majority of our focus for 2022/23 is upon:

- returning to full core business, including addressing the pandemic-related backlog of work, and

consolidating developmental work that has already been begun but not yet finished, including work to deliver against the WG Targeted Intervention framework.

Opsiynau a ystyriwyd / Options considered

A small number of new initiatives will be commenced, but only where they clearly contribute to delivering the two areas of focus above.

Our recently developed Plan on a Page simplifies our strategies into a smaller number of clear Principles and values that we will follow. We are clear that by following these Principles and values we will continue to move us towards delivering our vision. These apply as much to resetting core activity and consolidation as they do to new initiatives.

This IMTP represents a snapshot in time. In reality our planning is a continuous process to pre-empt, or where necessary respond to, ever changing circumstances. This has never been more so than in the course of the last two years whilst responding to the unprecedented challenges that the Covid-19 pandemic has brought. This continual planning process will be marked by formal annual IMTP snapshots.

Goblygiadau Ariannol / Financial Implications

The Health Board is submitting an IMTP which delivers financial balance in each year and overall across the three year period.

The following table illustrates for 2022/23, the identified financial risks and the balanced position achieved if those items identified as exceptional are funded.

The table shows that against our Core Spend we are forecasting a balanced position, and the Health Board will be able to deliver financial balance as the exceptional Items listed have had funding by Welsh Government confirmed.

		Mitigations			Risk due to Exceptional Cost Pressures	Less Exceptional Cost Pressures		
		Slippage	COVID	New Develop's		Energy, NI, RLW	COVID	Core Spend
	Total Risk							
	£m	£m	£m	£m	£m	£m	£m	£m
Cost Pressures	62.24	(9.76)	0.00	3.25	55.73	(20.74)	0.00	35.00
Savings	(35.00)	0.00	0.00	0.00	(35.00)	0.00	0.00	(35.00)
COVID	40.90	(4.76)	(23.99)	0.00	16.91	0.00	(16.91)	0.00
Risk	68.14	(14.52)	(23.99)	3.25	37.64	(20.74)	(16.91)	(0.00)

Dadansoddiad Risk / Risk Analysis

The Health Board's corporate risks are reported via the Board Assurance Framework and the Risk Register.

The IMTP includes a significant level of financial risk with regard to achieving a breakeven position over the next three years due to the variable nature of both income expenditure as a result of mainly external factors to the organisation and specifically around socio-economic volatility and the potential impact of Covid-19 outbreaks.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

Not applicable.

Asesiad Effaith / Impact Assessment

Not applicable.



GIG
CYMRU
NHS
WALES

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University Health Board

Integrated Medium Term Plan 2022/25

Final Draft



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	Foreword by the Chairman and Chief Executive Introduction	p2 p3
Section 1	The health of our communities in North Wales	p4
Section 2	Challenges & opportunities The challenges we face COVID-19 Recognising and maximising opportunities	p7 p8 p9
Section 3	Our priorities for delivery in 2022/25 Strategic vision Plan on a Page - our 5 Planning Principles Ministerial Priorities and the NHS Wales Planning Framework Tables of main priorities for 2022/25	p11 p12 p13 p14
Section 4	Enablers & Resources Our People Working together - partnerships Service improvement and transformation Finance and value	p22 p25 p27 p28
	Glossary	p31
Appendices	Appendix 1 Alignment matrices - Ministerial Priorities & Targeted Intervention Framework - Health Board Plan on a Page - Our Transformation Programmes Appendix 2 Planned Care Recovery Appendix 3 2022/23 Development Priorities – detail, containing SMART outputs Appendix 4 Workforce tables Appendix 5 2023/24 and 2024/25 Developments - indicative Appendix 6 Logic Models Appendix 7 Links to supporting strategies and plans	

Foreword by the Chairman and Chief Executive

2021-2022 has been yet another extraordinary and challenging year for the BCUHB here in North Wales, as well as for healthcare organisations across the NHS and internationally. The covid-19 pandemic has continued to stretch our ability to deliver our core services in the way in which we would have liked whilst at the same time managing our response to the pandemic.

Whilst covid-19 will continue to be with us, our vaccination programme roll-out has continued to be a successful one and sets us in good stead to now recover from the challenges of the pandemic. We understand the impact that longer waiting times for care is having upon the North Wales population. As we move through the next year (2022-23) and into 2023-24 we will now progress our local NHS 'recovery plan' by consolidating our efforts to reduce our waiting lists and restore stable and sustainable core services.

Experiences of the pandemic have proven, if proof had been necessary, that we cannot focus upon one part of our health and social care system at the expense of another. All parts have a critical role to play. Our renewed focus upon recovery will therefore take a 'whole system' approach, with care delivered in the most effective place and in the most effective way. These are fundamental principles, rooted in the Welsh Government policy document 'A Healthier Wales', and we will continue to work closely with our Partners to successfully deliver them.

Alongside, we have worked hard to make further progress within 'targeted intervention', addressing those areas identified as still needing improvement when we were de-escalated from 'special measures'. It is right that, in parallel to focusing upon our general recovery of core activity outlined above, that we continue to seriously focus upon these areas of targeted intervention too. Consequently this plan includes ongoing activities to improve in those targeted areas, and to augment the foundations we have started to lay to deliver stable and sustainable core services, unhampered by those targeted intervention areas.

Thank you for taking time to read our Integrated Medium Term Plan (IMTP) for 2022/25.



Mark Polin
Chairman



Jo Whitehead
Chief Executive

The Health Board's vision is to create a healthier North Wales, with opportunities for everyone to realise their full potential. This means that, over time, the people of North Wales should experience a better quality and length of life.

This vision is informed and shaped by the Welsh Government plan "**A Healthier Wales**", our own strategic overview document "**Living Healthier, Staying Well**", and our evolving Clinical Services Strategy here in North Wales.

The Covid-19 pandemic has had a huge impact in many ways.

- Supporting individuals in North Wales with Covid-19 or symptoms of Covid-19
- The impact upon those without Covid-19 who have experienced delays in treatment because of the need to deal with the pandemic
- The impact upon our staff, who have delivered a magnificent response over 2 years of continual pandemic conditions
- It has limited our ability to deliver some of our previously stated development priorities, through the need to reprioritise
- It has reminded us all, if a reminder was necessary, that we will need to respond differently to the challenges of delivering healthcare in a sustainable way going forwards.

These impacts have heavily influenced our priorities for the coming years.

This Integrated Medium Term Plan (IMTP), and associated appendices, lays out how we will move forwards by prioritising the key areas that can be delivered within the resources available to us. Whilst greatest detail surrounds the actions we will undertake in the coming year, the IMTP also sets out, in indicative form, how we will build upon our 2022/23 actions during 2023/24 and 2024/25.

The majority of our focus for 2022/23 is upon

- returning to full core business, including addressing the pandemic-related backlog of work, and
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Section 1: The health of our communities in North Wales

We need to continue to change in order to meet new challenges. Addressing population health issues and tackling health inequalities that exist within our population are a key priority and area of focus within our plan. The COVID-19 pandemic has further demonstrated these priorities.

BETSI CADWALADR UNIVERSITY HEALTH BOARD

POPULATION
703,360
PERSONS

AGE GROUP	BCUHB (%)	WALES (%)
0-15	17.6	17.8
16-64	59.0	61.2
65-84	20.3	18.3
85+	3.1	2.7



INEQUALITIES

BCUHB has some of the most deprived areas in Wales.

Almost a quarter of children and young people under the age of 20 years live in poverty in Wales. Across BCUHB this ranges from 18% in Gwynedd to 25% in Denbighshire. Rhyl West 2 is the most deprived area in Wales, followed by Rhyl West 1.

LSOA NAME	LA NAME	WIMD RANK
Rhyl West 2	Denbighshire	1
Rhyl West 1	Denbighshire	2
Queensway 1	Wrexham	9
Rhyl West 3	Denbighshire	11
Rhyl South West 3	Denbighshire	19
Glyn (Conwy) 2	Conwy	20
Wynnstay	Wrexham	45
Rhyl South West 1	Denbighshire	57
Abergele Pensarn 2	Conwy	70
Tudno 2	Conwy	78

Welsh Index of Multiple Deprivation, 2019.
Ten most deprived areas in Betsi Cadwaladr UHB.



We know that the overall health status of our population compares favourably to other parts of Wales but the benefits of this are not equal across our population.

More of our financial resources need to be allocated towards improving inequalities – this will require us to review existing budgets to meet population needs, a step change which we are committed to making.

We are living longer - the proportion of people aged over 75 years in North Wales is higher than the average for Wales at 10.9% compared to 9.7% (that is 76,400 people). For males, life expectancy is 78.9 years and for females, it is 82.4 years. The good news is that many people reach these ages in good health, which is positive, but that is not always the case.

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

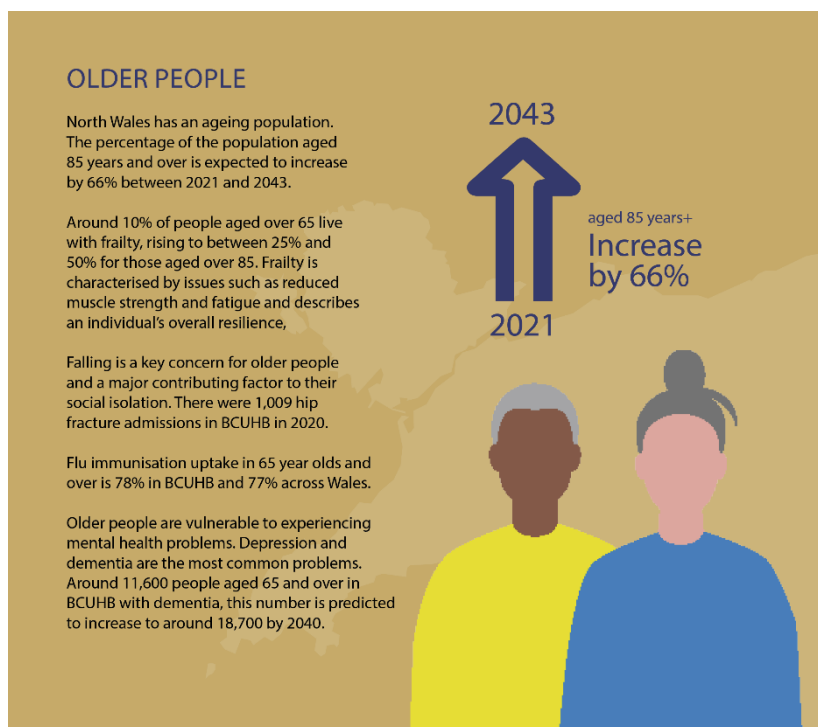
We can only do this in partnership both with other organisations including local authorities and the voluntary sector, as well as with the involvement of those who live in our communities.

This is underpinned with the Population Needs Assessment

(PNA) process, undertaken in partnership through the Regional Partnership Board. The PNA in turn will be used to inform our commissioning processes.

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

For example,



CHRONIC CONDITIONS

Percentage of patients registered with a North Wales GP surgery as having a chronic condition.

	BCUHB (%)	WALES (%)
Hypertension	16.9	15.9
Diabetes mellitus (patients aged 17+)	7.8	7.8
Asthma	7.6	7.4
Cancer	3.7	3.3
COPD	2.7	2.4
Atrial fibrillation	2.6	2.4
Stroke & transient ischaemic attack	2.2	2.2
Heart failure	1.1	1.1

Patients with chronic conditions are recorded by GPs on registers are part of the Quality Assurance and Improvement Framework (QAIF). Limitations of the data include variation in practice coding and recording of data.

- The COVID-19 pandemic. We will continue to find ways of delivering our services in ways that are safe and that address the long-term impacts of the pandemic.
- More people are living with one or more complex health issues such as diabetes or heart disease and we will support people to manage these conditions better so that they can live their life to the full.

- We know that more people are experiencing mental health issues with one in four of us affected at some point in our lives.
- There are more people living with dementia. We will work with people with experience of mental ill health and our partners to design and deliver modern services. We will do more to support people with long-term mental health problems in their first language where possible.

MENTAL HEALTH & WELLBEING

Mental health and wellbeing are impacted by deprivation, housing insecurity, employment, loneliness and ethnicity.

Mental ill health is associated with increased physical ill health and reduced life expectancy.

Poor mental health is also associated with increased risk-taking behaviour and unhealthy life-style behaviours.

BCUHB has a mental wellbeing score of 52.4, which is higher than Wales (51.4), a higher score suggests stronger mental wellbeing.

It is estimated that the **number of people in North Wales with a common mental disorder** will increase from about **93,800 in 2020 to 94,200 by 2040.**

A large proportion of Emergency Department attendances and general admissions to hospital are related to mental health problems.

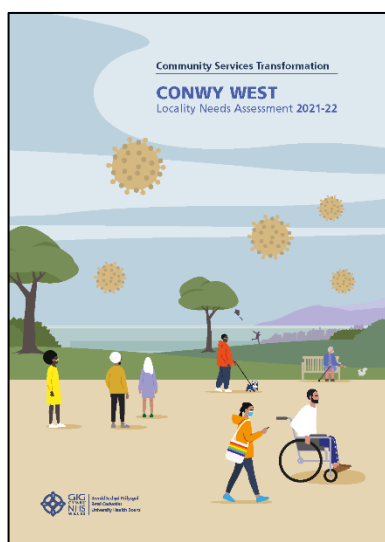


**94,200
BY 2040**



**93,800
IN 2020**

The needs of North Wales communities are different across our 14 integrated Health and Social Care Localities.



We have undertaken Locality Needs Assessments (LNA) for each Locality, and these can be found online [here \(insert final hyperlink\)](#).

Our planning for future services starts from these LNA's, using them to identify priority areas for improvement as well as strengths upon which to build further and this will require us to reallocate resources to support transformation.

We are committed to our current journey of rapidly boosting the role of our Health and Social Care Localities. This is aligned to the guidance within the national Accelerated Cluster Development programme and will further enhance the role of Localities in shaping our planning priorities.

Section 2: Challenges and opportunities

■ The challenges we face

After almost 2 years of COVID-19 pandemic, we face a number of significant challenges over the next 3 years as we recover:

- There are difficult demands on our primary care and community services, with shortages of traditional primary care health professionals, for example GPs, across the UK;
- Our directly employed workforce is also changing and like many NHS organisations we face challenges in recruiting and retaining staff in a number of specialties and staff groups, including our ambition to increase bilingual skills;
- There are increasing demands on our hospital services, for example, in our Emergency Departments, meaning that often we cannot see patients as quickly as we should;
- Waiting times for a number of operations such as replacement joints or eye surgery have significantly increased during the pandemic and we need to see patients sooner;
- Bed occupancy in our hospitals is currently above the recommended levels;
- The current size and condition of our buildings is not sustainable in the long term, will not support our strategic ambition and will require significant investment, particularly across our acute and community hospital estate;
- Our digital information systems infrastructure and the delivery of core national programmes which are essential to service provision and transformation are not yet fully implemented;
- We must continue to understand and acknowledge that our services need to evolve if we are to be able to staff them in a safe and sustainable way as our population continues to change. A significant amount of work has been undertaken to stabilise and improve our financial position and we need to live within the limits of these resources as well as non-financial resources, particularly our staffing. This means that wherever we deploy our resources we must make sure we deliver highest value and better outcomes for our population.
- Our partners are also facing significant capacity, workforce and financial constraints. It is more important than ever for us to work together as a whole system to ensure we make best use of our collective resources to support our local communities, by applying foundational economy principles to our decision making.

The best ways of supporting the residents of North Wales to face these challenges do not all involve complex medical interventions. The majority of our episodes of healthcare delivery could and should be less technically complex in nature, and it is crucial that we also deliver these episodes to a consistently high standard and avoid unnecessary medicalisation.

We are committed to continually consider how to best address this breadth of opportunity. Key to this is by assessing the **value** of our services through the eyes of those receiving them and improving outcomes which are important to our population by adopting value based healthcare principles. We have embedded these principles to run through our entire Transformation and Improvement system. Welsh Government has created recurrent funding to accelerate adoption of value based healthcare principles across Wales and the Health Board's allocation is £3.4m which will allow us to progress more quickly with value-driven transformation schemes already in train across North Wales.

■ COVID-19

We continue to see a high prevalence of COVID-19 including the emergence of new variants. Our challenge is balancing COVID-19 needs with the needs of those who have had delayed access to non-COVID-19 services because of the pandemic.

Our planning assumptions will continue to address COVID-19 programmes alongside re-establishing services. We will capture and utilise new ways of working and maintaining good practice from lessons learnt throughout the first and second waves of the pandemic.

The Test, Trace and Protect programme continues to play a pivotal role in protecting our population and we plan to continue this.

We have developed six COVID-19 Community Hubs, one in each Local Authority area across North Wales, working in partnership with local organisations and community groups where as well as testing kits people can get advice and support about a range of issues including money advice, food, and energy poverty.

Our planning also incorporates the need for a longer term COVID-19 vaccination programme. The initial programme has been delivered through a partnership between the Health Board and primary care – GPs and pharmacies – and there has been significant support from Local Authorities and other partners in the development of vaccination centres. It is likely that an ongoing and regularised booster programme will be needed and we are developing options for sustainable future models of delivery.

Impact of COVID-19 on BETSI CADWALADR UNIVERSITY HEALTH BOARD

COVID-19 has had far reaching consequences on all aspects of life, including both physical and mental health.

Since the start of the pandemic, there have been in BCUHB directly related to COVID-19:

- almost 58,900 confirmed cases
- around 2,100 community onset hospital admissions
- over 1,000 deaths

Some groups disproportionately impacted by Covid including older people; Black, Asian and minority ethnic groups; low skilled workers; and the most disadvantaged members of society.



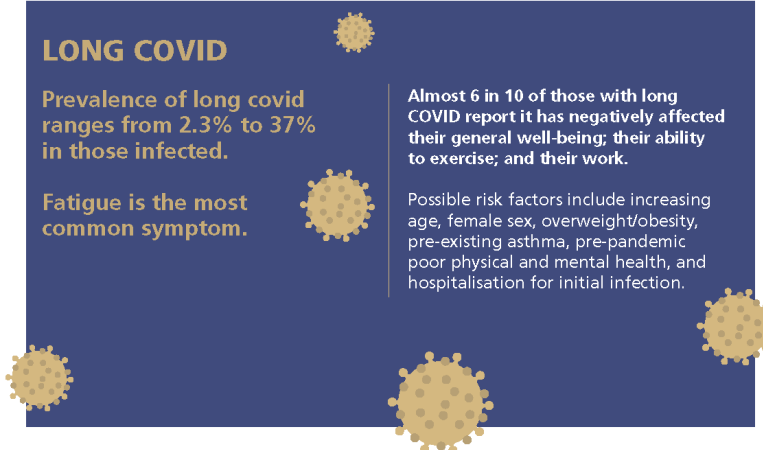
LONG COVID

Prevalence of long covid ranges from 2.3% to 37% in those infected.

Fatigue is the most common symptom.

Almost 6 in 10 of those with long COVID report it has negatively affected their general well-being; their ability to exercise; and their work.

Possible risk factors include increasing age, female sex, overweight/obesity, pre-existing asthma, pre-pandemic poor physical and mental health, and hospitalisation for initial infection.



IMPACT ON HEALTH & SOCIAL CARE SERVICES

COVID-19 has had a major impact on health and social care services across Wales, including:

- **Reduced capacity** in emergency departments and hospitals as a whole.
- **Disruption of clinical service** provision resulting in large backlogs in services.
- Number of **people waiting over 52 weeks** is at its highest ever.
- **People delaying contacting GP** about worrying symptoms, which could impact on treatment and outcomes.
- **Increase in demand** for mental health services; **estimated 25% increase** in demand for hospital services, translating to **around 10,000 referrals**.
- In mental health services, particular impact on **CAMHS, Eating Disorders, Memory Assessment Services** and access to **Psychological Therapies** referrals.
- The coronavirus pandemic has been an exceptionally **stressful and challenging time** for care home staff, residents and their loved ones.
- Financial impact for many social care providers due to the cost pressures of additional **infection prevention and control activity; insurance liabilities; and staffing constraints**, along with **reduced income**.
- Many unseen and unreported issues that have built up during the pandemic will emerge, placing **increased demands** social care services.



Produced alongside a BCUHB general population health and wellbeing infographic. Evidence & data based on latest published sources which are available as an appendix. Infographic created: September, 2021



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Whilst there remains uncertainty around the ongoing impact of 'Long Covid', indications are that around 15% of people who have tested positive for Covid will have ongoing symptoms for 12 weeks or more. We are continuing to work with people with lived experience of long Covid to co-design patient pathways.

The current estimate of COVID-19 costs is £80m for 2022/23, which includes £39m for Test, Trace and Protect; Mass Vaccination; Personal Protection Equipment; and Long Covid. A further £41m of potential costs are not explicitly funded, and will be subject to funding from our core baseline. Our financial assumption for the duration of the IMTP remains that Covid-19 related programmes will continue to be subject to additional funding, beyond the recurrent revenue allocation from Welsh Government.

Recognising and maximising opportunities

The work to tackle these challenges with our partners and to transform health and social care in line with 'A Healthier Wales' has begun. This includes changing the way we do things as an organisation (for example the work on our operating model).

Although our joint working with partners to tackle the COVID-19 pandemic has served to further galvanise partnership working at a local, regional and national level, we recognise that there are opportunities to do more work in partnership to support vulnerable communities and protect the health and wellbeing of our population.

We have taken the opportunity to refresh and renew our long-term strategy 'Living Healthier, Staying Well' and our clinical services strategy is further developing. This year we are increasing our focus and pace to refine or develop high quality and evidence-based care pathways to underpin and deliver these strategies.

There has been a rapid development of digital innovation implemented throughout the pandemic. This now needs to be further explored to establish the areas where this adds true value so that these can be embedded and further developed – it remains the case that many patients in North Wales travel unnecessarily to attend appointments that could have been delivered more conveniently. This is a focus of work during the coming year alongside progressing our recently approved digital strategy, setting an ambitious plan for North Wales and a desire to become an exemplar for digitally enabled health.

Continuing on a journey of transformation is a theme that runs through our Targeted Intervention Framework, as published by Welsh Government. Many of our schemes progress this, led and coordinated by our Transformation and Improvement team. This includes ensuring we use evidence based methodology to inform our transformation and improvement, such as Lean/Kaizen principles, and Value Based Care. Schemes focused upon unnecessary clinical variation, and the inverse care law will help us focus upon the areas that should be our priorities.

Together with Bangor University, alongside other higher education bodies and partners in the region, we have an ambition to develop a transformational inter-professional Medical and Health Sciences School by 2025. This represents a significant opportunity in North Wales for us to align education and training to our clinical strategy, support the delivery of our research strategy and address key challenges in our clinical workforce including the development of bilingual skills.

Recovering access to timely planned care requires a whole system response with primary and secondary care clinicians working together to support patients both waiting for and having access to care in primary and secondary care settings.

We will continue to progress our plans to provide state of the art Regional Treatment Centres, ultimately staffed by local NHS teams using modern equipment delivering care to reduce harm to patients and enable robust and sustainable NHS services for our population of North Wales. Whilst we wait for these Regional Treatment Centres to launch we are carrying on to methodically address the backlog of planned care that has arisen during the pandemic, prioritising those at greatest need first.

The multi-year strategic support provided to the Health Board is allowing us to drive both performance improvement and the transformation programme, facilitating the transition to a more sustainable model in the future and equates to £42m additional funding in 2022/23 and in 2023/24. We continue to progress the schemes we committed to in last year's annual plan - to transform planned care, unscheduled care, mental health services and our operating model, as these remain the Health Board's priorities.

Welsh Government are also supporting the Health Board's ambition to deliver sustainable healthcare by providing a further £40m cover in 2022/23 and 2023/24 to offset the historic deficit, while we start to transform the clinical services we provide.

We will need to deliver recurrent savings to reduce the underlying deficit and enable us to provide the full range of NHS services within the Health Board's resource allocation. Over the three years of the IMTP, we need to deliver £35m savings each year by reviewing how we allocate our funding in order to improve the quality of the care we provide.

Section 3: Our priorities for delivery in 2022/25

▪ Living Healthier, Staying Well

In 2018, we produced our long term strategy for health and well-being, Living Healthier, Staying Well following extensive engagement with patients, carers and community organisations, the Community Health Council, other partner organisations, and our staff.

During 2021 we have undertaken significant follow-up engagement with the public of North Wales to test whether the goals and principles are still relevant, three years on, and in the light of the changed environment brought about by the COVID-19 pandemic. The majority of respondents strongly agreed or agreed that the core goals of the strategy are still relevant.

A number of messages emerged from the engagement exercise regarding the need for greater clarity on the strategic direction of the Health Board. This has led us to create a 'Plan on a Page' approach to link together our various strategies, Values, and the absolute need and commitment to work in partnership and distil them into 5 BCUHB Planning Principles. This single page simplified approach has been successfully adopted by a number of world class healthcare providers internationally.

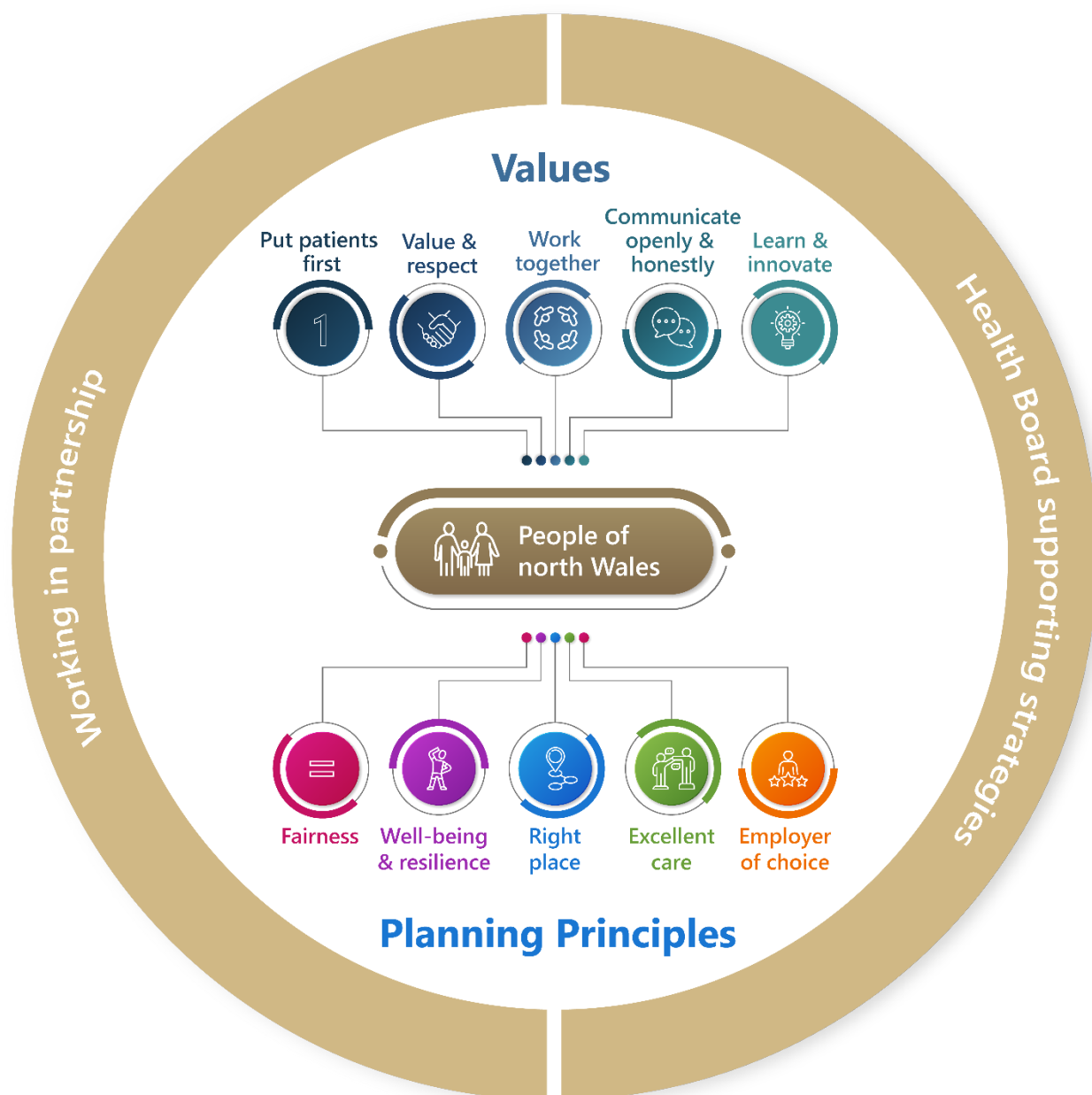
Our IMTP priorities are built firmly upon, and align to, the published Ministerial Priorities and NHS Planning Framework. A Healthier Wales sits at the core and we are confident that by understanding, and using these BCU Planning Principles we will consistently focus to deliver against the Ministerial Priorities and the NHS Planning Framework, in turn moving closer to fully delivering our objectives. Greater detail regarding our 5 Planning Principles, and why we have introduced them, can be found [here \(insert final hyperlink\)](#).

The contents of this IMTP have been tested against these Priorities, the Framework, and Principles. Importantly, as part of an integrated planning process, all proposed developments/schemes have been 'stress tested' to ensure that they fit within the finance and workforce resource available to us.

The coming year (2022-23) will see a consolidation of activity commenced but not yet fully completed, (where it aligns with these expectations). A smaller number of new initiatives will be introduced within 22/23 to deliver further and to develop the Health Board (currently under Welsh Government 'Targeted Interventions') over the coming years.

It is the outcomes achieved are most important. Behind each activity, though not shown in detail within this plan, lies a 'logic diagram' approach that tracks the strands of activity through to clearly defined outcomes that explain how the experience for the residents of North Wales will be enhanced.

Plan on a Page - our 5 Planning Principles



Fairness

we will reduce avoidable and unfair differences in health



Well-being & resilience

we will maximise prevention, self-care, well-being, and strong community networks



Right place

we will provide services that are sustainable, delivered close to where people live where it is safe and effective to do so



Excellent care

we will design services that can deliver world-class outcomes and experience for patients



Employer of choice

we will work, and organise, improve and transform ourselves, to support our teams to flourish

Using our Plan on a Page simplifies our priorities for the whole Health Board and makes sure every change is designed to have the biggest all-round impact.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

■ Ministerial Priorities and the NHS Wales Planning Framework

Our IMTP aligns firmly with the Ministerial Priorities and NHS Wales Planning Framework.

Ministerial Priorities
<i>A Healthier Wales</i>
<i>Population Health</i>
<i>Covid-19 response</i>
<i>NHS recovery</i>
<i>Mental Health and emotional wellbeing</i>
<i>Supporting the health and care workforce</i>
<i>NHS Finance and managing within resources</i>
<i>Working alongside Social Care</i>

The following pages outline some of the key areas of work we will be pursuing in 2022/23 in addition to our actions to restore full core activity following two years of pandemic reprioritisation.

Taken together with our NHS recovery activity, these areas of work evidence how we will deliver the Ministerial Priorities opposite, alongside additional local priorities such as addressing the requirements of our Targeted Intervention framework.

The actions we will undertake to deliver the Ministerial Priorities do not, generally, align with a single Priority but more typically relate to multiple Priorities together.

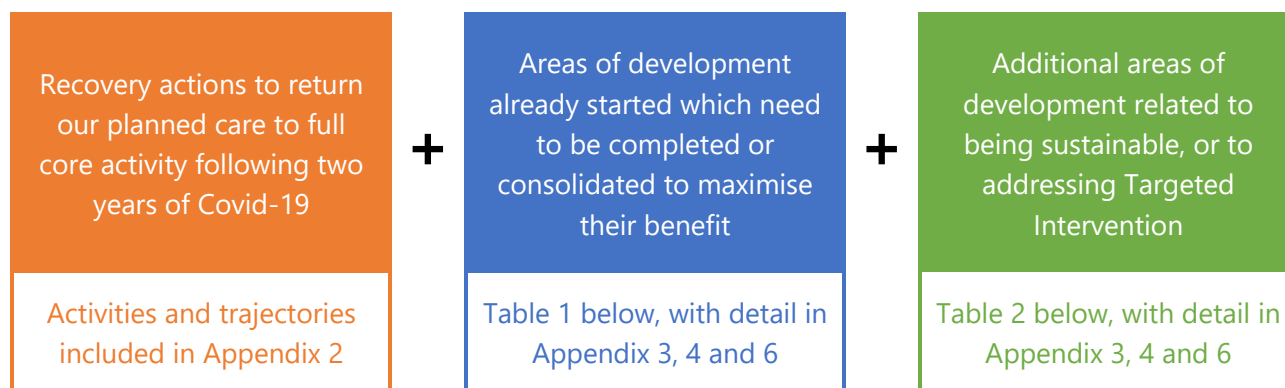
In addition, we feel that now is the time to signal our intent to move to a deeper level of integrated working. Whereas our annual plan last year differentiated activity into traditional sectors (such as 'primary care' or 'secondary care'), we do not believe that this is the right way to move forwards. Our opportunities for success will come from working as a whole system, including planning as a whole system, and that starts by describing our activity as a whole system. This is fundamentally important to us.

For both of these reasons, we have presented our areas of key activity for 2022/23 in the following pages in alphabetical order rather than artificially splitting into service 'sector' or under Ministerial Priority headings.

However, for ease of assurance purposes, we have included an appendix to the IMTP (appendix 1 – Alignment Matrices) in which we have provided visualisations that demonstrate our alignment with Ministerial Priorities and the NHS Wales Planning Framework, alongside other important visualisations that will provide confidence on how we will manage this work through the year.

■ Tables of main activity priorities for 2022/23

The tables below set out our main activity priorities for delivery in 2022/23, in addition to our planned care backlog recovery programme. Greater detail on the planned care recovery programme can be found in appendix 2.



In addition, not listed here, are smaller service improvement activities which will be delivered by operational teams from within their existing resource allocations.

Notes:

1. These tables contains summary descriptors only. More detailed descriptors together with SMART milestones can be found in Appendix 3 of the 2022/25 IMTP. [\(include final hyperlink here\)](#)
2. These tables contains summary descriptors for our priority deliverables for 2022/23. Tables containing indicative content for 2024/2025 can be found in Appendix 5 of the 2022/25 IMTP. [\(include final hyperlink here\)](#)
3. Testing has been done against the financial and workforce resource that we expect to be available to us, and is displayed below using a RAG format. Where the outcome is anything other than green, the reason why is included within the detail contained in Appendix 3.

Table 1: Schemes being consolidated during 2022/23

Ref	Title	Workforce Testing	Financial Testing	FYE £m's	22/23 PVE £m's
a.2022.1	Care Home support To support the care home sector to deliver safe effective care to our residents of North Wales and ensure a standardised programme of assurance and development	●	●	0.1	0.1
a.2022.2	Colwyn Bay Integrated services facility Providing Extra Care Housing, 'intermediate' healthcare, and MDT working across services. Partnership project between Conwy County Borough Council, BCUHB and Grwp Llandrillo Menai	●	●	0.0	0.0

Ref	Title	Workforce Testing	Financial Testing	FYE £m's	22/23 PYE £m's
a.2022.3	Continuing Healthcare infrastructure That all North Wales residents are assessed for health funded care (CHC) in a timely way and receive safe, high quality, equitable care	●	●	0.6	0.5
a.2022.4	COVID-19 vaccination and Test, Trace and Protect (TTP) Deliver a sustainable COVID-19 vaccination and tracing programme that meets the evolving requirements, developed plans to integrate the Covid programme more closely within the overall BCU HB immunisation strategy.	●	●	35.8	35.8
a.2022.5	Digitisation of Welsh Nursing Care Record Implementation of a digital nursing system to replace paper nursing documentation within adult hospital settings	●	●	0.5	0.5
a.2022.6	Eye Care Transform the provision of eye care services and deliver a sustainable service for the population of North Wales	●	●	2.6	2.6
a.2022.7	Further development of the Academy Further development of the Academy to sustain, expand and further develop the Primary Care workforce, in line with the all Wales model for Primary Care, expanding beyond Primary Care as capacity and resource allow	●	●	1.9	1.2
a.2022.8	Health & Safety Statutory Compliance Improve levels of the Health Board health and safety and statutory compliance	●	●	2.5	2.2
a.2022.9	Home First Bureaus Resource the Home First Bureaus on a sustainable basis, with a consistent and standardised North Wales model in place to maintain the 'Home First' principles on a 7 day week basis	●	●	1.4	1.3
a.2022.10	Implementation of Audiology pathway Advanced Practice Audiologist as first point of contact in Primary Care for people with hearing loss, tinnitus, earwax and specific balance difficulties, achieving better outcomes and releasing GP capacity	●	●	0.8	0.6
a.2022.11	Improving minimal access surgery in gynaecology and North Wales specialist endometriosis care Commence implementing a 3-year strategy to open a North Wales Endometriosis centre, repatriating services to provide care closer to home	●	●	0.4	0.3
a.2022.12	Long Covid Develop the patient pathways required to support the population to manage the longer-term health conditions resulting from long Covid, and improve their outcomes	●	●	1.3	1.3
a.2022.13	Lymphoedema	●	●	0.3	0.3
a.2022.14	Mental Health Improvement scheme - AISB Joint Commissioning Joint approach, through the Area Integrated Service Boards (AISB) to commissioning health and wellbeing services for local population via community localities	●	●	0.3	0.0
a.2022.15	Mental Health Improvement scheme - CAMHS Training and Recruitment Mental Health Improvement scheme - CAMHS Training and Recruitment	●	●	0.3	0.1

Ref	Title	Workforce Testing	Financial Testing	FYE £m's	22/23 PYE £m's
a.2022.16	Mental Health Improvement scheme - CAMHS Transition and Joint working Mental Health Improvement scheme - CAMHS Training and Recruitment	●	●	0.8	0.8
a.2022.17	Mental Health Improvement scheme - Early Intervention in Psychosis Provide an early intervention service for people with a first episode of psychosis, supporting education, employment and life choices	●	●	1.0	0.6
a.2022.18	Mental Health Improvement scheme - Eating Disorders Service development Improve service provision for both early intervention and treatment at Tier 2 (Community Mental Health Teams) and improving provision of local inpatient services	●	●	0.5	0.5
a.2022.19	Mental Health Improvement scheme - ICAN Primary Care Roll out of cluster based ICAN Occupational Therapists and Community Connectors providing real alternatives to avoidable medicalisation	●	●	1.7	1.2
a.2022.20	Mental Health Improvement scheme - Medicines Management support To provide dedicated medicines management across the division including inpatient units and CMHTs	●	●	0.6	0.4
a.2022.21	Mental Health Improvement scheme - Neurodevelopment recovery Recovering access to neurodevelopmental (ND) services	●	●	1.4	1.4
a.2022.22	Mental Health Improvement scheme - Occupational Therapy To provide on-going specialist occupational therapy support to community care settings, providing education and training	●	●	0.4	0.3
a.2022.23	Mental Health Improvement scheme - Older Persons Crisis Care Development of Crisis care support for older adults (over 70) with an acute mental illness and people of any age living with dementia	●	●	0.5	0.4
a.2022.24	Mental Health Improvement scheme - Perinatal Mental Health Services Develop and expand the North Wales Perinatal Mental Health Service, aligned to Welsh Government guidance	●	●	0.3	0.2
a.2022.25	Mental Health Improvement scheme - Psychiatric Liaison Services Appropriate and consistent psychiatric liaison response across North Wales. Further development of pathways & workforce, and improve patient experience	●	●	0.3	0.3
a.2022.27	North Wales Medical & Health Sciences School text currently being written	●	●	tbc	0.0
a.2022.28	Operating Model	●	●	0.7	0.7
a.2022.29	People & OD Strategy – Stronger Together Delivery of the 5 programmes of work following the Discovery phase of Stronger Together	●	●	1.3	0.6
a.2022.30	Radiology sustainable plan Develop a sustainable plan further to have an adequately resourced, responsive quality service, moving towards being able to meet the imaging demands for referral to report within two weeks	●	●	2.5	2.5

Ref	Title	Workforce Testing	Financial Testing	FYE £m's	22/23 PYE £m's
a.2022.31	Regional Treatment Centres Improve the hospital element of the planned care pathway with a focus on diagnostics, assessment and treatment	●	●	1.5	1.5
a.2022.32	Speak Out Safely To build on the rollout of Speak out Safely as part of creating an environment of psychological safety, learning and improvement	●	●	0.1	0.1
a.2022.33	Staff Support and Wellbeing Sustain and embed the improvements made to the Staff Support & Wellbeing Service (SSWS) during 2021/22 – funded through short term monies – and further develop SSWS in a sustainable manner in 2022/23 and beyond to meet current and growing demand	●	●	0.6	0.6
a.2022.34	Strengthening emergency department (ED) & SDEC workforce to improve patient flow. Revise the current workforce establishment and skill mix across our 3 EDs and Same Day Emergency Care (SDEC) services in order to ensure high quality, safe care is achieved in line with local and national targets, as well as expand and enhance ambulatory care across the region	●	●	7.8	9.0
a.2022.35	Stroke services Improve stroke outcomes across North Wales, addressing the breadth of stroke care and prevention, and by applying a consistent 'whole-pathway' approach	●	●	3.9	2.9
a.2022.36	Suspected cancer pathway improvement Implementation of a range of suspected cancer pathways to reduce waiting time and variation across North Wales	●	●	2.0	2.0
a.2022.37	Urgent Primary Care Centres Complete the establishment of Urgent Primary Care Centres in strategic locations to release capacity within Emergency Departments and GP practices	●	●	1.9	1.9
a.2022.38	Urology – Robot Assisted Surgery Commencement of robot-assisted surgery (RAS) in urology	●	●	0.9	0.3
a.2022.39	Vascular Continued development of a safe and effective vascular service across BCU	●	●	tbc	tbc
a.2022.40	Video consultations Optimising the use of consultation video technology with Pathway redesigns	●	●	0.4	0.4
a.2022.41	Welsh Community Care Information System (WCCIS) Implement a once for Wales solution to allow better-integrated working across health and social care over the next 3 years	●	●	1.1	1.1
a.2022.42	Welsh Language Achieving compliance with statutory requirements, and providing the conditions where people are assured that Welsh language needs and choices actively influence our planning of health care services.	●	●	tbc	tbc
a.2022.43	Welsh Patient Administration System Continue the phased implementation of the Welsh Patient Administration System across the Health Board	●	●	0.8	0.8
a.2022.44	Widening of Primary Care workforce Currently being collated from respective cluster plans	●	●	tbc	tbc

Ref	Title	Workforce Testing	Financial Testing	FYE £m's	22/23 PYE £m's
a.2022.45	Workforce Operating Model – (inc. recruitment etc.) To build on the learning from the pandemic and the feedback from discovery in ensuring the organisation has a highly effective & efficient People & OD service delivered in a way that is aligned with the operating model of the organisation	●	●	0.6	0.6

Workforce resourcing of these developments:

The overall WTE requirement aligned to the developments in table 1 :	Already recruited against these schemes	Recruitment for 22/23
Medical		45.4
Nursing		117.1
Other Clinical		130.7
Non-clinical		141.8
Total	144.8	435.0

Resourcing the developments above have been broken down into 3 categories:

▪ Recruitment of additional posts

A number of the developments in this group were formulated in 2020/21 for approval and implementation in 2021/22 and as such have clear delivery plans in place and either recruitment has been completed or is in progress. This is reflected in the workforce schedules in appendix 2 of the 2022/25 IMTP [\(include final hyperlink here\)](#), which show 'whole time equivalents' (WTE) in place and spend to date, and remaining WTE and spend profiled through 2022/23. Where recruitment has not been completed, in the main, this has been linked to either organisational change required prior to recruitment e.g. Stroke, and Operating Model. The impact of COVID-19 has also influenced the capacity of both clinical/operational teams as well as the corporate teams to progress these plans as well as its impact on the recruitment market (i.e. lower levels of applications due to local loyalty and sense of responsibility to existing employer).

There are a number of these developments requiring specific and bespoke attraction campaigns e.g. Emergency Department, Stroke, CAMHS etc. We have developed a model for the co-design of these plans with the services involved and have, either with support from external partners or by bringing in specific expertise developed clear tracking and contingency plans to support efficient and effective delivery.

- **Development of new and/or additional roles through commissioning plans and require pump priming**

Against the WTE required above and existing vacancies, we have correlated the impact of roles commissioned either through education providers or through specific campaigns (specifically International recruitment).

The related WTE due to commence in 2022/2023 is: **NICK INSERT NUMBERS**

- **Short/medium term additional capacity required**

Over the course of 2020/21 and 22 there have been a number of contracts agreed for the “insourcing” of staff to undertake additional (and particularly backlog) work. The continuation of this through 2022/23 is key to address both the backlogs in treatment, but also to pump prime service and workforce transformation. Examples of this include ophthalmology/endoscopy and the development of Regional Treatment Centres

Table 2: Schemes being commenced during 2022/23

Ref	Title	Workforce Testing	Financial Testing	FYE £m's	22/23 PYE £m's
b.2022.1	3rd sector strategy Detail to follow	●	●	0.0	0.0
b.2022.2	Accelerated Cluster Development Implement the national Accelerated Cluster Development Programme across North Wales	●	●	0.0 ¹	0.0 ¹
b.2022.3	Atlas of Variation Establish a triangulated approach to considering (and addressing) variation in practice where an intervention would provide an opportunity to improve overall value	●	●	0.1	0.1
b.2022.4	BCUPathways Deliver the BCUPathways whole-system methodology across at least 20 priority pathways, including oncology and planned care pathways delayed due to the pandemic	●	●	0.0 ¹	0.0 ¹
b.2022.5	Building a Healthier Wales (BAHW) Strengthening the population health approach in the Health Board through targeted projects that prioritise prevention, early intervention and reducing health inequalities	●	●	0.3	0.3
b.2022.6	Commissioning unit Establishment of Commissioning Unit and a review of our Commissioning Plan built upon quality and equity. Responding to population needs assessment to develop a commissioning programme that supports key population health challenges	●	●	0.1	0.1

Ref	Title	Workforce Testing	Financial Testing	FYE £m's	22/23 PYE £m's
b.2022.7	Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viruses The Enhanced Service will be commissioned with BCU Community Pharmacies. This delivers an evidence-based, proactive approach to increase access to screening, advice and guidance for these under-served groups	●	●	tbc	tbc
b.2022.8	Diabetic Foot pathway Improve diabetic foot management and outcomes across BCUHB	●	●	2.5	tbc
b.2022.9	Foundational Economy Strategy/Policy Implementation of BCU strategy and policy that maximises our contribution to the Foundational Economy	●	●	0.0 ¹	0.0 ¹
b.2022.10	Golden Value Metrics Create a Golden Value Metric Set, built upon patient reported experience and outcomes, with roll-out programme agreed	●	●	0.1	0.0
b.2022.11	Implementing the Quality Act The Health and Social Care (Quality and Engagement) (Wales) Act 2020	●	●	0.0 ¹	0.0 ¹
b.2022.12	Inverse Care Law work This programme will design the supporting infrastructure and frameworks through which Primary Care, in partnership with community, voluntary and local services can address the health inequality challenges facing their local populations	●	●	0.5	0.5
b.2022.13	LEAN Healthcare system Implementation of a coordinated continuous improvement approach across BCU built upon the LEAN Healthcare methodology	●	●	0	0
b.2022.14	Recovery of Primary Care chronic disease monitoring Covered within respective cluster plans	●	●		
b.2022.15	Results management Improve the assurance for the management of results across BCUHB by fully delivering a fit for purpose solution that will improve patient safety	●	●	0.2	0.2
b.2022.16	Valuing Carers Working with partners across North Wales to develop and commission a range of support options, which ensure that the needs of informal carers are taken into account across Primary and Secondary care, and which recognise the valuable informal carers play in enabling care closer to home.	●	●	0.0	0.0

¹ Resourced as prioritised core activity within existing teams, not resulting in additional appointments or outsourcing

Workforce resourcing of these developments:

The overall WTE requirement aligned to the developments in table 2 :	Recruitment for 22/23
Medical	<i>Being validated</i>
Nursing	<i>Being validated</i>
Other Clinical	<i>Being validated</i>
Non Clinical	<i>Being validated</i>
Total	<i>Being validated</i>

Indicative priorities in 2023/4 and 2024/5

Tables containing evolving content for 23/24 and indicative content for 24/25 can be found in appendix 5 of the 2022/25 IMTP. [\(include final hyperlink here\)](#)

Section 4: Enablers & Resources

■ Our People

Our ambition is aligned to the ambition for healthcare across Wales in that we will have a motivated, engaged and valued, health care workforce, with the capacity, competence and confidence to meet the needs of the people of North Wales. Specifically this means that:

- Our people will have the right values, behaviours, knowledge, skills and confidence to deliver evidence based care, and support peoples wellbeing as close to their home as possible;
- We will have sufficient numbers of the right people to be able to deliver proactive and responsive health care that meets the needs of the people of North Wales;
- Our people will reflect the diversity, linguistic, cultural & community identity of the population we serve;
- Our people will feel and be valued.

We will achieve this ambition through implementation plans co designed and delivered in partnership with our people and partners.

As the largest Health Board in Wales and one of the largest employers in North Wales, we recognise that the people who work with us to provide services and care (our workforce and volunteers) must be valued. Not just for their dedication and contribution to achievement of our purpose, but importantly, as members of local communities, contributing to the wider socio-economic prosperity and health of North Wales. We recognise the importance of supporting our staff to develop Welsh language skills wherever possible.

We will continue to build upon achievements to date to embrace the role that we play in both employing the right people with the right skills to provide services in the right place, and developing opportunities, together with partners across health, social care and education, for members of our communities to gain and maintain employment and to achieve their ambitions.

Our People Strategy & Plan [**\(INSERT HYPERLINK TO STRATEGY AND PLAN\)**](#) is our opportunity to create a learning culture, to work together with our people and partners to address a number of long-standing challenges, prepare our organisation for future challenges and to embrace and create opportunities for us to succeed.

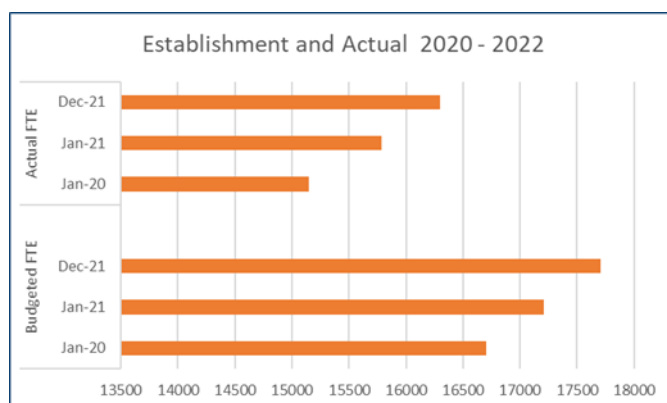
Many of our future workforce are here today in various forms and retaining, nurturing and developing them is as important as recruitment of more and new. The actions under the five programmes of work set out within the strategy will work together to improve retention of our current workforce, as well as attracting new people into the workforce.

This cannot and will not be “more of the same” – as outlined in previous sections of this plan; we need to continue to transform traditional roles and ways of working to support new models of care through our local and the national transformation programmes.

Resourcing the Delivery of the Integrated Medium Term Plan – Building on the work undertaken through the pandemic our goal is to focus on improving the connectivity between service design and delivery, workforce shape and supply and our ambition to be an Employer of Choice. This includes the clinically led reviews of existing delivery models that have informed the IMTP and the wider workforce plan to ensure the skills mix is correct for service delivery, sustainability, and triangulation of proactive workforce commissioning and placement opportunities across primary, community and secondary care settings. This allows us to continue to assess the longer-term impact of agile and flexible working on services from a workforce perspective.

NB: All figures require updating when January data validated

Over the course of the last 3 years, our workforce has increased both in budgeted establishment (+6%) and in actual Full Time Equivalent (FTE) in post (+7.6%). This is in the main due to the number of new service and workforce improvements undertaken through 2021/2022. Across the year, we have seen an increase in new service provision across Test, Trace & Protect (TTP) and the Covid 19 vaccination programme, whilst seeing new service investment across areas such as Emergency Medicine and Stroke.



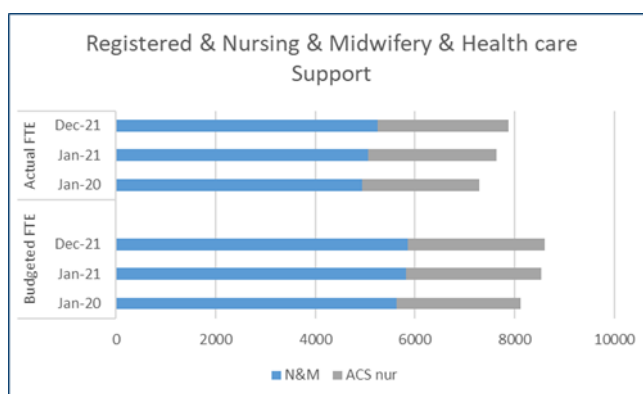
Recruitment activity has significantly increased across the year as a result with number of FTE adverts placed in April 21 being 338 compared to 1977 in December 21.

This is reflective of new service developments together with a focussed proactive approach to appointing to more roles on a substantive basis. The overall vacancy rate has stayed steady at around 8- 9% across the same period.

This has led to the organisation taking a significantly different approach to recruitment across the year with the development of a new international workforce pipeline initially focusing on nursing which has seen over 100 new nurses come into the Health Board with plans over the next 2-3 years for another 350 to come on stream.

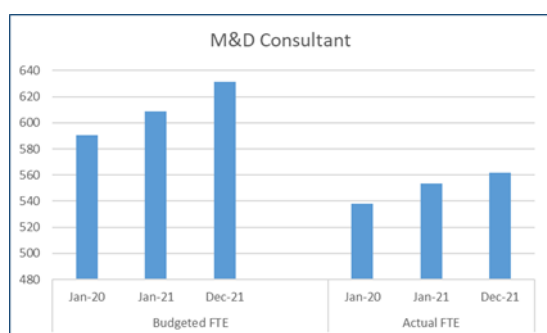
Registered Nursing & Midwifery has increased by 4% budgeted establishment and 6.5% Actual FTE in post.

When set together with Health Care Support Worker increases of 10% Budgeted Establishment and 11% Actual FTE in post this provides a positive picture, albeit one that recognises there remains a significant gap of just under 600 FTE registered nurses and that retention remains a real challenge.



Through the Nursing & Midwifery Recruitment & Retention group, there are a range of work streams to improve retention of nurses. In particular, there are three career pathways being reviewed and enhanced to make a Nursing career in BCUHB more visible to our staff.

This methodology has been taken through to develop a medical pipeline, enabling the development of a proactive system for forward planning on medical recruitment, particularly at Consultant level at this stage but as it progresses rolling this out across medical grades and specialities.



Our Medical & Dental Consultant workforce has increased by 7% budgeted FTE and 4.5% actual FTE in post. Whilst all other grades have seen an increase, by far the smallest increase has been in directly employed General Practitioners. The further development of a sustainable strategy for our primary care workforce is a key strategic priority for the term of this Strategy and beyond.

We have adopted new streams into our pipeline for medical staff and have been working to bring Junior Doctors who qualified abroad, but are English residents into the Health Board at a rate of 10-20 a year.

Alongside this, to continue to run in parallel with national and UK recruitment we are working with partners to supply overseas doctors for areas such as Emergency Medicine, GPs and other targeted specialities.

Clinical, Service, Finance and Workforce teams have worked collaboratively to develop a new campaign approach to advertise service vacancies as a whole; this has been particularly successful in the case of the Stroke service, which traditionally has been a hard to recruit to area.

The attraction approach over the last 12 months has been about moving away from singular transactional vacancies to a more holistic approach on two fronts. The first relates to the service-based roles as part of service-orientated recruitment campaigns for new services developments where they have seen major investment such as Stroke, Emergency Medicine or where there has been historical challenges in recruiting such as Pharmacy and CAMHS. The second is around professional staff groups such as nursing or Medical & Dental staff where there has been recruitment challenges over a sustained period. The approach in this case has focused on the whole package an individual can access working in North Wales in terms of lifestyle choice on a personal level alongside the professional opportunities such as involvement in the new Medical and Health Sciences School coming on stream in the near future.

Underpinning this plan sits a detailed workforce profile for 2022/23 where workforce has an impact on the delivery of the improvement. The workforce profile has been broken down into different staff categories with the recruitment activity required profiled alongside. Detailed recruitment risk assessments and delivery profiles are in appendix XX (this is subject to refresh on an annual basis).

REFRESH AS DETAIL LOCKED DOWN The overall total of new recruitment activity planned for 22/23 is 519 WTE with plans being drawn up for year 2 currently standing at 125 WTE. The split across the workforce staff groupings 22/23 schemes is as follows; Medical staff 46 WTE, Nursing staff 148 WTE, Other Clinical staff 159 WTE and Non-Clinical Staff 166.

Full Workforce Plan – The People Strategy and Plan supporting this IMTP includes a profiled Workforce Plan incorporating four interdependent streams:

1. Bridging the gap – forecast profile and plan for reducing the vacancy gaps across key services and staff groups;
2. Recruitment to additional/new establishment – forecast profiles for recruitment to additional/new budgeted establishment;

3. Forecast for workforce performance against key performance standards – e.g. attendance, deployment of temporary/flexible resource, retention/planned/unplanned turnover;
4. Commissioning – Academic and vocational e.g. undergraduate and postgraduate clinical education, apprenticeships, internships.

Delivery against this plan and importantly, dynamic course correction through effective monitoring and oversight will form an integral part of the performance system and reporting for the wider IMTP.

■ **Working together – partnerships**

The Health Board's purpose is to improve the lifelong health and wellbeing of the people of North Wales. As well as providing care, our role is to support people to look after their own health and wellbeing and to help to make North Wales a healthy place to live. To achieve this, we will work in partnership with other organisations and with individuals, their families and communities.

This means we aim to:

- Develop services which are clinically led and 'co-designed' with the active involvement of patients, carers and residents, working closely with local partners across the three areas of North Wales.
- Work closely with local authorities and other public bodies to design services together and deliver in partnership so our services and theirs join up around the care and support needs of our patients including the provision of bilingual services.
- Recognise the vital role of the third sector and local networks in sustaining communities and supporting well-being and health.
- Continue to work closely with the Welsh Ambulance Service Trust (WAST) to address the challenges of delivering timely emergency care collaboratively.
- Continue to develop our relationships with Digital Health and Care Wales, Health Education and Improvement Wales, and WHSSC, in support of making the best use of our limited resources.
- Keep a sharp focus on the needs of those experiencing health inequality, including people sharing 'protected characteristics' recognised in the Equality Act, and address the more recent Welsh Government duty to support those in deprived communities.
- Engage fully with Welsh Government, Community Health Council and Regional partners, especially when we need to make major changes to services as well as ensuring patients, carers and community representatives are involved from the early stages. We will involve people in co-designing service models learning from their experience and follow the Welsh Government guidelines for engagement and consultation.
- Engage with NHS Wales partner organisations to support the development of their IMTPs, prior to acceptance (where required) by our Health Board.

Our formal partnerships

The Health Board leads or participates through a range of established partnership boards or forums. The principal ones will continue to be:

- **Regional Partnership Board (RPB)**

The RPB is a statutory partnership focusing on seamless working across health and social care to meet well-being, care and support needs. The RPB provides a framework for joint working at operational level. As well as participating fully in this key regional decision-making body, we seek to work increasingly collaboratively with partners under the auspices of the RPB to further join up our services and 'co-design' solutions to shared regional challenges.

- **Public Service Boards (PSB)**

The PSBs are more local service partnerships, focusing on broader well-being needs and sustainable development. The Health Board aims to reflect local needs in our own strategies and organisation. We seek to work increasingly collaboratively through these partnerships to deliver improvements and strengthen our role as a major contributor to local community resilience and well-being..

- **Stakeholder Reference Group (SRG)**

The SRG plays a key role within the Health Board's own governance structure. Independently-chaired, the SRG comprises non-statutory, voluntary and community partners and provides the Health Board with external challenge, access to networks, and advice from community perspectives. We seek to work in closer partnership with the SRG to inform and strengthen Health Board policies and strategic plans, and increasingly collaboratively to advise and support our engagement, particularly at community level.

- **Community Health Council (CHC)**

The CHC is the statutory and independent body responsible for representing the best interests of patients and ensuring the patient voice is heard. The CHC plays a key role in providing challenge and holding the Health Board to account, and we seek to work closely in partnership on matters of common concern as well as engaging formally with the CHC.

It is important to note that the full picture of partnership working across the Health Board is rich and diverse with a range of external partnerships, formal and informal, for different purposes, and our aim will be to extend these further and work more closely with partners as 'business as usual'.

Involving people and communities

The Health Board's strong network of partnerships supports engagement through existing forums and targeted events, and we are grateful to be able to work through these networks to reach out to specific groups and particularly to connect with people whose voices are seldom heard.

Partnerships and engagement more broadly are key domains within the Targeted Improvement plan, which is the plan for improving specific areas. To progress through successive stages of the 'maturity index' against which we are assessed, the Health Board seeks to embed partnership working more fully in our plans.

This includes seeking new and innovative partnerships to deliver or support services. For example, 10% of new mothers report feeling low, and for some this becomes a perinatal mental health condition which requires support. While the GP or secondary mental health services may be appropriate, in Flintshire the Health Board Women's Services team has been working with local voluntary organisation Advance Brighter Futures (ABF) to provide support through its innovative Parental Resilience and Mutual Support programme (PRAMS).

Families are supported through one-to-one Talking Therapy, face-to-face and online groups for those who are struggling. PRAMS also provides a range of services right along the maternity pathway and continue support up to age 16. This partnership has been so successful in Flintshire, BCUHB and ABF are looking to extend the programme across North Wales.

Building our partnership working

To ensure the commitment to collaborative working is embedded at all levels, the Board has established the Director of Partnerships, Engagement and Communication role. This is a new role reporting to the Chief Executive, bringing together existing teams with these functions, creating a renewed focus on public affairs and public engagement.

The ambition to develop partnerships as increasingly collaborative with shared objectives and ensuring our plans are 'co-designed' will be a key focus for the new department.

▪ Service improvement and transformation

During the last year we have brought together, and enhanced, a number of functions related to service improvement and redesign to create a single Transformation and improvement unit. This will enable us to place greater priority upon transformation, whilst also delivering continuous improvement across the whole organisation, and both in a consistent, evidence-based way.

Key priorities that the team will lead and support during the coming year include developing the BCUPathway resource, Golden Metrics based upon PROMS and PREMS, the atlas of variation approach, and the embedding of LEAN principles into our delivery of continuous improvement, all outlined in Section 4 (Our Priorities) above.

In addition, the team will bring evidence-based change management expertise to support the systematic delivery of large-scale transformation programmes such as our Regional Treatment Centres.

■ Finance and value

Overview of the Financial Plan

The Financial Plan reflects expenditure on our current services and those new commitments were set out earlier in this document. Our objective is to deliver a balanced financial position in 2022/23 and we have prioritised our expenditure commitments to enable this to happen.

The Health Board received significant additional resources allocated by Welsh Government 2021/22, which allowed the Health Board to plan for a balanced budget. This Strategic Support, totalling £82m per year continues for 2022/23 and 2023/24 and supports the service improvements and transformation set out in this plan to create sustainable services in North Wales. The Health Board must however make significant transformational changes to ensure that services can continue to be delivered when this support ceases, in order to meet the ongoing requirement for a balanced budget.

Our Resources

The Health Board receives its income from Welsh Government in the form of an allocation. The resources available over the next three years are shown in the table below:

	2022/23 £m	2023/24 £m	2024/25 £m
Opening allocation	1,516.49	1,554.45	1,573.45
Uplift	37.96	19.00	10.00
Deficit Funding			-40.00
Specific Allocations	198.74	198.74	198.74
Resource allocation	1,753.19	1,772.19	1,742.19
Anticipated allocations	116.76	93.69	120.29
Total allocation	1,869.95	1,865.88	1,862.48

Service Transformation and Financial Improvement

This plan is designed to deliver service transformation and improvement which will enhance the quality, safety, accessibility and sustainability of our services. By doing this we know that not only will services for patients improve, but resources will be better utilised with efficiencies and savings occurring. In order to deliver the ongoing balanced financial plan described above, savings of £35m per annum will be required.

Securing savings through transformation will take time and therefore some savings will be transactional, particularly so at the start of the journey. As we move through the three year IMTP timeframe, the balance of savings will increasingly move towards those led by transformation programmes.

Financial Year	2022/23 £m	2023/24 £m	2024/25 £m
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Saving Target	35	35	35
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The integration of the savings plan with the transformation programme will ensure that our actions are primarily focussed on patient experience, quality and value. This is critical to securing engagement from our clinical teams to drive the substantial change and improvement that will be required in our services.

The specific details of the transformational programme are in development however we have identified a number of areas where opportunities exist to improve services and deliver financial benefits. We have used the latest benchmarking data to align financial opportunities with emerging transformational themes and these are shown below.

Transformation Area	Opportunity Range	
	Low £m	High £m
Planned Care	19.8	36.7
Unscheduled Care	11.8	18.7
Mental Health	3.8	5.5
Other*	35.3	53.3
Total	70.7	114.2

**Note – Other includes primary care medicines management, continuing healthcare and workforce*

As the transformation programme develops, we will ensure that its positive impacts upon quality, patient and staff experience and finance are captured and reported in a coherent manner. We will apply value based healthcare principles as a key part of this approach, with our finance staff working alongside clinicians and others to achieve this.

Financial Plan

A summary of the Financial Plan for 2022-25 is shown in the following table.

	2022/23 £m	2023/24 £m	2024/25 £m
Total allocation incl. Anticipated Funding	1,837.21	1,845.14	1,841.74
Exceptional Cost Pressures	32.74	20.74	20.74
Total Funding	1,869.95	1,865.88	1,862.48
Baseline expenditure	1,762.69	1,863.77	1,862.11
Pay & Non Pay growth and inflation	38.61	10.49	8.74
Other cost pressures	28.70	21.63	21.63
New Developments	5.27	5.00	5.00
COVID-19 costs	79.68	0.00	0.00
Recurrent savings	-35.01	-35.01	-35.01
Total expenditure	1,869.95	1,865.88	1,862.48
Planned surplus / (deficit)	0.00	0.00	0.00

Financial Risks

The financial plan for 2022/23, as set out above, contains a number of significant risks which have been quantified and will need to be managed through the financial year:

	2022/23 £m
Impact of a COVID-19 wave on our core planning assumptions	23.99
Anticipated funding for exceptional costs	32.74
New agreements on the licence for Microsoft products	1.88
Full implementation of the Nurse Staffing Act	16.39
Full year impact of new drugs approved by NICE in 2021/22	3.2
Total Risk	78.21

Other risks may emerge during the year, for example not delivering the savings programme, or demand for services exceeding the assumptions in our plan. These will be monitored throughout the year with the plan amended accordingly.

Capital Programme

We will continue to work with Welsh Government to progress a number of major capital schemes:

- YWM - Redevelopment Programme – following workshop Board agreed to pursue urgent continuity work in advance of wider redevelopment. Business case are being submitted to commence Phase 1 infrastructure risks
- Nuclear Medicine / PET CT – SOC approved by Board and submitted to WG – now link to national PET programme
- Radiotherapy Programme – SOC to Board in December – WG supporting advanced purchase of Linac
- Royal Alexandra Hospital development Project – FBC submitted to WG
- Conwy/Llandudno Junction Integrated Primary Care Centre – Seek approval to progress planning from Welsh Government
- Ablett Redevelopment – seek approval to progress to Full Business Case

The Health Board has supported the following projects that will be funded through a partnership/revenue model:

- Regional Treatment Centres
- Colwyn Bay Integrated Health & Social Care Facility
- Hospital Residences
- Penygroes Primary Care Centre
- Bangor Wellbeing Centre

Strategic Outline Cases are being developed for:

- Cefn Mawr Primary Care Centre
- Brymbo Primary Care Centre

Glossary

A&G (Advice and Guidance)	A process for GPs to seek an expert view without referring a patient to secondary care.
Atlas of Variation	An Atlas of Variation identifies unwarranted variation in practice and outcomes across a broad range of clinical conditions, and across different geographical sites/services, prompting reflection and adoption of practice from areas of best performance.
Attend Anywhere	A virtual consultation tool, allowing video consultations as an alternative to face-to-face appointments.
BCUPathways	A BCUHB Programme to develop pathways* for the Health Board. * A pathway helps guide decisions and timing for diagnosis, interventions, appropriate follow-up, escalation of treatment and onward referral. It enables practitioners to provide better health care and patient outcomes and make best use of available resources.
Business Cases <i>Strategic Outline Case (SOC)</i> <i>Outline Business Case (OBC)</i> <i>Full Business Case (FBC)</i> <i>Programme Business Case (PBC) where there are a number of inter-related projects.</i>	A SOC establishes the need for investment; identifies and appraises the main options for service delivery; and provides management with a recommended (or preferred) way forward for further analysis. An OBC revisits the case for change and preferred way forward as identified in the Strategic Outline Case (SOC); establishes the option, which optimises value for money; outlines the deal and assesses affordability; and demonstrates that the proposed scheme is deliverable. The FBC is the procurement stage which should recommend "the most economically advantageous offer", the document the contractual arrangements and confirms the arrangements for successful delivery including post evaluation arrangements. A PBC provides an initial stage strategic context for progression of a programme; from which subsequent cases for developed components can be presented (OBC/FBC/BJC). Route to be confirmed with Welsh Government.
CAMHS (Child & Adolescent Mental Health Service)	The specialist Child and Adolescent Mental Health Services (CAMHS) focus on helping children and young people who experience emotional, behavioural and other psychological difficulties.
Cluster	The goal of healthcare clusters is to provide a continuum of care to a defined geographic region. As well as undertaking local needs assessments and developing services to meet these needs, they will progressively take on responsibility for the resources utilised by their local populations.
Commissioning Unit	A new Unit to be established within the Health Board, which will respond to the population needs assessment and develop a commissioning programme that supports key population health challenges
Continuing Healthcare	NHS continuing healthcare is a package of care for people assessed as having a 'primary health need'; arranged and funded by the NHS.
EASC (Emergency Ambulance Service Committee)	A collaborative process underpinned by a national collaborative commissioning quality and delivery framework. All Welsh Health Boards have signed up to the framework and work together through the Emergency Ambulance Service Committee
GIRFT (Get It Right First Time)	An improvement initiative that uses optimised pathways of care tested and proven elsewhere, reducing waste and unnecessary steps.
Health & Social Care Locality	Defined by geography, the people that live and work in the area, the characteristics of the population and to some extent by existing services such as the location of community hospitals, health centres and social work offices

Insourcing	Provision of additional capacity delivered by the independent sector using BCUHB premises.
IMTP (Integrated Medium Term Plan)	The IMTP is the key planning document for the Health Board setting out the milestones and actions we are taking in the next 1 to 3 years in order to progress our ten-year strategy.
Integrated Planning	Integrated health planning is an approach characterized by a high degree of collaboration and communication in the preparation of service planning, workforce and finance plans
Inverse care law	The inverse care law was suggested thirty years ago to describe a perverse relationship between the need for health care and its actual utilisation. In other words, those who most need medical care are least likely to receive it. Conversely, those with least need of health care tend to use health services more (and more effectively).
LEAN	A methodology, widely used across industry, to minimise waste by supporting continual improvement. This has since been successfully applied, internationally, by many healthcare organisations.
Linac	Medical Linear Accelerator – device commonly used for external beam radiation treatments for patients with cancer
LNA (Locality Needs Assessment)	A systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities
Logic models	A logic model is a graphical illustration that shows the relationship between activities, outputs, outcomes, and their actual impact.
Medical and Health Sciences School	The School of Medical and Health Sciences at Bangor University aims to deliver teaching and research excellence by world-class academic leaders in their field.
Medical Model of Care	Describes care in the language of illness, with medical healthcare interventions presented as solutions to biological problems. See also 'Social Model of Care'.
Metric	A quantifiable measure that is used to track and assess the status of a specific process or service.
Modular wards/theatres	Specialist, temporary wards or theatres transported and erected on Health Board premises, provided on a leased basis.
Operating Model	The arrangements in place to organise and manage the business of the Health Board.
Outcome	Change in health status, usually due to an intervention.
Output	Outputs are the units of service delivery generally measured in terms of quantity, quality, timeliness, and cost. Examples might include the number of patients attending, number of surgical procedures performed, bed occupancy etc.
Outsourcing	Provision of additional [clinic, diagnostic or surgical] capacity provided by the independent sector from their own premises.
PET-CT	Positron emission tomography (PET) scans produce detailed 3-dimensional images of the inside of the body when combined with Computerised Tomography (CT) scans they produce images, known as PET-CT scans.
PIFU (Patient Initiated Follow Up)	Follow up clinics appointments only booked at the request of the patient
Plan on a Page	A concise, one page summary describing the key design elements of a plan.
Prehabilitation	Care initiated prior to treatment that prepares an individual for medical intervention and aids recovery.
PREM (Patient Reported Experience Measure)	Questionnaires for patients, which focus on the patients' experiences of the care they receive rather than their health status.

PROM (Patient Reported Outcome Measure)	Questionnaires that patients complete before and after treatment to assess how they feel, from their own perspective. They can help us understand changes in people's health pre and post-treatment and/or overtime to understand changes in people's quality of life
Regional Treatment Centre	Typically a regional healthcare facility, which provides same day care including diagnostics, therapies, day case procedures and outpatient services.
SDEC (Same Day Emergency Care)	Services designed for patients referred as an emergency who are suitable for safe and effective same day treatment, without the need for a hospital admission.
Social Model of Care	An alternative model to the 'medical model of care'. The social model takes social factors, lifestyle and the 'whole person' into account when considering the causes and solutions to particular problems. See also the 'Medical model of Care'.
SOS (See On Symptoms)	Provision of advice and information to patients who only require a clinic review if symptoms become apparent.
Test, Trace & Protect	Welsh Government's strategy for testing the general public and tracing the spread of Coronavirus in Wales
Value Based Healthcare	Value-based healthcare is the equitable, sustainable and transparent use of the available resources to achieve better outcomes and experiences for every person
Waiting List Stage 1	A list of all patients on an outpatient waiting lists following a referral (e.g. from their GP)
Waiting List Stage 4	A list of all patients on a waiting list for a treatment intervention to be undertaken (usually surgery)
WCCIS (Welsh Community Care Information System)	WCCIS is a nationally developed single, shared electronic record designed to work across both health and social care settings.
WHSSC (Welsh Health Specialised Services Committee)	Hosted by Cwm Taf Morgannwg University Health Board and established in 2010 by the Local Health Boards in Wales to ensure that the population of Wales has fair and equitable access to the full range of specialised services
WPAS (Welsh Patient Administration System)	WPAS holds individual patient details including waiting list information, hospital attendances and medical records. BCUHB is currently working to deploy a single instance of the WPAS system across all of our hospitals.
YGC (Ysbyty Glan Clwyd)	is the district general hospital in Bodelwyddan, Denbighshire, North Wales
YG (Ysbyty Gwynedd)	is the district general hospital in Bangor, Gwynedd, North Wales
YWM (Ysbyty Wrexham Maelor)	is the district general hospital in Wrexham, North Wales

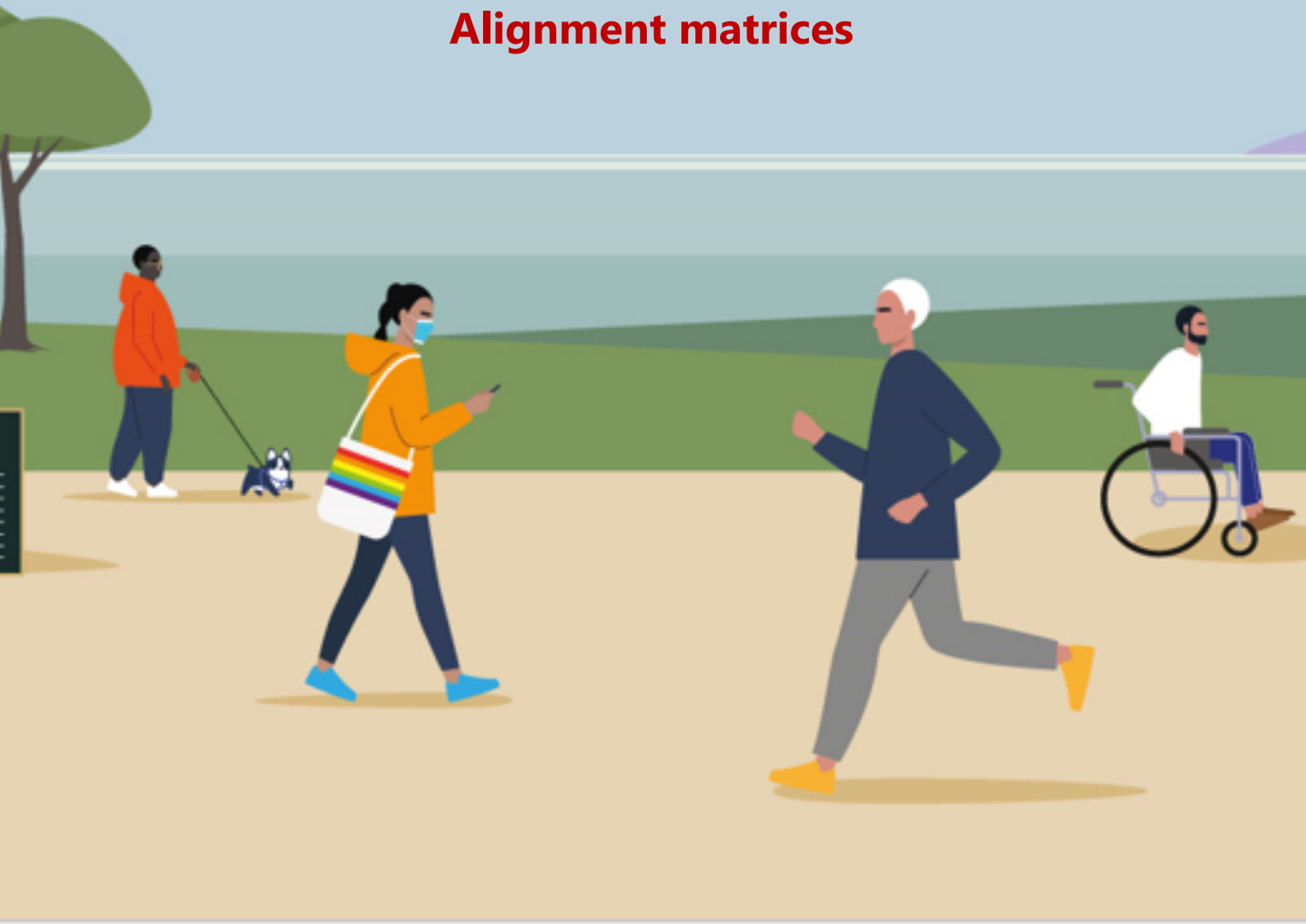


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University Health Board

Integrated Medium Term Plan 2022/25

Appendix 1 Alignment matrices



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Appendix 1: Alignment Matrices

This appendix shows how our areas of key development in 2022/23 align

1. With the Ministerial priorities and NHS Wales Planning Framework
2. With our Targeted Improvement Framework, and other WG priorities
3. With our Plan on a Page and the 5 Planning Principles
4. With our Transformation delivery programmes

Mapping of Schemes against Ministerial priorities and the NHS Wales Planning Framework

▪ Ministerial Priorities

https://gov.wales/sites/default/files/publications/2021-11/nhs-wales-planning-framework-2022-2025_0.pdf

Every area of development included in 2022/23 as a priority, accords with the Ministerial Priorities outlined in the NHS Wales Planning Framework 2022-25. Each has been shaped to maximise delivery against these priorities.

Ministerial Priorities
A Healthier Wales
Population Health
Covid – response
NHS recovery
Mental Health and emotional wellbeing
Supporting the health and care workforce
NHS Finance and managing within resources
Working alongside Social Care
Cluster Planning

The matrix on the next page maps the Ministerial Priorities and Planning Framework against our key activities laid out in the main IMTP document.































































The matrix demonstrates a strong alignment with Ministerial expectations in those activity developments that were already underway at the point the Ministerial priorities were published.

New activities profiled for 22/23 align very strongly with the Ministerial Priorities and NHS Wales Planning Framework.

There are a small number of activities which do not strongly align with any of the key priorities. However those activities align well with our additional priorities of delivering against our NHS Wales Targeted Intervention framework, and increasing digital maturity.

Note a flag in the following matrix has been made where there is a strong alignment with a particular Ministerial Priority. Where a flag is not entered, most schemes still display a softer alignment.

NHS Recovery										
Ref	Title	A Healthier Wales	Population Health	Covid-19 response	NHS recovery	MH and emotional WB	Supporting H&SC workforce	NHS Finance / Resources	Working alongside social care	Cluster planning
	Planned Care recovery programme	<div></div>		<div></div>	<div></div>				<div></div>	<div></div>

Consolidating work									
X	Planned Care recovery programme								
a.2022.1	Care Home support								
a.2022.2	Conwy Integrated services facility								
a.2022.3	Continuing Healthcare infrastructure								
a.2022.4	COVID-19 vaccination and Test, Trace and Protect (TTP)								
a.2022.5	Digitisation of Welsh Nursing Care Record								
a.2022.6	Eye Care								
a.2022.7	Further development of the Academy								
a.2022.8	Health & Safety Statutory Compliance								
a.2022.9	Home First Bureaus								
a.2022.10	Implementation of Audiology pathway								
a.2022.11	Improving minimal access surgery in gynaecology and north Wales specialist endometriosis care								
a.2022.12	Long Covid								
a.2022.13	Lymphoedema								
a.2022.14	MH Improvement - AISB Joint Commissioning								
a.2022.15	MH Improvement - CAMHS Training and Recruitment								
a.2022.16	MH Improvement - CAMHS Transition and Joint working								
a.2022.17	MH Improvement - Early Intervention in Psychosis								
a.2022.18	MH Improvement - Eating Disorders Service development								
a.2022.19	MH Improvement - ICAN Primary Care								
a.2022.20	MH Improvement - Medicines Management support								
a.2022.21	MH Improvement - Neurodevelopment recovery								
a.2022.22	MH Improvement - Occupational Therapy								
a.2022.23	MH Improvement - Older Persons Crisis Care								
a.2022.24	MH Improvement - Perinatal Mental Health Services								
a.2022.25	MH Improvement - Psychiatric Liaison Services								
a.2022.27	North Wales Medical & Health Sciences School								
a.2022.28	Operating Model								
a.2022.29	People & OD Strategy – Stronger Together								
a.2022.30	Radiology sustainable plan								

Ref	Title	A Healthier Wales	Population Health	Covid-19 response	NHS recovery	MH and emotional WB	Supporting H&SC workforce	NHS Finance / Resources	Working alongside social care	Cluster planning
a.2022.31	Regional Treatment Centres	●								
a.2022.32	Speak Out Safely					●	●			
a.2022.33	Staff Support and Wellbeing					●	●			
a.2022.34	Strengthening emergency department (ED) & SDEC workforce to improve patient flow.			●						
a.2022.35	Stroke services	●	●						●	
a.2022.36	Suspected cancer pathway improvement	●	●	●						
a.2022.37	Urgent Primary Care Centres	●								●
a.2022.38	Urology – Robot Assisted Surgery	●								
a.2022.39	Vascular									
a.2022.40	Video consultations	●								
a.2022.41	Welsh Community Care Information System (WCCIS)								●	●
a.2022.42	Welsh Language	●	●							
a.2022.43	Welsh Patient Administration System									
a.2022.44	Widening of Primary Care workforce	●			●	●	●			●
a.2022.45	Workforce Operating Model – (inc. recruitment etc.)						●			

New priority work

b.2022.1	3rd sector strategy	●	●				●	●	●	●
b.2022.2	Accelerated Cluster Development	●	●						●	●
b.2022.3	Atlas of Variation	●						●		●
b.2022.4	BCUPathways	●	●		●	●	●	●	●	●
b.2022.5	Building a Healthier Wales (BAHW)	●	●			●			●	●
b.2022.6	Commissioning unit	●	●					●	●	●
b.2022.7	Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viruses	●	●			●			●	●
b.2022.8	Diabetic Foot pathway									●
b.2022.9	Foundational Economy Strategy/Policy	●					●	●	●	●
b.2022.10	Golden Value Metrics	●						●	●	●
b.2022.11	Implementing the Quality Act	●						●		
b.2022.12	Inverse Care Law work	●	●			●		●	●	●
b.2022.13	LEAN Healthcare system							●	●	●
b.2022.14	Recovery of Primary Care chronic disease monitoring		●	●		●				●
b.2022.15	Results management									
b.2022.16	Valuing carers		●			●	●		●	●

Mapping of Schemes against Targeted intervention and other WG priorities.

▪ *Targeted Intervention*

The Health Board is currently in 'Targeted Intervention' by Welsh Government, and as such has a Targeted Intervention Framework in place, outlining the areas where particular improvement is required. Those areas are mental health, strategy planning and performance, leadership, and engagement.

In addition to the general Ministerial Priorities for NHS Wales organisations, and the focused activity of NHS Recovery required as a consequence of Covid-19, we have structured our developmental activities towards addressing these targeted intervention areas.

Particularly relevant activities (using references from the main IMTP document) that map against targeted intervention requirements are shown in the following table:

Targeted Intervention Domain:	Activity references that strongly contribute to address the domain:
Mental Health <ul style="list-style-type: none"> - Children & Young People - Transition - Adults 	<ul style="list-style-type: none"> ▪ Planned Care Recovery Programme ▪ a.2022.14 ▪ a.2022.15 ▪ a.2022.16 ▪ a.2022.17 ▪ a.2022.18 ▪ a.2022.19 ▪ a.2022.20 ▪ a.2022.21 ▪ a.2022.22 ▪ a.2022.23 ▪ a.2022.24 ▪ a.2022.25 ▪ b..2022.16
Strategy, Planning, Performance <ul style="list-style-type: none"> - Strategy development - Strategy alignment and development of a 3 year Integrated Medium Term Plan (IMTP) - Dynamic and engaged planning - Best Practice approach to improvement - Realistic and deliverable - Systems and processes for performance, accountability, and improvement - Measurable and improving performance - Assurance 	<ul style="list-style-type: none"> ▪ Planned Care Recovery Programme ▪ This IMTP & Appendices ▪ a.2022.28 ▪ a.2022.29 ▪ a.2022.31 ▪ a.2022.34 ▪ a.2022.35 ▪ a.2022.36 ▪ a.2022.37 ▪ a.2022.39 ▪ b.2022.2 ▪ b.2022.3 ▪ b.2022.6 ▪ b.2022.8 ▪ b.2022.10 ▪ b.2022.13
Leadership (Governance, Transformation & Culture) <ul style="list-style-type: none"> - Board Leadership - Clarity of Purpose, Vision, Strategy and Delivery - Cultural Development 	<ul style="list-style-type: none"> ▪ Board IMTP approval ▪ LHSW within IMTP ▪ Plan on a Page within IMTP ▪ a.2022.28 ▪ a.2022.29 ▪ a.2022.32 ▪ b.2022.1 ▪ b.2022.2 ▪ b.2022.5 ▪ b.2022.6 ▪ b.2022.9 ▪ b.2022.10 ▪ b.2022.12
Engagement <ul style="list-style-type: none"> - Engagement Management - Patient Engagement and Involvement - Public Engagement and Involvement - Staff Engagement and Involvement - Partnership Engagement and Involvement - Partnership and stakeholder relationship management - Promoting the Work of the Organisation 	<ul style="list-style-type: none"> ▪ Extensive co-creation [and then socialisation] of IMTP across BCU ▪ a.2022.7 ▪ a.2022.27 ▪ a.2022.32 ▪ a.2022.33 ▪ b.2022.4 ▪ b.2022.10 ▪ b.2022.11 ▪ b.2022.16

■ **The Co-operation Agreement 2021**

<https://gov.wales/co-operation-agreement-2021>

Our areas of priority focus during 2022/23 align with the ambitions outlined within the Welsh Government and Plaid Cymru co-operation agreement. The following schemes are particularly well aligned, noting that the agreement covers much more than health and social care:

- a.2022.1 Care Home support*
- a.2022.3 Continuing Healthcare infrastructure*
- a.2022.14 Mental Health Improvement scheme – AISB Joint Commissioning*
- a.2022.15 Mental Health Improvement scheme – CAMHS Training and Recruitment*
- a.2022.16 Mental Health Improvement scheme – CAMHS Transition and Joint working*
- a.2022.19 Mental Health Improvement scheme – ICAN Primary Care*
- a.2022.42 Welsh Language*
- b.2022.1 3rd sector strategy*
- b.2022.5 Building a Healthier Wales (BaHW)*
- b.2022.9 Foundational Economy Strategy/Policy*

■ **Well-being of Future Generations**

We have given full consideration to our duty under the Well-being of Future Generations (Wales) Act. Our 5 [Planning] Principles (5P's), referenced earlier in this appendix, were created with the WBFG Act firmly in mind, and our 5P assessment process, to which all schemes are tested against, require schemes to maximise contribution to delivering the well-being goals.



Plan on a Page – the 5 Planning Principles

Our Plan on a Page distils onto a single side of paper how we can best deliver our vision. Captured within it our 5 Planning Principles against which we will test our developments.

Put simply, the more closely a development aligns with the Principles the nearer it takes us to delivering our vision.

Not all of the principles will apply to each scheme equally, but the opportunity to maximise alignment with each principle should be taken.






As schemes are considered and assessed, scheme proposers are asked to address any areas where greater potential alignment with these principles is identified.

Schemes should not, save for very exceptional reasons, adversely score against any of the five principles.






Through design of the principles, and the check and challenge of schemes against those principles, this approach:

- Optimises progress in delivering our vision
- Embeds the Wellbeing and Future Generations goals into all of our developments
- Delivers the philosophy within A Healthier Wales of high quality care, delivered as close to peoples homes and communities as possible
- Ensures that we shift focus away from complex, reactive, medical interventions to proactive prevention, and the social model of healthcare
- Allows us to offer the best possible care within the resources available to us

A: Schemes being consolidated during 2022/23

		Fairness 	Well-being & resilience 	Right place 	Excellent care 	Employer of choice 
a.2022.1	Care Home support	•	••	••	•	••
a.2022.2	Conwy Integrated services facility	••	••	••	••	••
a.2022.3	Continuing Healthcare infrastructure	••	•	••	•	•
a.2022.4	COVID-19 vaccination and Test, Trace and Protect (TTP)	•	•	••	••	••
a.2022.5	Digitisation of Welsh Nursing Care Record	•	•	•	••	•
a.2022.6	Eye Care	•	•	••	••	••
a.2022.7	Further development of the Academy	•	••	••	••	••
a.2022.8	Health & Safety Statutory Compliance	•	•	•	••	••
a.2022.9	Home First Bureaus	•	••	••	••	•
a.2022.10	Implementation of Audiology pathway	••	•	••	•	••
a.2022.11	Improving minimal access surgery in gynaecology and north Wales specialist endometriosis care	••	•	••	••	•
a.2022.12	Long Covid	••	••	•	••	•
a.2022.13	Lymphoedema	••	•	•	••	•
a.2022.14	Mental Health Improvement scheme - AISB Joint Commissioning	••	••	••	•	•
a.2022.15	Mental Health Improvement scheme - CAMHS Training and Recruitment	•	•	••	•	••
a.2022.16	Mental Health Improvement scheme - CAMHS Transition and Joint working	•	••	••	••	••
a.2022.17	Mental Health Improvement scheme - Early Intervention in Psychosis	••	•	•	••	•
a.2022.18	Mental Health Improvement scheme - Eating Disorders Service development	••	•	••	••	•
a.2022.19	Mental Health Improvement scheme - ICAN Primary Care	•	•	••	•	•
a.2022.20	Mental Health Improvement scheme - Medicines Management support	•	•	•	••	•
a.2022.21	Mental Health Improvement scheme - Neurodevelopment recovery	••	••	•	•	•
a.2022.22	Mental Health Improvement scheme - Occupational Therapy	•	••	•	•	••
a.2022.23	Mental Health Improvement scheme - Older Persons Crisis Care	••	••	•	•	•
a.2022.24	Mental Health Improvement scheme - Perinatal Mental Health Services	•	•	••	••	•
a.2022.25	Mental Health Improvement scheme - Psychiatric Liaison Services	•	•	••	•	•
a.2022.27	North Wales Medical & Health Sciences School	•	•	••	••	••
a.2022.28	Operating Model	••	•	••	••	••
a.2022.29	People & OD Strategy – Stronger Together	••	••	•	•	••
a.2022.30	Radiology sustainable plan	••	•	•	•	•
a.2022.31	Regional Treatment Centres	••	•	••	••	•
a.2022.32	Speak Out Safely	••	•	•	•	••
a.2022.33	Staff Support and Wellbeing	•	••	•	•	••
a.2022.34	Strengthening emergency department (ED) & SDEC workforce to improve patient flow.	••	•	••	••	•
a.2022.35	Stroke services	••	••	••	••	•
a.2022.36	Suspected cancer pathway improvement	••	•	••	••	•

••	Strong positive
•	Minor positive
•!	Minor adverse
••!	Strong adverse

		 Fairness	 Well-being & resilience	 Right place	 Excellent care	 Employer of choice
a.2022.37	Urgent Primary Care Centres	●●	●	●●	●	●
a.2022.38	Urology – Robot Assisted Surgery	●	●	●●	●●	●●
a.2022.39	Vascular	●	●	●●	●●	●●
a.2022.40	Video consultations	●●	●	●●	●●	●
a.2022.41	Welsh Community Care Information System (WCCIS)	●	●	●●	●●	●
a.2022.42	Welsh Language	●●	●	●	●	●●
a.2022.43	Welsh Patient Administration System	●	●	●	●●	●
a.2022.44	Widening of Primary Care workforce	●	●	●●	●	●●
a.2022.45	Workforce Operating Model – (inc. recruitment etc.)	●	●	●●	●●	●●

b.2022.1	3rd sector strategy	●●	●●	●●	●	●
b.2022.2	Accelerated Cluster Development	●	●●	●●	●	●●
b.2022.3	Atlas of Variation	●●	●	●	●●	●
b.2022.4	BCUPathways	●●	●●	●●	●●	●
b.2022.5	Building a Healthier Wales (BAHW)	●●	●●	●	●	●
b.2022.6	Commissioning unit	●●	●●	●●	●●	●
b.2022.7	Community Pharmacy Enhanced Services - Alcohol & Blood Borne Viruses	●	●	●	●	●
b.2022.8	Diabetic Foot pathway	●	●	●●	●●	●●
b.2022.9	Foundational Economy Strategy/Policy	●●	●●	●●	●	●●
b.2022.10	Golden Value Metrics	●	●●	●	●●	●
b.2022.11	Implementing the Quality Act	●●	●	●	●●	●
b.2022.12	Inverse Care Law work	●●	●●	●●	●●	●
b.2022.13	LEAN Healthcare system	●●	●	●●	●●	●
b.2022.14	Recovery of Primary Care chronic disease monitoring	●●	●●	●●	●●	●
b.2022.15	Results management	●	●	●	●●	●
b.2022.16	Valuing carers	●●	●●	●●	●●	●●

●●	Strong positive
●	Minor positive
●!	Minor adverse
●●!	Strong adverse

Mapping of Schemes against our Transformation Programmes

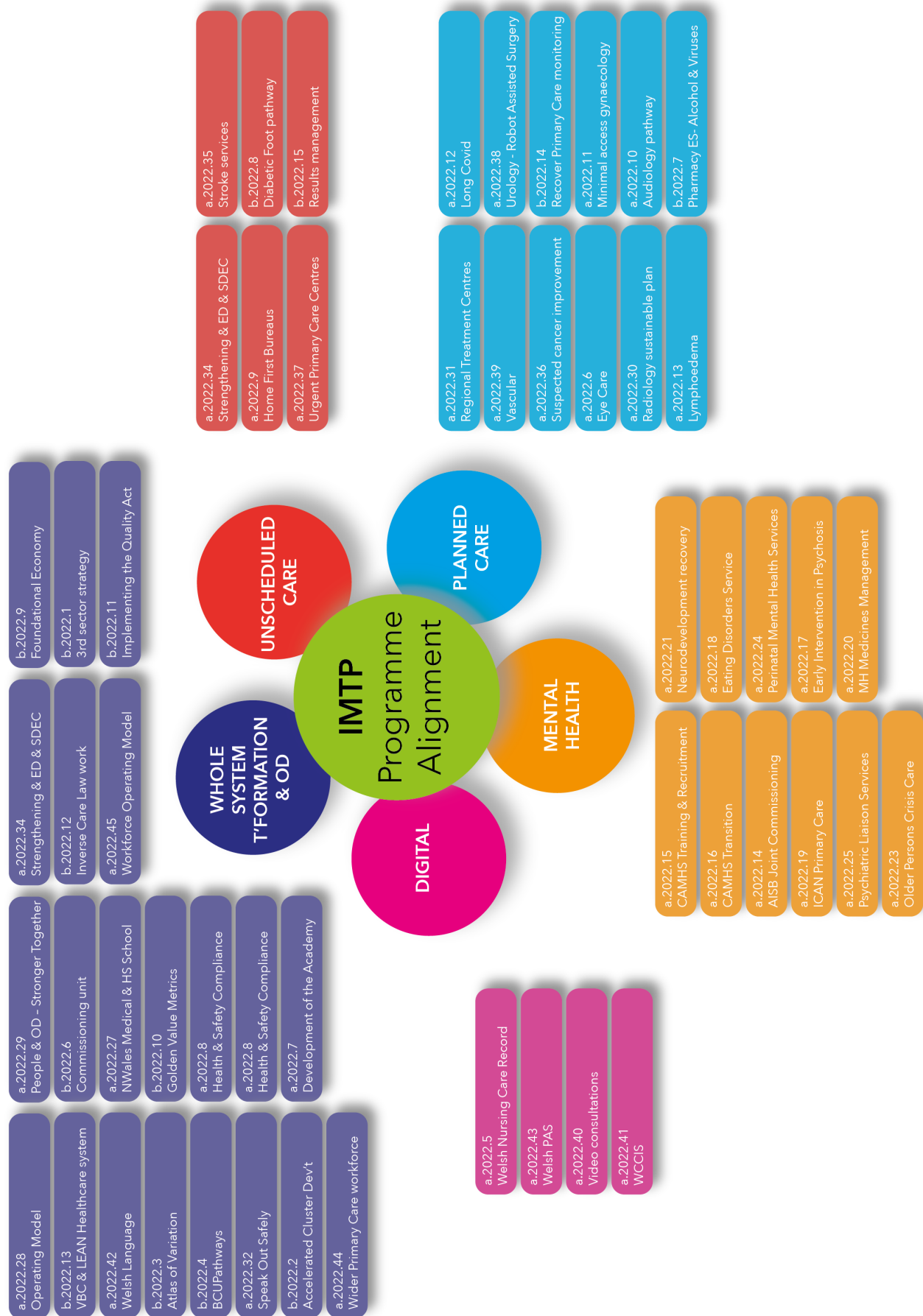
There is a significant component of transformation work, planned or to be consolidated. Within the context of A Healthier Wales, and our current status of being in “Targeted Intervention” this is as it should be.

However we need to be clear in our commitment to transformation to ensure that this work is supported, and coordinated, to successfully deliver the improved outcomes we wish to see.

The activities within this IMTP coalesce around a smaller number of transformation programmes. Some projects or schemes could cut across multiple transformation programmes, and where this is the case they are shown in the following illustration against their ‘index’ programme.

Each programme is supported to maximise focus and success:

1. Centrally coordinated programme management is provided, adhering to best evidence and improvement science
2. Progress is tracked against metrics that are SMART and aligned to clinical outcomes
3. Sustainability, quality and efficiency are key components, with IHI principles, value based care and Lean methodology all utilised
4. Our 5 Planning Principles have been created to test our proposals against A Healthier Wales





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Betsi Cadwaladr
University Health Board

Integrated Medium Term Plan 2022/25

Appendix 2

Restoring core activity (NHS Recovery)

17-3-22 draft



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Appendix 2: Restoring core activity (NHS Recovery)

This appendix outlines our plans to restore core activity affected by the Covid-19 pandemic. Welsh Government colleagues should read this appendix alongside the WG minimum data set (MDS) submission.

The Health Board has a strong determination to both restore core activity and recover episodes of care delayed due to the pandemic.

Our recovery plan is comprised of a combination of approaches:

Increase of capacity

Increasing our outpatient, diagnostic and treatment capacity means that we will eliminate the activity backlog more quickly.

We will supplement the core activity that we usually have available, with additional externally provided activity to do this.

We have estimated our own internal capacity for 22/23 to be 90% of our capacity in 19/20 (the last year before the pandemic). The slight reduction in capacity within our projections is to allow us to comply with the requirements of social distancing.

Prioritising diagnostics & outpatients

We will prioritise ensuring that those people waiting for treatment have received a confirmed diagnosis as quickly as possible, prioritising those at greatest clinical risk first.

This will give us greatest confidence that there are no patients waiting for delayed treatment who have serious, deteriorating, conditions not picked up through the triage of referral letters.

Transformation of pathway

Like most healthcare organisations, we know that we could transform a number of our pathways and make them more efficient. We had already commenced that journey and will increase our focus upon this in those areas where early transformation would have a particularly positive impact upon the waiting list backlog.

Information & communication

We will continue to develop the information that we communicate to patients, and partners, to ensure that likely waiting times are known, that procedures to follow in the event of clinical deterioration are understood, and to ensure that opportunities to utilise transformed or alternative consultation modalities are known about.

The draft WG Planned Care Recovery Plan, presented to the National Planned Care Programme Board in February 22, contains the following targets. We have mapped our key specialty recovery plans against these.

Measure	Target
Number of patients waiting more than 104 weeks for treatment	Zero by Q2 in 2022 excluding orthopaedics Zero by 2024 – all specialities
Number of patients waiting more than 36 weeks for treatment	Zero by 2026
Percentage of patients waiting less than 26 weeks for treatment	95% by 2026
Number of patients waiting over 104 weeks for a new outpatient appointment	Zero 104 week waits by Jul 2022
Number of patients waiting over 52 weeks for a new outpatient appointment	Zero 52 week waits by Oct 2022
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by Mar 2023 against a baseline of Mar 2021
Number of patients waiting over 8 weeks for a diagnostic endoscopy	Zero by Mar 2024
Number of patients waiting over 8 weeks for a diagnostic procedure	Zero by Mar 2024
Number of patients waiting over 14 weeks for therapies	Zero by Mar 2024
Suspected Cancer Performance	65% compliance - 2023 70% compliance - 2024 73% compliance - 2025 75% compliance - 2026

■ Opportunities and Challenges

We currently expect 2022/23 to see a concerted focus to return to near-normal levels of core activity.

Level	Description	Situation
0	Covid eliminated	Covid exists but rarely seen
1	Low Covid	Covid circulating in the community, perhaps at levels of last summer, but lower severity (equivalent to Omicron variant)
2	Stable Covid	Approximates to levels of Covid seen over Autumn/Winter 2021
3	Urgent Covid	Rapidly spreading and/or extremely high levels of Covid, with high levels of hospitalisation (e.g. emergence of new variant)

Planning assumption 1:

This will be dependent upon the nature of the covid-19 pandemic progressing as anticipated in the national modelling profiles – we have modelled our profiles upon being at Level 1 throughout 22/23.

Planning assumption 2:

We have used our 2019/20 core levels of activity (this was the last year before the pandemic) as a baseline for our 2022/23 with a 10% reduction to allow for the increased levels of social distancing that will be required, given that covid-19 is still with us.

At this point in time we believe this reduction of 10% availability from core is an appropriately safe assumption, taking into account the current covid-19 status and the limitations that some of our buildings also add regarding covid-19 distancing.

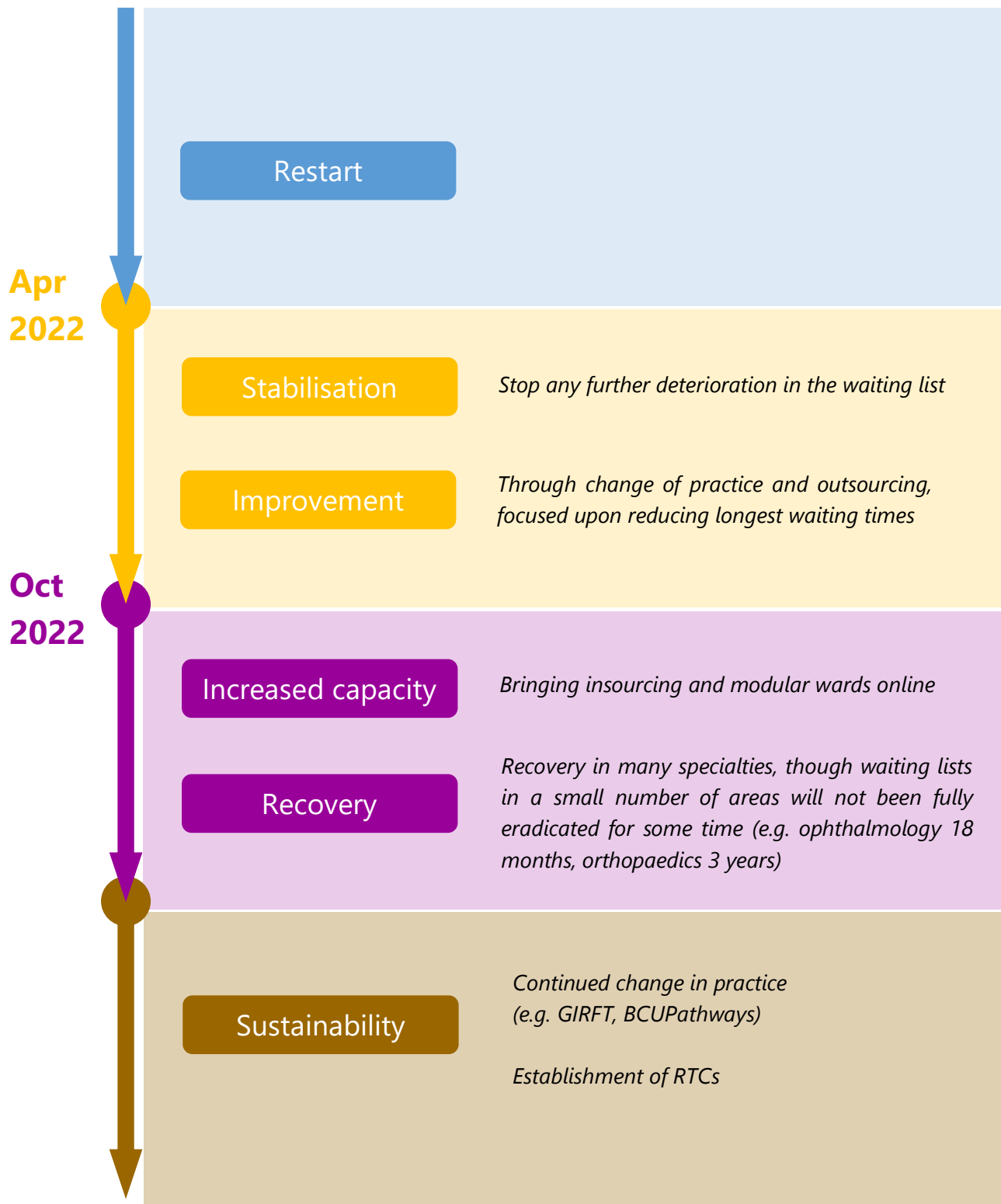
However, whilst we have included this as an assumption in this plan currently, we are actively exploring how we can minimise this impact further. Our ambition is to be able to revert to being able to deliver a minimum of 100% of 19/20 activity from our core provision as soon as possible. For this reason we have modelled recovery projections for both 90% and 100%.

We know that this level of activity will still be insufficient to deal with the backlog in activity that has accrued during the last two Pandemic years, plus the additional demand that we expect to occur during 2022/23.

To address the shortfall, we are taking a number of different approaches, spread beyond 2022/23 as shown illustratively on the following page.

This multi-stage approach is required to ensure that we

- reduce our waiting times by managing those at greatest clinical risk first
- reduce our waiting times by ensuring specialties particularly affected have tailored and prioritised approaches
- maximise any opportunities to introduce immediate efficiencies through a combination of transactional and early transformational changes
- undertake the necessary transformation work that might not deliver immediate impact upon the waiting list but which will support medium and longer-term impact, which is a key to sustainable services going forwards.



An outline of the main themes and initiatives to do this can be found in the following table:

Theme	Initiative	Outline
Capacity – core and additional	Outsourcing	Extending current arrangements in orthopaedics and ophthalmology for the full year
	Insourcing	Continue existing arrangements (endoscopy). Implement mixed Surgical specialities contract by Q2
	Modular ward(s)	Extend current arrangement at Abergele and open modular ward to increase capacity from Q4
Lean, value-focused support infrastructure - clinical	Radiology sustainability Oncology capacity Pathology	Removal of bottlenecks in diagnostics, following lean methodology, focused upon steps provided added value
Lean, value-focused support infrastructure - administrative	Validation programme	Complete existing programme of validation work, progressing to a robust and continuous process
Pathway redesign	BetsiPathways e.g. Audiology	Use of different staff group to deliver service, medicalising only when justified
	GIRFT / National Programme in 5 specialities	Range of initiatives from Feb 22, starting in orthopaedics
	Patient Initiated Follow-up (PIFU) See on Symptoms (SOS) Advice & Guidance (A&G)	OP efficiency, resulting in less no-value or low-value consultations
	Pre-habilitation	Better preparation for treatment to reduce LOS
	'Attend Anywhere'	Embedding virtual clinics as the way forward
Modernisation	Urology Robot	Use of technology to reduce LoS
Building for the future	RTC project	Business Case development
Communication	Launch a Communication Strategy	Full engagement process with Primary and Secondary Clinicians, as well as patients

The particular role played by some of these approaches merits further explanation:

Outsourcing:

We have contracted activity from additional external providers to increase the rate at which we can reduce our waiting lists. These providers will undertake NHS procedures on our behalf for suitable patients. We intend to continue to contract this work in a number of areas, most significantly in orthopaedic surgery and in ophthalmic surgery. We are working to further expand this approach both with other NHS providers and also with the independent sector.

Insourcing:

We have contracted external providers to attend BCU premises to deliver assessments and interventions on our behalf for a range of conditions. In 2022/23 this will include using insourcing to provide more endoscopy procedures than we are able to provide with our own staff. In addition we now have arrangements in place for significant additional capacity in a range of mixed surgical specialties in outpatient and day case activity, and are actively exploring the ability to extend this to inpatient activity too.

Modular theatre and ward at Abergele:

Text to follow for insertion here, before meeting on 23rd March.

GIRFT (Get It Right First Time):

We are engaged in the national GIRFT initiative, with a local programme for deployment during 2022/23. This has commenced in orthopaedics and ophthalmology. In both specialties there are particularly significant opportunities to contribute to eradicating the backlog waiting list.

The GIRFT programme in the Health Board will expand to include general surgery, urology, and gynaecology during the coming year.

BetsiPathways:

We have identified 20 priority clinical conditions for 2022/23, selected due to the scale of opportunity, which will be used to create value based pathways. These will be put into practice through the year as each is completed.

Regional Treatment Centres:

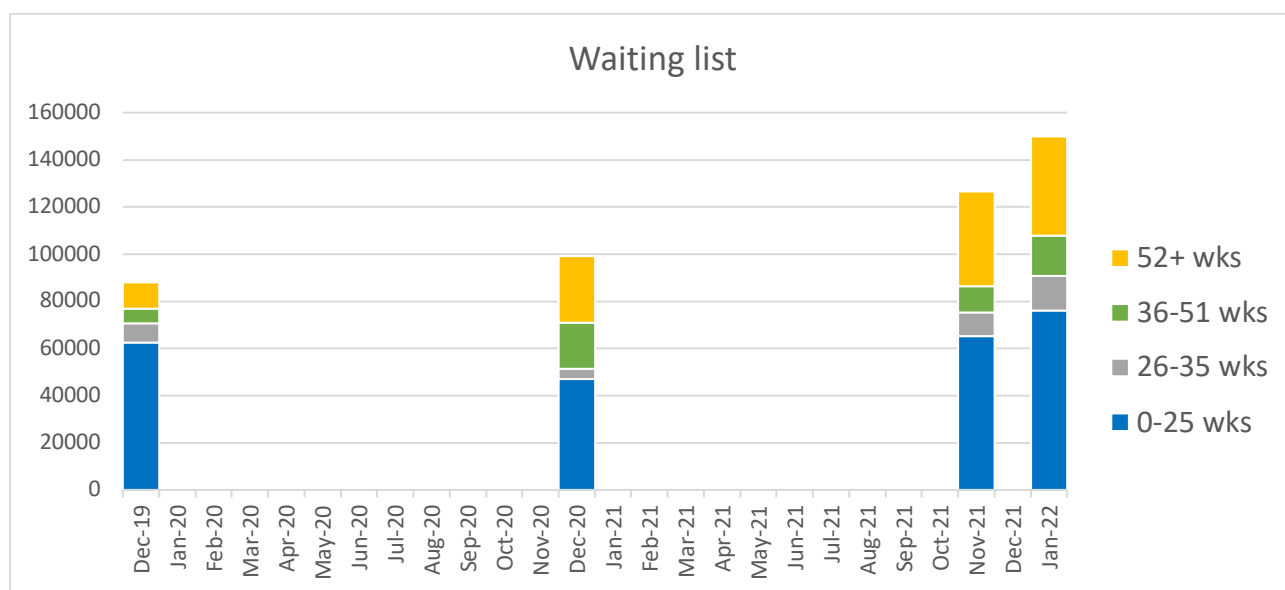
The regional centres are being planned to deliver a new model of Ambulatory planned care, including diagnostics, for the population of north Wales. Clinical pathways are being developed as above, to support a 'Lean', high quality, service designed to maximise the opportunities of ambulatory care. This will cover a range of clinical areas including cancer, vague symptoms, eye care, and orthopaedics.

■ Monitoring of our recovery plan

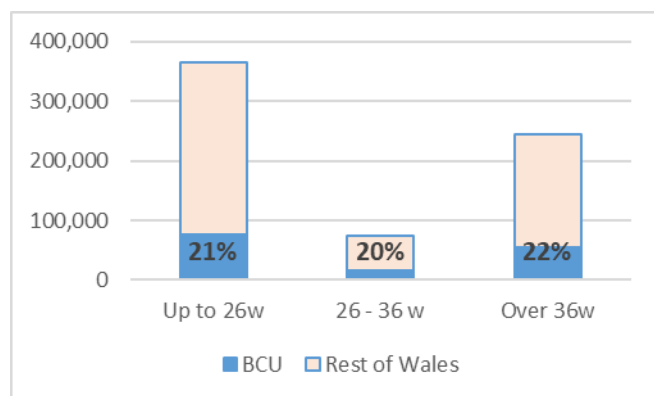
We will actively monitor progress against our recovery plan. If necessary we will take remedial actions in year to seek to maintain our planned trajectories. We will formulate our plans for 2023/24 and 2024/25 based upon this real-time experience.

Current Position

Our current waiting list, at aggregated level, expressed in time from referral, is as follows:



Note that the perpetuation of large numbers of longer-waits is a consequence of people moving through from lower waiting groups, and not because of managing waiters out-of-turn.



*Proportion of waiting lists by length of wait, in BCUHB
December 2021, Source: StatsWales*

■ Phases of recovery

Full recovery is a 3-5 year programme of work (although many specialties will have recovered before then), and phasing is crucial.

Restart

This has comprised of a set of actions tailored to the individual challenges at each Acute Site, bringing clinic and day case activity back first, followed by inpatient treatments. This re-established services and slowed the decline in the waiting list. Urgent and cancer pathways continued to be prioritised.

Stabilisation

Stabilisation is a key pillar of our 2022/23 planned care recovery, returning us to as close to 100% of our activity levels of 2019/20 as social distancing requirements allow. Alongside, increased additional capacity opportunity, through outsourcing and insourcing, will be maximised. Backlog activity will focussing initially on those waiting in excess of 104 weeks, and then those over 52 weeks.

Improvement & Transformation

A range of activities spanning continuous improvement and system transformation will be pursued to increase value and minimise waste. Activity includes the use of the 'Getting it Right First Time' (GiRFT) programme; the roll-out of our own BCUPathways approach; and the use of Patient Initiated Follow-up (PIFU), See on Symptoms (SoS) and Virtual Clinic approaches.

This work will be progressed throughout the year and also underpins the transformation of outpatient and daycase surgery management required to support our Regional Treatment Centres (RTCs) from 2023/24.

Sustainability

This is the under-lying and long term imperative to ensure all of the above not only delivers recovery, but maintains it.

■ GMS Primary Care

The covid-19 pandemic has also adversely impacted upon general practice chronic disease reviews, leading to increased waits for people living with chronic conditions.

In September 2021, work was undertaken with the support of the clusters, to understand the backlog of planned care in our GP practices.

Across north Wales the backlog was therefore estimated to be as follows:

Primary Care Planned Care service	Estimated backlog (as at Sept 21)
COPD Review	18,013
Asthma Review	41,241
Diabetic Review	31,440
Blood Pressure Review	77,145
Medication Review	136,543
Shingles Vaccination	41,677
Pneumonia Vaccination	43,072

Since Q3 2021 GP practices and Clusters have been addressing the backlog by providing additional access and putting in place schemes supported by internal transformation monies, such as Long-Term Condition Hubs. Significant inroads have therefore already been made in addressing this backlog but given the high demand for all services in primary care there continues to be a need to support these patients whilst also addressing the annual demand.

Priority is being given across all clusters to reducing the backlog of chronic disease reviews. The approach taken to achieve this reduction is determined by individual clusters based upon local need, local infrastructure, and local expertise. This has included the recruitment of additional Chronic Conditions nurses and increases in the number of sessions currently available across the practices in order to meet with more individuals.

We will regularly monitor the progress made.

■ GDS Primary [Dental] Care

The covid-19 pandemic has also adversely impacted upon routine general dental care leading to increased waits.

Additional access sessions continue to be provided for both urgent and non-urgent treatment from those contractors wishing to undertake additional NHS activity. We have already seen a steady recovery of access to dental services for children which continues at most practices.

Ventilation improvement funding has been provided, with improvement work close to completion at all practices requiring it, which will further increase capacity during 2022/23.

Additional activity will come on-line in Bangor in Autumn 2022 when the North Wales Dental Academy practice opens.

Additional activity is currently being commissioned in Dwyfor Meirionnydd.

2022-23 Secondary Care recovery profiling

Aggregated capacity and profiling figures are shown below for Stage 1 and Stage 4 waiting lists. Not all specialties have the same profile; where significant variance exists this is provided below and in the MDS.

A number of assumptions have been made to support our capacity profiles:

Pandemic activity for 2022-2.

As noted on page 4, we have assumed that we remain at 'level 1' throughout 2022-23.

Core capacity for 2022-23, as noted on page 4,

As noted on page 4, we have modelled two capacity scenarios. The first assumes that covid-19 and estate limitations mean social distancing requirements reduce our core capacity by 10%. The second assumes we can manage these limitations and deliver 100% of 2019-20 core. We strive to deliver at least 100% as soon as possible.

Stage 1 Table (aggregated) 90%

Estimated March 22 Stage 1 waiting list (total) ¹	86464
2022/23 anticipated demand (total) ²	110771
2022/23 core BCUHB Stage 1 capacity (total) ³	89911

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Anticipated in-month new demand ⁴	9231	9231	9231	9231	9231	9231	9231	9231	9231	9231	9231	9231
Core 22/23 capacity ⁵												
Gap/Excess between new demand and core capacity												
Month end Projected Total WL if relying upon core capacity only												

Reduction: validation ⁶	923	923	923	923	923	923	923	923	923	923	923	923
Reduction: insourcing ⁷	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Reduction: additional internal solutions ⁸	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Reduction: outsourcing ⁹	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Reduction: PIFU and SOS ¹⁰	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc

Profile Total Waiting list	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Profile 104 week breaches	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Profile 52 week breaches	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc

¹ Total current waiting list	Anticipated aggregated Stage 1 waiting list, on 1/4/22, based upon current referral and capacity rate
² Anticipated demand	Estimated new referrals during 2022/23, including suppressed referrals due to late presentations because of Covid-19
³ Core BCUHB Stage 1 Capacity	Baseline stage 1 capacity based upon 2019/20, reduced by 10% to to accommodate social distancing.

⁴ Anticipated in-month new demand	Anticipated demand (² above), distributed on a linear monthly basis
⁵ Core 22/23 capacity	Capacity based upon 90% of 2019/20 capacity (³ above), distributed on a linear monthly basis.
⁶ Validation	Anticipated reduction of *% of the Stage 1 waiting list, based on WG advice.
⁷ Insourcing	Estimated start date of 1/7/22 of the Mixed Surgical Specialities Contract designed to deliver circa 4000 outpatients and 1000 day case per annum (fye)
⁸ Additional internal solutions	This includes agreed planned waiting list initiatives, locum appointments.
⁹ Outsourcing	Based on the FYE of the contracts for Orthopaedics and Ophthalmology
¹⁰ PIFU and SOS	<p>This figure currently includes an average 20% reduction in outpatient appointments from the application of PIFU and SOS across all specialties with the reallocation of those slots to Stage 1 patients.</p> <p>We believe some specialties have a greater PIFU and SOS potential than this (for example orthopaedics). Work is ongoing to build this into our plans, which will further reduce waits in those areas.</p>

Note that there are greater potential transformational initiatives being progressed in addition to PIFU and SOS. We are currently still quantifying these benefits and so they are not presently included in the table above but will be added to subsequent iterations.

Stage 1 Table (aggregated) 100%

Estimated March 22 Stage 1 waiting list (total) ¹	86464
2022/23 anticipated demand (total) ²	110771
2022/23 core BCUHB Stage 1 capacity (total) ³	89911

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Anticipated in-month new demand ⁴	9231	9231	9231	9231	9231	9231	9231	9231	9231	9231	9231	9231
Core 22/23 capacity ⁵												
Gap/Excess between new demand and core capacity												
Month end Projected Total WL if relying upon core capacity only												

Reduction: validation ⁶	923	923	923	923	923	923	923	923	923	923	923	923
Reduction: insourcing ⁷	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Reduction: additional internal solutions ⁸	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Reduction: outsourcing ⁹	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Reduction: PIFU and SOS ¹⁰	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc

Profile Total Waiting list	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Profile 104 week breaches	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Profile 52 week breaches	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc

¹ Total current waiting list	Anticipated aggregated Stage 1 waiting list, on 1/4/22, based upon current referral and capacity rate
² Anticipated demand	Estimated new referrals during 2022/23, including suppressed referrals due to late presentations because of Covid-19

³ Core BCUHB Stage 1 Capacity	Baseline stage 1 capacity based upon 2019/20
⁴ Anticipated in-month new demand	Anticipated demand (² above), distributed on a linear monthly basis
⁵ Core 22/23 capacity	Capacity based on 2019/20 capacity (³ above), distributed on a linear monthly basis.
⁶ Validation	Anticipated reduction of *% of the Stage 1 waiting list, based on WG advice.
⁷ Insourcing	Estimated start date of 1/7/22 of the Mixed Surgical Specialities Contract designed to deliver circa 4000 outpatients and 1000 day case per annum (fye)
⁸ Additional internal solutions	This includes agreed planned waiting list initiatives, locum appointments.
⁹ Outsourcing	Based on the FYE of the contracts for Orthopaedics and Ophthalmology
¹⁰ PIFU and SOS	<p>This figure currently includes an average 20% reduction in outpatient appointments from the application of PIFU and SOS across all specialities with the reallocation of those slots to Stage 1 patients.</p> <p>We believe some specialties have a greater PIFU and SOS potential than this (for example orthopaedics). Work is ongoing to build this into our plans, which will further reduce waits in those areas.</p>

Note that there are greater potential transformational initiatives being progressed in addition to PIFU and SOS. We are currently still quantifying these benefits and so they are not presently included in the table above but will be added to subsequent iterations.

The table below shows, by quarter, our *current* projections of when we will have eradicated 104, and 52 week referral to first outpatient appointment delays in key specialties. In the most hard-pressed specialties we are implementing additional steps to shorten waits, and these will subsequently be modelled into these projections. (Further details can be found in the following section.)

	Stage 1 >104 weeks								Stage 1 >52 weeks							
	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24
100-General Surgery																
101-Urology																
110-T&O																
120-ENT																
130-Ophthalmology																
140-MaxFax																
141-Restorative Dentistry																
143-Orthodontics																
191-Pain Management																
300-General Medicine																
301-Gastroenterology																
302-Endocrine																
320-Cardiology																
330-Dermatology																
340-Thoracic Medicine																
361-Nephrology																
410-Rheumatology																
420-Paediatrics																
430-COTE																
502-Gynaecology																

Stage 4 Table (aggregated) 90%

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Anticipated in-month new demand ¹	2994	2994	2994	2994	2994	2994	2994	2994	2994	2994	2994	2994
Core 22/23 capacity ²												
Gap/Excess between new demand and core capacity												
Month end Projected Total WL if relying upon core capacity only												
Reduction: validation ³	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Reduction: insourcing ⁴	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Reduction: additional internal solutions ⁵	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Reduction: outsourcing ⁶	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Reduction: transformation ⁷	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Profile Total Waiting list	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Profile 104 week breaches	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc

¹ Anticipated in-month new demand	Anticipated demand, distributed on a linear monthly basis
² Core 22/23 capacity	Capacity based upon 90% of 2019/20 capacity, distributed on a linear monthly basis.
³ Validation	Anticipated reduction of *% of the Stage 4 waiting list, based on WG advice.
⁴ Insourcing	Estimated start date of 1/7/22 of the Mixed Surgical Specialities Contract designed to deliver circa 4000 outpatients and 1000 day case per annum, full year effect.
⁵ Additional internal solutions	Including planned waiting list initiatives, locum appointments.
⁶ Outsourcing	Based on the full year effect of the contracts for Orthopaedics and Ophthalmology
⁷ Transformation	This figure includes using PIFU and SOS to reduce outpatient follow-up by 20%, and a reallocation of those slots to Stage 1 patients.

Stage 4 Table (aggregated) 100%

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Anticipated in-month new demand ¹	2994	2994	2994	2994	2994	2994	2994	2994	2994	2994	2994	2994
Core 22/23 capacity ²												
Gap/Excess between new demand and core capacity												
Month end Projected Total WL if relying upon core capacity only												
Reduction: validation ³	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Reduction: insourcing ⁴	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Reduction: additional internal solutions ⁵	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc

Reduction: outsourcing ⁶	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Reduction: transformation ⁷	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Profile Total Waiting list	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Profile 104 week breaches	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc

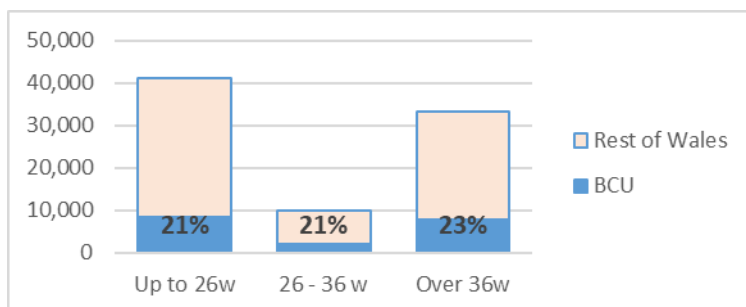
¹ Anticipated in-month new demand	Anticipated demand, distributed on a linear monthly basis
² Core 22/23 capacity	Capacity based upon 2019/20 capacity, distributed on a linear monthly basis.
³ Validation	Anticipated reduction of *% of the Stage 4 waiting list, based on WG advice.
⁴ Insourcing	Estimated start date of 1/7/22 of the Mixed Surgical Specialities Contract designed to deliver circa 4000 outpatients and 1000 day case per annum, full year effect.
⁵ Additional internal solutions	Including planned waiting list initiatives, locum appointments.
⁶ Outsourcing	Based on the full year effect of the contracts for Orthopaedics and Ophthalmology
⁷ Transformation	This figure includes using PIFU and SOS to reduce outpatient follow-up by 20%, and a reallocation of those slots to Stage 1 patients.

▪ Profiling - individual specialties

The above tables provide aggregated data. Within this data there are some hard-pressed clinical specialties with atypical profiles.

We are implementing the following additional steps, and these will subsequently be modelled into the above projections, to shorten both stage 1 and 4 waits:

▪ General Surgery



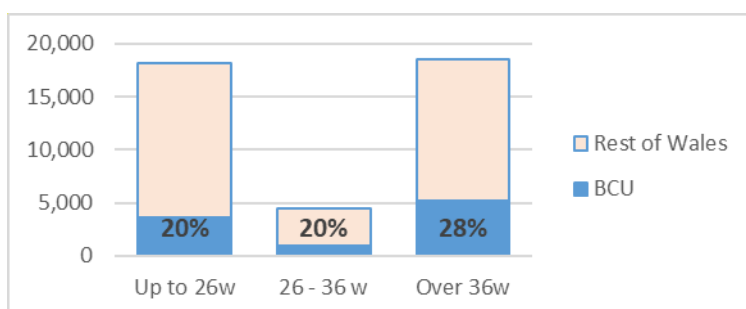
Proportion of waiting lists by length of wait, in BCUHB: General Surgery
December 2021, Source: StatsWales

Recovery in General Surgery is complicated by the range of sub-specialties, and the need to concurrently staff emergency surgical rotas on three sites. We have commissioned external support to help us provide creative solutions to maximise capacity for planned care recovery, starting with colorectal surgery, without undermining emergency rotas.

We have agreed a mixed surgical specialties insourcing contract which will be active from July 2022. This will deliver 4,000 outpatient and 1,000 day-case procedures per annum.

The national GIRFT (Get It Right First Time) programme deployment in the Health Board will be expanded to include general surgery in quarter 1 of 2022/23. We expect that this will identify a range of efficiency savings that increase capacity. This additional GIRFT related capacity has not yet been added to the projections shown above, and will impact positively.

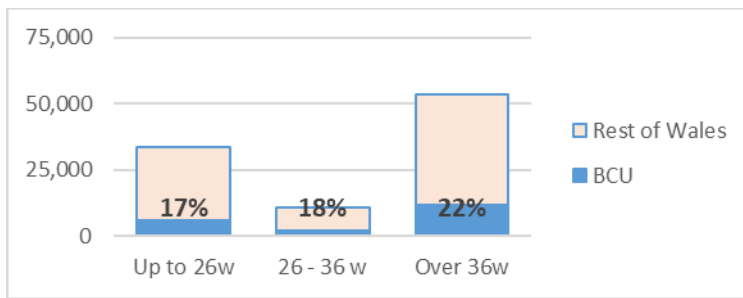
▪ Urology



Proportion of waiting lists by length of wait, in BCUHB: Urology
December 2021, Source: StatsWales

Text to follow for insertion here, before meeting on 23rd March.

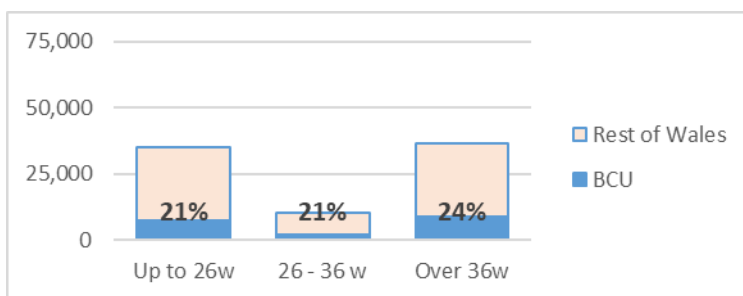
- **Trauma and Orthopaedics (T&O)**



Proportion of waiting lists by length of wait, in BCUHB: Trauma & Orthopaedics December 2021, Source: StatsWales

Text to follow for insertion here, before meeting on 23rd March.

- **Ophthalmology**

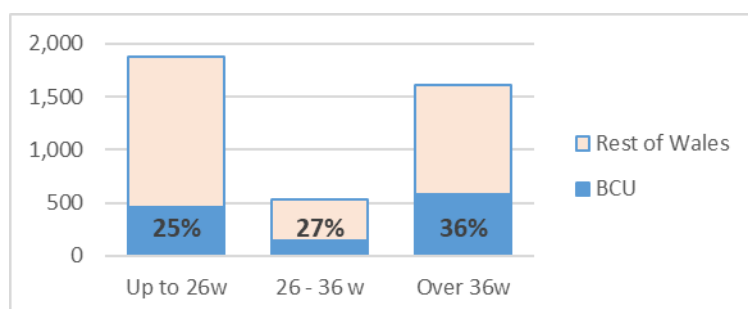


Proportion of waiting lists by length of wait, in BCUHB: Ophthalmology December 2021, Source: StatsWales

The Outsourcing arrangement being used will continue throughout the 2022/23 financial year (and possibly beyond) for cataracts.

Alongside we will continue to work to deliver the Eye Care Redesign Project and GIRFT, which covers a range of conditions and develops the non-medical workforce to deliver care to a large proportion of the patients.

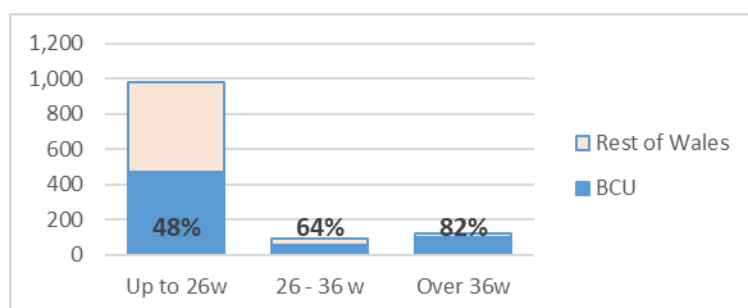
- **Orthodontics**



Proportion of waiting lists by length of wait, in BCUHB: Orthodontics
December 2021, Source: StatsWales

Funding for additional orthodontic cases has been offered to all BCU orthodontic providers. Two practices have agreed to undertake additional activity commencing with an additional 60 patients during the last few months of 2021/22. We will continue this approach during 2022/23.

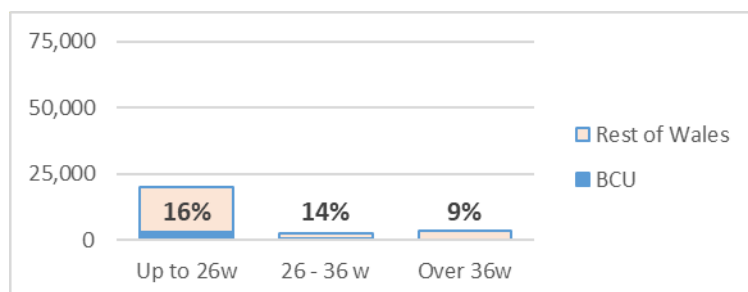
▪ Endocrine



Proportion of waiting lists by length of wait, in BCUHB: Endocrine
December 2021, Source: StatsWales

The backlog for Diabetes/Endocrine will be addressed by creating additional internal capacity through waiting list initiatives, and the provision of new senior MDT roles (Nurse Consultant and Endocrine specialist nurse).

▪ Cardiology

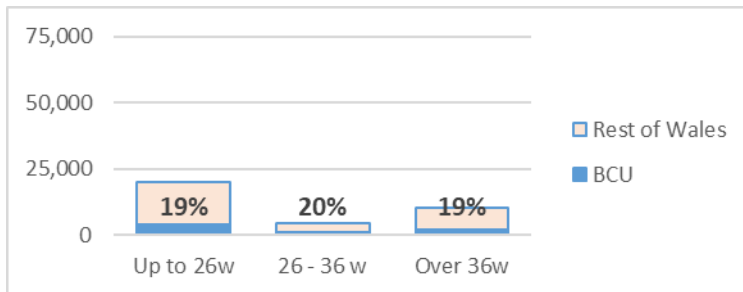


Proportion of waiting lists by length of wait, in BCUHB: Cardiology
December 2021, Source: StatsWales

A number of significant transformational efficiencies are being prioritised. Internal and national benchmarking has commenced throughout the service, through our Atlas of Variation programme, with

the aim to replicate and embed good practice throughout the service. Pathway work has commenced, focusing on referral management and diagnostics. Lean methodology is being applied to reduce waste.. Cardiac diagnostics remain a challenge for the service, and options are currently being explored.

▪ Dermatology



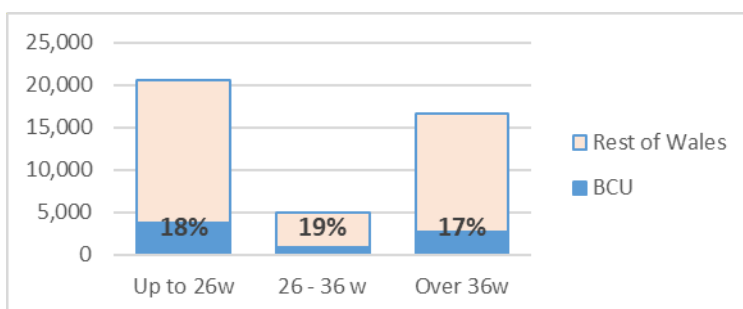
Proportion of waiting lists by length of wait, in BCUHB: Dermatology
December 2021, Source: StatsWales

Outsourcing of routine long waits commences in April 2022.

Work is underway to improve referral management which will reduce the downgraded USC burden, which will in turn increase internal capacity for routine patients

An insourcing contract is in place making in-roads into the Stage One waiting list, although this may not deliver achievement of the 52 week target in dermatology until mid 2023.

▪ Gynaecology



Proportion of waiting lists by length of wait, in BCUHB: Gynaecology
December 2021, Source: StatsWales

The targets will be achieved through a combined focus on the longest waiting patients, waiting list initiatives and an increase in pan North Wales working, particularly to support the Central Area.

This will be under-pinned by the GIRFT programme, due to commence in Gynaecology in Quarter Two.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Integrated Medium Term Plan 2022/25

Appendix 3 2022/23 Development Priorities – detail



Ref No Title

a.2022.1

Care Home support

Short description

To support the care home sector to deliver safe effective care to our residents of North Wales and ensure a standardised programme of assurance and development

Longer description

The Care Home Quality Assurance Framework is being co-developed and implemented in partnership with local authorities and providers. This is a 3-year programme of work and will continue to develop and evolve in line with service needs

Measure 1

Finalisation of a Quality Assurance Framework meeting the needs of BCU and our 6 LA partners (already commenced in partnership)

Timeline 22/23

A	M	J	J	A	S	O	N	D	J	F	M
---	---	---	---	---	---	---	---	---	---	---	---

Measure 2

Team to have introduced tool into 25% of homes

Timeline 22/23

A	M	J	J	A	S	O	N	D	J	F	M
---	---	---	---	---	---	---	---	---	---	---	---

Measure 3

Team to have introduced tool into 50% of homes

Timeline 22/23

A	M	J	J	A	S	O	N	D	J	F	M
---	---	---	---	---	---	---	---	---	---	---	---

Measure 4

Team to have introduced tool into 75% of homes

Timeline 22/23

A	M	J	J	A	S	O	N	D	J	F	M
---	---	---	---	---	---	---	---	---	---	---	---

Ref No Title

a.2022.2 Colwyn Bay Integrated services facility

Short description

Providing Extra Care Housing, 'intermediate' healthcare, and MDT working across services.
Partnership project between Conwy County Borough Council, BCUHB and Grwp Llandrillo Menai.

Longer description

A multi-year partnership between Conwy County Borough Council (CCBC), Betsi Cadwaladr University Board (BCUHB) and Grwp Llandrillo Menai (GLLM) to establish an integrated Health & Social care facility in Conwy which includes

- Extra Care Housing Apartments
- Multi Agency Office/Clinic Space
- Training and development suite
- Intermediate care facility
- Bespoke local provision to meet the additional learning needs of young adults with complex needs.

Measure 1

Stakeholder Engagement on service model commenced

Timeline 22/23

A M J J A S O N D J F M

Measure 2

Draft business case produced and circulated for corporate assurance purposes across Partner organisations

Timeline 22/23

A M J J A S O N D J F M

Measure 3

Subject to positive outcome from measure 2, formal business case produced and submitted for consideration

Timeline 22/23

A M J J A S O N D J F M

Ref No Title

a.2022.3 Continuing Healthcare infrastructure

Short description

That all north Wales residents are assessed for health funded care (CHC) in a timely way and receive safe, high quality, equitable care.

Longer description

This work will support the Health Board to undertake initial assessments, commission services that are fit for purpose, and monitor CHC placements in a timely way, adding value to the placement and providing support to the care providers.

Measure 1

Implement year 3 of the care homes fee rebasing programme, along with any actions required as a result of the ongoing market stability report

Timeline 22/23



Measure 2

At least 75% of care homes will have signed up to the Pre-placement Agreement, and with 'open book accounting' in place, in addition to the standard service specification

Timeline 22/23



Measure 3

Full implementation of the CHC framework, reporting against nationally agreed KPIs

Timeline 22/23



Measure 4

End of year review of compliance with service specification complete

Timeline 22/23



● Resource Testing

The resource testing RAG for this scheme is currently AMBER.

This is because the scheme is dependent upon recruitment and training of sufficient CHC clinical assessors, and current Covid-19 pressures within the care home sector will create a challenging recruitment environment.

a.2022.4

Covid vaccination and Test, Trace and Protect (TTP)

Short description

Deliver an ongoing programme of vaccination and boosters for Covid-19 through 2022/23.

Longer description

This programme, by necessity, will develop iteratively as the requirements of vaccination and tracing continue to evolve during the pandemic.

The Covid-19 vaccination programme is currently delivering phase 3 – booster vaccination, third dose and young people. The Health Board has received a guidance from Welsh Government (awaiting the JCVI guidance and confirmation on next steps) on their best guess proposal for 22/23. This would require circa 650k vaccines to be delivered between April and December. BCU COVID Programme team are currently developing operational delivery scenario plans to meet government timelines.

Measure 1

Due to the fast evolving position with this priority, we have not set SMART outputs as part of the IMTP

Timeline 22/23

A M J J A S O N D J F M

● Resource Testing

The resource testing RAG for this scheme is currently AMBER.

This is because the scheme is iterative given the evolving Pandemic environment, combined with a potentially significant workforce ask to deliver vaccination and TTP.

Ref No Title

a.2022.5 **Digitisation of Welsh Nursing Care Record**

Short description

Implementation of a digital nursing system to replace paper nursing documentation within adult hospital settings.

Longer description

This is in line with standardisation and digitisation of Adult Inpatient Nursing documentation across Wales. This work will enable nursing documentation to be utilised by all members of the multidisciplinary team.

Measure 1

Timeline 22/23

Mobile devices set up and system live in East

A M J J A S O N D J F M

Measure 2

Timeline 22/23

Mobile devices set up and system live in Centre

A M J J A S O N D J F M

Ref No Title

a.2022.6 **Eye Care**

Short description

Transform the provision of eye care services and deliver a sustainable service for the population of North Wales.

Longer description

This will be delivered in line with the national Eye Care pathways.

1. Optimisation of current Integrated pathways, and expansion to deliver Diabetic Retinopathy closer to home;
2. Use of prudent Intravitreal Treatment and Age Related Macular Degeneration pathways;
3. Implementation of the National Digital Eye Care Platform programme

Measure 1

Timeline 22/23

Implement National Intravitreal Treatment (IVT)/Age Related Macular Degeneration (AMD) Pathway

A M J J A S O N D J F M

Measure 2

Timeline 22/23

Implement rolling delivery of Open Eyes All Wales Digital system

A M J J A S O N D J F M

Measure 3

Timeline 22/23

Local planning group in place to support implementation of Integrated Eye Pathways arising from National Optometric Contractual reform

A M J J A S O N D J F M

Ref No Title

a.2022.7 Further development of The Academy

Short description

Further development of the Academy to sustain, expand and further develop the Primary Care workforce, in line with the all Wales model for Primary Care, expanding beyond Primary Care as capacity and resource allows.

Longer description

The Academy is focusing on the achievement of the following objectives:

- Implementation of a recruitment and retention strategy for primary care in north Wales
- Increasing the workforce capacity with Primary and Community care settings to meet the needs of the population
- Increasing the number of Education and Training programs designed to meet the needs of our workforce in Primary and Community Service
- Development, testing and evaluation of new ways of working to ensure the sustainability of Primary and Community services and bring care closer to home
- Increasing the number of Research and Development studies within Primary and Community Services

Measure 1

Expand offer to 12 training / student placements in Academy Training Hubs

Timeline 22/23

A M J J A S O N D J F M

Measure 2

Appoint 8 x supernumerary trainee posts in General Practice

Timeline 22/23

A M J J A S O N D J F M

Measure 3

Increase the uptake of apprenticeships in primary care with up to 6 apprentices

Timeline 22/23

A M J J A S O N D J F M

Measure 4

Provide opportunities for reflective practice for at least 16 new Advanced Clinical Practitioners in primary care & community settings

Timeline 22/23

A M J J A S O N D J F M

Measure 5

Build upon the exposure the Academy is receiving nationally, and the positive impact this will have upon recruitment, by ensuring at least 4 Academic posters are accepted in national conferences

Timeline 22/23

A M J J A S O N D J F M

Ref No	Title
a.2022.8	Health & Safety Statutory Compliance
Short description	
Improve levels of the Health Boards health and safety and statutory compliance requirements.	
Longer description	
<p>Improve levels of the Health Boards health and safety and statutory compliance requirements. Reduce the organisations exposure to future potential prosecution / litigation by external regulators for failure to comply with current health and safety legislation. This will be achieved through the production of a 3 year OHS Compliance Strategy and Security Review, including:</p> <ul style="list-style-type: none"> - Fit Testing Programme - Occupational Health, Wellbeing, Health & Safety - Security, and - Manual Handling training for staff 	
Measure 1	Timeline 22/23
Trial of e-learning training package for IOSH managing safely competed	A M J J A S O N D J F M
Measure 2	Timeline 22/23
70% of staff at Band 8d and above to be trained	A M J J A S O N D J F M
Measure 3	Timeline 22/23
Develop the Fit Testing Programme to achieve Fit2Fit accredited status	A M J J A S O N D J F M

Ref No Title

a.2022.9 Home First Bureaus

Short description

Resource the Home First Bureaus on a sustainable basis, with a consistent and standardised North Wales model in place to maintain the 'Home First' principles on a 7 day week basis.

Longer description

During the pandemic three multiagency Home First Bureau were established to support the timely and appropriate transfer of patients from acute and community hospitals back to their own homes. HFBs provide short-term care and re enablement in people's homes or the use of 'step-down' beds to bridge the gap between hospital and home this means people no longer need to wait unnecessarily for assessments in hospital.

Measure 1

Identify benefits across all care systems including savings made using key performance indicators across the service

Timeline 22/23

A M J J A S O N D J F M

Measure 2

Completion of an appropriate business case for extending the service, incorporating clear 'return on investment' detail

Timeline 22/23

A M J J A S O N D J F M

● Resource Testing

The resource testing RAG for this scheme is currently AMBER.

Recruitment may be a challenge and could potentially impact upon other nurses services, based on volume of nurses posts being recruited to.

Ref No Title

a.2022.10 **Implementation of Audiology pathway**

Short description

Advanced Practice Audiologist as first point of contact in Primary Care for people with hearing loss, tinnitus, earwax and specific balance difficulties, achieving better outcomes and releasing GP capacity. Significant backlogs in demand exist relating to hearing related conditions: hearing loss, balance and tinnitus.

Longer description

This scheme provides access to an Advanced Practice Audiologist as the first point of contact in a Primary Care for people with hearing loss, tinnitus and specific balance difficulties; improving patient access, achieving better outcomes and releasing GP capacity to manage more complex conditions and cases. The scheme includes implementation of the Welsh Government pathway for ear wax removal, complaint with NICE guidance.

Measure 1

Access to advanced practice audiology as first point of contact in primary care - increased to 50% of BCU area

Timeline 22/23

A M J J A S O N D J F M

Measure 2

Access to advanced practice audiology as first point of contact in primary care - increased to 75% of BCU area

Timeline 22/23

A M J J A S O N D J F M

● Resource Testing

The resource testing RAG for this scheme is currently AMBER.

Staff types trying to recruit to means that this deliverability is rated as amber.

Ref No Title

a.2022.11

Improving minimal access surgery in gynaecology and north Wales specialist endometriosis care

Short description

Commence implementing a 3-year strategy to open a north Wales Endometriosis centre, repatriating services to provide care closer to home.

Longer description

Developing a 3-year to open a North Wales Endometriosis centre, with initial support and mentoring from experienced Endometriosis strategy specialist Consultants for initial 24 months to 36 months. This will result in total upskilling of our gynaecology surgical practice across BCUHB allowing repatriation of patients with complex Endometriosis, providing care closer to home. An adjunct to this scheme overall, is that the rates for minimal access surgery for Gynaecology procedures in general such as hysterectomy will increase.

Measure 1

Timeline 22/23

Align service with the proposal for the development of Regional Treatment Centres

A M J J A S O N D J F M

Measure 2

Timeline 22/23

Designate local clinical leads for Endometriosis

A M J J A S O N D J F M

Measure 3

Timeline 22/23

Endometriosis leads and additional designated Gynaecologists to commence ATSM training in

A M J J A S O N D J F M

Ref No Title

a.2022.12 **Long Covid**

Short description

Develop the patient pathways required to support the population to manage the longer-term health conditions resulting from long Covid, and improve their outcomes.

Longer description

This work will

- develop the patient pathways as required to support the local population to manage the longer-term health conditions resulting from Long-COVID and improve their outcomes;
- manage the impact of long Covid on our health and care workforce;
- work with partners to develop the knowledge base around post-Covid recovery;
- deliver sustainable service improvements to the care and management of patients presenting with chronic conditions and / or complex morbidity in the community by developing the programme into a multi-morbidity programme.

Measure 1

Successful roll out delivery of interim service model to Central Area (completed in West and East during 2021/22)

Timeline 22/23

A M J J A S O N D J F M

Measure 2

Agreement of a 'multi-morbidity model' for the service, built upon learning from the interim model and with the support of the Lived Experience Reference Group

Timeline 22/23

A M J J A S O N D J F M

Measure 3

Phased introduction of multi-morbidity model commenced

Timeline 22/23

A M J J A S O N D J F M

● Resource Testing

The resource testing RAG for this scheme is currently AMBER.

Short-term staff currently providing the service may not stay as permanent staff. The number of staff required means this is rated as amber.

Ref No Title

a.2022.13 **Lymphoedema**

Short description

Adoption of lymphoedema education programme, using VBHC principles.

Longer description

On the Ground Education Programme (OGEP) - recruitment to the lymphoedema service to commence a formal and practice-based education programme using the 'Agored' model to effectively manage people with chronic oedema and 'wet legs'.

Measure 1

Timeline 22/23

Permanently recruit to seconded posts

A M J J A S O N D J F M

Measure 2

Timeline 22/23

90% of relevant staff in an identified community area will complete training programme

A M J J A S O N D J F M

Measure 3

Timeline 22/23

90% of those patients with chronic oedema / lower leg ulceration and wet legs will be assessed using OGEP

A M J J A S O N D J F M

Ref No Title

a.2022.14 **Mental Health Improvement scheme - AISB Joint Commissioning**

Short description

Joint approach to commissioning health and wellbeing services for local population via community localities.

Longer description

Driven through the respective AISBs with a focus on addressing the physical health and mental health of the local population, clearly looking to address prevention and crisis management, and to support care homes.

As a divisional objective, this funding will create an opportunity for effective joint planning for the provision of services & joint approach to commissioning health and wellbeing services for local population via community localities, and will also align to closer working with Community Mental Health Teams.

Measure 1

Commence agreed initiatives that deliver improved availability and access to tier 0 support services across North Wales

Timeline 22/23

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Ref No Title

a.2022.15 **Mental Health Improvement scheme - CAMHS Training and Recruitment**

Short description

Expand and broaden the Child and Adolescent Mental Health Service (CAMHS) workforce, including development of nurse prescribing.

Longer description

Recruitment of three CAMHS Higher Specialist trainees posts, one in each Area team to support CAMHS Psychiatry provision. The three posts have been included within national training numbers by HEIW.

Recruitment of a Nurse Prescriber for each of the three CAMHS Area teams to support Medical colleagues and develop the CAMHS workforce.

Measure 1

Timeline 22/23

Recruitment of Nurse Prescriber posts

A M J J A S O N D J F M

Measure 2

Timeline 22/23

Induction and local training for Nurse Prescriber posts and production of job plans aligned with service need

A M J J A S O N D J F M

Measure 3

Timeline 22/23

Recruitment of two Higher Specialist trainee posts to start in August (one post started in August 2021) in line with allocation of NTN from HEIW

A M J J A S O N D J F M

Ref No Title

a.2022.16 **Mental Health Improvement scheme - CAMHS Transition and Joint working**

Short description

To provide a seamless services for patients / younger persons transitioning into Adult MH

Longer description

Development of regional CAMHS Transformation Support team to support delivery of TI programme and appointment of two posts within each Area to support transition and joint working with partners.

Measure 1

Timeline 22/23

Appointment of transition/joint working youth worker and HCSW for each Area – induction and job plan developed

A M J J A S O N D J F M

Measure 2

Timeline 22/23

Implementation of pathway for young people in out of area beds requiring transition to AMH inpatient care

A M J J A S O N D J F M

Measure 3

Timeline 22/23

Ongoing use of transition pathway and audit tool, including development of learning in form of action plan. Audit scheduled for July 2022

A M J J A S O N D J F M

Ref No Title

a.2022.17 **Mental Health Improvement scheme - Early Intervention in Psychosis**

Short description

Provide an early intervention service for people with a first episode of psychosis, supporting education, employment and life choices.

Longer description

The Early Intervention service is a new specialist service for people who develop a first episode psychosis. This will be established as a regionally managed service with local delivery in each area. The service will be established in the following phases. In phase 1 we will develop the East team and central Team. In Phase 2 we will recruit the central and West posts, develop the West team and realign existing service to the new service model.

Measure 1

Recruitment of team to achieve attainment against National Standards and WG compliance with the requirement for an EIP service, providing a full range of mental health support to people 16+

Timeline 22/23



Measure 2

Programme of training commenced for all disciplines including, Family interventions, CBT, Physical Health Monitoring and Intervention, Assessment : CAARMS; DIALOG· OPR· PANSS

Timeline 22/23



Measure 3

Business Case developed for further roll out of the service model (Phase 2 West)

Timeline 22/23



● Resource Testing

The resource testing RAG for this scheme is currently AMBER.

Current Service Challenges may be a barrier to recruitment in mental health services.

Ref No Title

a.2022.18 **Mental Health Improvement scheme - Eating Disorders Service development**

Short description

Improve service provision for both early intervention and treatment at Tier 2 (Community Mental Health Teams) and improving provision of local inpatient services.

Longer description

Improve service provision for early intervention and treatment at Tier 2 (Community Mental Health Teams) and responding to Atlas of variation. Improve current eating disorder service provision in North Wales. Develop the MARSIPAN Team to facilitate local medical and psychiatric admissions for emergency department patients (MARSIPAN: Management of Really Sick Patients with Anorexia Nervosa, Royal College of Physicians, 2014).

Measure 1

Recruitment of MARSIPAN team to improve service provision for early intervention and treatment at Tier 2 and to facilitate local medical and psychiatric admissions

Timeline 22/23



Measure 2

Completion of in house and NICE Guidelines Compliant training and supervision for Eating Disorders

Timeline 22/23



Measure 3

Measure the outcomes of the service that sees all clients with suspected eating disorders in BCUHB having specialist assessment and treatment plan in place within 4 weeks or 1 week if urgent (as per NICE 2017 guidance)

Timeline 22/23



● Resource Testing

The resource testing RAG for this scheme is currently AMBER.

Current Service Challenges may be a barrier to recruitment in mental health services.

Ref No Title

a.2022.19 **Mental Health Improvement scheme - ICAN Primary Care**

Short description

Roll out of cluster based ICAN Occupational Therapists and Community Connectors providing real alternatives to avoidable medicalisation.

Longer description

ICAN Primary Care brings Mental Health Practitioners into GP Clusters to offer a flexible service based on individual and cluster need, working with individuals in crisis but also completing more managed intervention and working with community resources.

Measure 1

Completed recruitment of Band 7 Mental Health Practitioners into each Primary Care Clusters

Timeline 22/23

A M J J A S O N D J F M

Measure 2

Training plan in place and being following for 'trauma informed care' and 'psychologically minded interventions' for recruited practitioners

Timeline 22/23

A M J J A S O N D J F M

Measure 3

Routine collection of PROM ReQol10 and PREM data to demonstrate effectiveness of service change

Timeline 22/23

A M J J A S O N D J F M

● Resource Testing

The resource testing RAG for this scheme is currently AMBER.

Current Service Challenges may be a barrier to recruitment in mental health services.

Ref No Title

a.2022.20 Mental Health Improvement scheme - Medicines Management support

Short description

To provide dedicated medicines management across the division including inpatient units and CMHTs.

Longer description

Provide Area mental health pharmacy teams to support patients and staff in the community. The teams will work flexibly according to the needs and priorities of the virtual Area teams to deliver key outcomes such as improved mental health and reduced crisis/admissions. The initial project will focus on three key deliverables: Increasing team capacity; Improving concordance and patient satisfaction / empowerment; Robust medicines management and prescribing processes.

Measure 1

Timeline 22/23

Completed recruitment of MH medicines management team

A M J J A S O N D J F M

Measure 2

Timeline 22/23

Training plan in place and being followed to non-pharmacy staff across Mental Health team, delivered by strengthened medicines management team

A M J J A S O N D J F M

Measure 3

Timeline 22/23

Undertake evaluation of early impact upon medication prescribing and dispensing across the division

A M J J A S O N D J F M

● Resource Testing

The resource testing RAG for this scheme is currently AMBER.

Current Service Challenges may be a barrier to recruitment in mental health services.

Ref No Title

a.2022.21 **Mental Health Improvement scheme - Neurodevelopment recovery**

Short description

Recovering access to neurodevelopmental (ND) services.

Longer description

A sustainable workforce plan will be developed to include a recruitment attraction and retention drive to address staffing challenges due to national shortages of staff for all ND services. The plan will inform future business cases to support the development and improvement of the whole service.

Measure 1

Timeline 22/23

Identifying /scoping workforce requirements, developing business cases and plan recruitment

A M J J A S O N D J F M

Measure 2

Timeline 22/23

To develop a new tender for interventions, to further support families post diagnosis

A M J J A S O N D J F M

Ref No Title

a.2022.23 **Mental Health Improvement scheme - Older Persons Crisis Care**

Short description

Development of Crisis care support for older adults (over 70) with an acute mental illness and people of any age living with dementia.

Longer description

Develop alternative pathways for people experiencing a mental health crisis that can work into the community and care home setting in order to proactively prevent hospital admissions. Create a more integrated, innovative care system and culture which prevents, but where necessary, responds effectively to episodes of acute mental health need and crisis.

Measure 1

Timeline 22/23

Complete recruitment to posts identified to deliver OPMH/Dementia proposed model of care

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Measure 2

Timeline 22/23

Evaluate overall impact on avoidable hospital admissions due to crisis against 2019/20 baseline

A	M	J	J	A	S	O	N	D	J	F	M
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● Resource Testing

The resource testing RAG for this scheme is currently AMBER.

Current Service Challenges may be a barrier to recruitment in mental health services.

Ref No Title

a.2022.24 **Mental Health Improvement scheme - Perinatal Mental Health Services**

Short description

Develop and expand the North Wales Perinatal Mental Health Service, aligned to Welsh Government guidance.

Longer description

Further, expand service to meet the needs of the population that will deliver better outcomes for women, their babies and families with, or at risk of perinatal mental health problems. The introduction of additional resources would enable the team to work more proactively in detecting and preventing mental disorder.

Measure 1

Timeline 22/23

Complete recruitment of specialist roles to team

A M J J A S O N D J F M

Measure 2

Timeline 22/23

Completion of necessary training for all disciplines including Cognitive behavioural treatment and Compassion focus therapy training

A M J J A S O N D J F M

Measure 3

Timeline 22/23

Benchmarking the Perinatal Service against the Royal College Standards and agree priority areas for improvement in years 2 and 3

A M J J A S O N D J F M

● Resource Testing

The resource testing RAG for this scheme is currently AMBER.

Current Service Challenges may be a barrier to recruitment in mental health services.

Ref No Title

a.2022.25 **Mental Health Improvement scheme - Psychiatric Liaison Services**

Short description

Appropriate and consistent psychiatric liaison response across North Wales. Further development of pathways & workforce, and improve patient experience.

Longer description

The additional liaison workforce will improve focus upon recurrent admissions, to provide the right interventions at the right time.

Measure 1

Timeline 22/23

Successful recruitment of PLS nurses

A M J J A S O N D J F M

Measure 2

Timeline 22/23

Complete, and have implemented, working process review to focus upon delivering shorter waits in ED

A M J J A S O N D J F M

Measure 3

Timeline 22/23

Review Q4 delivery against Psychiatric Liaison Accreditation standards

A M J J A S O N D J F M

● Resource Testing

The resource testing RAG for this scheme is currently AMBER.

Current Service Challenges may be a barrier to recruitment in mental health services.

Ref No Title

a.2022.27 North Wales Medical School

Short description

Establishment of an independent North Wales Medical Programme in partnership with Bangor University by 2025.

Longer description

Responding to the announcement by the Minister for Health & Social Services achieve the joint vision of Bangor University & BCUHB to develop and deliver a North Wales Medical Programme which is GMC accredited by 2025.

Measure 1

Board support of a co-designed ambitious proposal for the development of a school which is fully aligned to our other strategies and plans

Timeline 22/23

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Measure 2

Successful admissions to increased student numbers announced by the Minister for Health & Social Care in September 2021

Timeline 22/23

A	M	J	J	A	S	O	N	D	J	F	M
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Measure 3

Stage 2 of the GMC Accreditation Process completed

Timeline 22/23

A	M	J	J	A	S	O	N	D	J	F	M
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Ref No Title

a.2022.28 Operating Model

Short description

Implement revised senior leadership structure to facilitate movement to Integrated Health Community and Pan North Wales operating model.

Longer description

The Operating Model is defined as the 'arrangements for how we organise and manage the business of the Health Board'. Specifically the Operating Model describes the:

- Design principles, outlining the basis for model design, what it will achieve for the people we serve and the people who work with and for the Health Board;
- High level structure of the organisation, including Executive Team portfolios, the arrangements for the most senior tiers of clinical operational management, accountabilities and reporting lines;
- Operational ways of working, which support organisational effectiveness, aligned to the governance and performance accountability frameworks.

Measure 1

Timeline 22/23

Appointment to key leadership roles

A M J J A S O N D J F M

Measure 2

Timeline 22/23

Implementation of full operating Model

A M J J A S O N D J F M

Measure 3

Timeline 22/23

Post implementation gateways

A M J J A S O N D J F M

Ref No Title

a.2022.29 People & OD Strategy – Stronger Together

Short description

Delivery of the 5 programmes of work following the Discovery phase of Stronger Together.

Longer description

Combination of subject matter expert and programme resource to drive forward and facilitate co design and delivery. Resource "pot" to enable appropriate commissioning and delivery of specialist work and/or devolvement of enabling budgets to Health Communities as appropriate under new Operating Model.

Measure 1

Timeline 22/23

Individual projects to develop benefits detailed benefits realisation measures (outcome/process/primary & latent)

A M J J A S O N D J F M

Measure 2

Timeline 22/23

Migrate information oversight and assurance mechanism to central PMO function

A M J J A S O N D J F M

Measure 3

Timeline 22/23

External specialist resource - complete tendering exercise for external providers (if required) and award tender to ensure delivery of products solutions

A M J J A S O N D J F M

Ref No Title

a.2022.30 Radiology sustainable plan

Short description

Develop a sustainable plan further to have an adequately resourced, responsive quality service, moving towards being able to meet the imaging demands for referral to report within two weeks.

Longer description

This work will seek to reduce radiology waiting times in north Wales to a maximum of six weeks, irrespective of modality, before then making further steps towards two weeks.

Measure 1

Timeline 22/23

Each modality will have a documented service delivery model (including training and equipment needs) for the current year to reach a 6 week target

A M J J A S O N D J F M

Measure 2

Timeline 22/23

Implement insourcing to address ultrasound capacity gap, as part of the saving babies lives programme

A M J J A S O N D J F M

Measure 3

Timeline 22/23

Implement agreed opportunities for insourcing across all imaging modalities where necessary to progress towards a 6 week waiting list, whilst recruitment and training is progressed

A M J J A S O N D J F M

Measure 4

Timeline 22/23

Implement revised staffing model/skill mix and training, supplemented where necessary by recruitment, to progress towards delivery of a sustainable 6 week waiting list

A M J J A S O N D J F M

● Resource Testing

The resource testing RAG for this scheme is currently AMBER. Recruitment and capacity to train will be challenging within the context of the Pandemic. However the scheme is robust in terms of delivering longer term sustainability, and should be progressed.

Ref No Title

a.2022.31 **Regional Treatment Centres**

Short description

Improve the hospital element of the planned care pathway with a focus on diagnostics, assessment and treatment.

Longer description

Improvement of the hospital element of planned care through the transformation of clinical pathways and pan BCU digital processes with a focus on diagnostics, assessment and treatment to deliver a sustainable service for the population of North Wales. Reduce backlog against national standards arising from demand and capacity gaps and impact from Covid-19.

Measure 1

Timeline 22/23

Award contract to supplier to design, fund, build, equip and maintain RTCs and Final design of facilities

A M J J A S O N D J F M

Measure 2

Timeline 22/23

Signed off pathways (using BCUPathways methodology) for priority pathways relating to RTCs

A M J J A S O N D J F M

Measure 3

Timeline 22/23

Initial RTC commissioned (facilities, equip, workforce)

A M J J A S O N D J F M

Ref No Title

a.2022.32 **Speak Out Safely**

Short description

To build on the rollout of Speak out Safely as part of creating an environment of psychological safety, learning and improvement.

Longer description

Enabling and supporting all staff to Speak out Safely is a core element of creating an environment of strong staff engagement and psychological safety, where staff feel able to raise concerns, have these acknowledged and acted upon without fear of recrimination. Speak Out Safely supports an organisational culture of openness and transparency where all staff feel assured they will be listened to when raising concerns. Speak Out Safely promotes an inclusive learning organisational culture with concerns raised by staff providing a rich source of feedback as the Health Board continuously improves patient and staff safety.

Measure 1

Expand network of Speak Out Safely Champions across the Health Board

Timeline 22/23

A M J J A S O N D J F M

Measure 2

Undertake a review of the Speak out Safely Guardian role to confirm next steps, including increasing the time available the Guardian role

Timeline 22/23

A M J J A S O N D J F M

Measure 3

Complete a benefits realisation/evaluation of Speak Out Safel

Timeline 22/23

A M J J A S O N D J F M

Ref No Title

a.2022.33 Staff Support and Wellbeing

Short description

Sustain and embed the improvements made to the Staff Wellbeing Service (SWSS) during 2021/22 (funded through short term monies), and further develop SWSS in a sustainable manner in 2022/23 and beyond to meet current and growing demand.

Longer description

Supporting individual staff, teams and line managers to stay well in work is essential in creating the right conditions for staff to flourish and enable them to deliver high quality care. A sustainable and continually evolving SWSS – providing a range of support to meet the needs of staff from supporting self- care through to crisis support - is a core part of a compassionate and fair organisational culture, where the psychological safety and wellbeing of staff is paramount. As an employer of choice, the provision of SWSS is also crucial to strengthening the recruitment and retention of staff.

Given the current and anticipated growing demand for psychological wellbeing support amongst staff (individuals and teams), there is a need to secure recurrent funding to embed the improvements made to SWSS in 2021/22 through short term funding. This includes the continuation of an external contract to provide staff with an alternative to internal provision where they would prefer this. There is also a need to secure further additional investment during 2022/23 and beyond to enable SWSS to grow to meet the wellbeing needs of staff, the latter including not only individual staff but also teams and line managers.

Measure 1

Recruit substantively to the short term 12 month posts created in 2021/22 to ensure service continuity

Timeline 22/23

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Measure 2

Recruit to new posts to enable next phase of SWSS development

Timeline 22/23

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Measure 3

Complete a benefits realisation/evaluation of SWSS

Timeline 22/23

A	M	J	J	A	S	O	N	D	J	F	M
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Ref No Title

a.2022.34

Strengthening emergency department (ED) & SDEC workforce to improve patient flow.

Short description

Revise the current workforce establishment and skill mix across our 3 EDs and Same Day Emergency Care (SDEC) services in order to ensure high quality, safe care is achieved in line with local and national targets, as well as expand and enhance ambulatory care across the region.

Longer description

This scheme includes two main components, 1, revision of the current workforce establishment to maximise skill mix, and 2, conversion of urgent and emergency bedded care to same day ambulatory care where possible. The scheme includes a gateway review process to ensure that successful delivery is having the expected impact.

Measure 1

Commenced phased implementation of new ED and SDEC model across all 3 sites (phased so as to permit the continuation of service provision)

Timeline 22/23

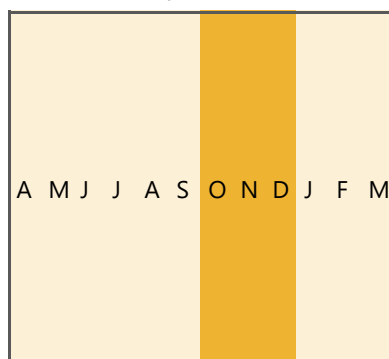


Measure 2

New ED and SDEC model sustained across all 3 sites with following metrics expected:

- Up to 40% of USC intake managed with a '0' day LOS
- 85-90% of people going through SDEC do not get admitted
- Average Length of Stay (ALoS) in unit minimised to under 6 hours
- Improvement in ED standard by 10%
- Improvement in Ambulance Handover standard by 50%

Timeline 22/23



Measure 3

Gateway review undertaken to confirm compliance with model, and delivery of expected outcomes, identifying any areas requiring remedial action

Timeline 22/23



● Resource Testing

The resource testing RAG for this scheme is currently AMBER.

This scheme has been well testing but is dependent upon significant recruitment, which may be challenging. A gateway review step has been introduced to allow assessment of the model, informed by the actual recruitment achieved, in order to review and remediate the model if necessary.

Ref No Title

a.2022.35 **Stroke services**

Short description

Improve stroke outcomes across north Wales, addressing the breadth of stroke care and prevention, and by applying a consistent 'whole-pathway' approach.

Longer description

This will be achieved by:

- Providing a 'Once for North Wales' network approach to ensure consistency of clinical outcomes for early supported discharge and specialist integrated community in-patient rehabilitation services;
- Further developing stroke prevention services in North Wales with an emphasis on primary and community care;
- Strengthening acute stroke services across each of the District General Hospital sites to improve out of hours care and compliance with clinical guidelines and performance targets;
- Preparing the case for investment in a Hyper Acute Stroke service for North Wales.

Measure 1

Successful recruitment of 3 Stroke Specialist Nurses and Sentinel Stroke National Audit Programme (SSNAP) Clerks, to improve pathway and performance in acute settings

Timeline 22/23



Measure 2

Provision of an inpatient environment for active rehabilitation working with Early Supported Discharge team to allow for optimal patient outcomes (one per Health Community)

Timeline 22/23



Measure 3

Successful recruitment of Consultant Therapists, Therapy and support team, and seven psychology posts to allow the delivery of early supportive discharge and rehabilitation services in community settings, and to underpin the delivery of a whole system end-to-end pathway, including prevention

Timeline 22/23



Measure 4

Submission of a developed case for investment in a Hyper-acute Stroke Service (Phase 2 of the BCU Stroke Programme)

Timeline 22/23



Ref No Title

a.2022.36 Suspected cancer pathway improvement

Short description

Implementation of a range of suspected cancer pathways to reduce waiting time and variation across north Wales.

Longer description

Implementation of breast, neck, lung and vague symptoms (suspected cancer) pathways.

Measure 1

Timeline 22/23

Provide four rapid access breast clinic streams per week, in each of the East, Centre and West health communities

A M J J A S O N D J F M

Measure 2

Timeline 22/23

Provide at least one 'one stop' neck lump clinic per week in north Wales

A M J J A S O N D J F M

Measure 3

Timeline 22/23

Provide at least one 'one stop' clinic per week for vague but concerning symptoms, in each of the East, Centre and West health communities

A M J J A S O N D J F M

Measure 4

Timeline 22/23

Provide all cancer patients with an identified keyworker to support them from the point of diagnosis onwards

A M J J A S O N D J F M

Ref No Title

a.2022.37 **Urgent Primary Care Centres**

Short description

Complete the establishment of Urgent Primary Care (UPC) Centres in strategic locations to release capacity within Emergency Departments and GP practices.

Longer description

Establish Urgent Primary Care Centres in strategic locations to create capacity in general practice by offering alternative service options to see the 'on the day urgent' presentations. In addition they will contribute to the avoidance of attendances at the Emergency Department.

Measure 1

Deliver a sustainable urgent primary care model for north Wales with supporting business case

Timeline 22/23

A M J J A S O N D J F M

Measure 2

Demonstrate an increase in referrals to UPC centres from EDs and GP practices

Timeline 22/23

A M J J A S O N D J F M

Measure 3

Evaluate the UPC service, including a cost benefit analysis as members of the all Wales UPC implementation board

Timeline 22/23

A M J J A S O N D J F M

Ref No Title

a.2022.38 Urology - Robot Assisted Surgery

Short description

Commencement of robot-assisted surgery (RAS) in urology.

Longer description

The introduction of RAS in North Wales to support Urology service re-design with the aim of delivering improved access and outcomes for our population and building a safe and sustainable urology service.

Measure 1

Timeline 22/23

Commence robot-assisted urology surgery in Ysbyty Gwynedd

A M J J A S O N D J F M

Measure 2

Timeline 22/23

Reporting mechanism in place detailing performance against agreed activity baseline and outcome related KPIs

A M J J A S O N D J F M

Measure 3

Timeline 22/23

Reduce/cease RAS outsourcing for urology and replace with activity delivered at YG as per levels specified in the Implementation Plan

A M J J A S O N D J F M

Measure 4

Timeline 22/23

Agreed implementation plan in place for expansion of RAS to other surgical specialties

A M J J A S O N D J F M

Ref No	Title	
a.2022.39	Vascular	
Short description		
Continued development of a safe and effective vascular service across BCU.		
Longer description		
Following the Royal College of Surgeons (RCS) reports, an action plan has been completed and review of the service has taken place. This has led to design and calculation of resource gap for the vascular specialty and all supporting services. Additionally there is a putting it right (PIR) initiative following the 2nd stage of the RCS report to review the notes in more detail and outline thematic learning from the cases.		
Measure 1	Timeline 22/23	
Scrutinise and sense-check business case, against deliverability, sustainability and value based healthcare principles	A M J J A S O N D J F M	
Measure 2	Timeline 22/23	
Successful recruitment against final, agreed, business case	A M J J A S O N D J F M	

Ref No Title

a.2022.40 Video consultations

Short description

Optimising the use of consultation video technology with Pathway redesigns.

Longer description

This scheme consolidates the progress made in using video technology, embedding the approach as a core component in new or redesigned clinical pathways.

Measure 1

Training of at least 90% of BCUPathway coordinators in the optimal role of video consultations, advantages and disadvantages, when redesigning pathways

Timeline 22/23



Measure 2

System in place to monitor the number of patients consulted using video technology, rather than hospital outpatient follow-up, and the number needing to abandon and revert to a traditional face to face consultation

Timeline 22/23



Measure 3

Either BCUPathway agreed patient experience questionnaire (PREM) where available, or interim Video Consultation PREM (where BCUPathway PREM not available) sent to at least 500 patients who have been consulted by video during Q3 and Q4, with analysis of responses completed

Timeline 22/23



Ref No Title

a.2022.41 **Welsh Community Care Information System (WCCIS)**

Short description

Implement a once for Wales solution to allow better-integrated working across health and social care over the next 3 years.

Longer description

Continuation of ongoing prototype implementation of the WCCIS system via a phased approach in order to review its functionality to deliver BCU Wide over the next 3 years for community services (including children's, mental health and therapies). WCCIS system allows sharing of key information between health and social care partners. Initial implementation to take place in 2022 for a prototype within the Community Resource Teams (CRT) in Ynys Mon and a Team within Gwynedd

Measure 1

Timeline 22/23

Gateway review to be undertaken 3 months post-implementation of the Community Resource Team (CRT) prototype

A	M	J	J	A	S	O	N	D	J	F	M
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Measure 2

Timeline 22/23

Continue implementation of CRT teams throughout BCUHB, IF supported by outcomes of gateway review

A	M	J	J	A	S	O	N	D	J	F	M
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Ref No Title

a.2022.42 Welsh Language

Short description

Achieving compliance with statutory requirements by reducing the burden on current service, supressing costs by being less dependent on external resourcing, and providing the infrastructure and context for creating favourable conditions where people are assured that Welsh language needs and choices actively influences the planning of health care services within the Health Board

Longer description

The Health Board is subject to statutory requirements in the form of Welsh Language Standards under the Welsh Language (Wales) Measure 2011. Following an internal performance and activity assessment, the case for change is focused on four specific areas:

- Improving patient experience following an increase in complaints and investigations
- Respond to translation demand and capacity
- Appropriate models of Welsh language training support to improve Welsh language skills of current workforce
- Target resourcing on a sustainable basis to ensure there is a consistent and standardised model of support (both acute and community-based) in place in line with welsh Government recommendations as part of the 'More than just words' framework for Welsh language services in health, social services and social care.

This will ensure that patients and the public are assured that their Welsh language needs and choices influence planning and service delivery, and that staff are aware of the 'Active Offer', with a visible commitment in providing care centred on language need. Patients and the public are assured of the commitment at leadership level to provide and develop Welsh language services according based on a needs-assessment. In the same way, the workforce are assured that their ambitions and goals to develop their language skills are supported by the

Measure 1

Demonstrate an increase in achieving translation turnaround that meets the demand on the service. Q1 investment with Q2 trajectory for meeting demand

Timeline 22/23



Measure 2

Strengthen compliance framework, developing a baseline for current compliance and highlight areas of concern across the system

Timeline 22/23



Measure 3

Demonstrate an appreciation of the workforce's drive to provide an improved level of service greater level of Welsh language by implementing a dedicated focused-approach training framework

Timeline 22/23



Measure 4

Roll out community-based support by aligning with acute and corporate compliance requirements

Timeline 22/23



Ref No Title

a.2022.43 **Welsh Patient Administration System**

Short description

Continue the implementation of the Welsh Patient Administration System across the Health Board

Longer description

To complete the complex, multi-year phased implementation of the Welsh Patient Administration System (WPAS) across the Health Board. Completion of the rollout of WPAS in West Region prior to completion of the merger of individual WPAS instances in the remaining regions into a single BCUHB wide Welsh Patient Administration System in 2023.

Measure 1

Timeline 22/23

Go live of West WPAS merger into Central WPAS

A M J J A S O N D J F M

Measure 2

Timeline 22/23

Programme plan for single instance phase to have commenced

A M J J A S O N D J F M

Ref No Title

a.2022.44 **Widening of Primary Care workforce**

Short description

Ongoing issues with GP recruitment and capacity means that Clusters must think differently about how to manage demand on increasingly scarce GP resources and time.

Longer description

A number of primary care workforce initiatives are being taken forward within multiple clusters in order to meet the specific demands and population needs within their communities:

- Practice Nurses
- Advanced Nurse Practitioners (ANPs) within Practice and Care Home environments
- Allied Health Professionals (AHPs), including
 - Advanced Physiotherapists
 - Occupational Therapists
 - Paramedics

Other roles will be recruited in order to help alleviate pressures in secondary care, and move care and support closer to home.

Measure 1

Recruit to ANP and AHP roles, thereby enabling individuals to be directed to the most appropriate support for their particular needs

Timeline 22/23



Measure 2

Delivery of Practice Nurse Education programme to support sustainability within primary care. Staff to have undertaken long-term conditions training

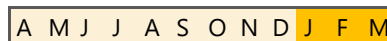
Timeline 22/23



Measure 3

Care Home ANP role fully integrated into CRTs

Timeline 22/23



Ref No Title

a.2022.45 **Workforce Operating Model**

Short description

To build on the learning from the pandemic and the feedback from discovery in ensuring the organisation has a highly effective and efficient People & OD service delivered in a way that is aligned with the operating model of the organisation.

Longer description

Aligning the People service to the revised Operating Model.
Creating specialist services within the function enabling resources to be placed closer to the bedside.

Measure 1

Report evidencing improvement in people service delivery

Timeline 22/23

A M J J A S O N D J F M

Measure 2

Evidence of improvement in case management, including a reduction in claims expenditure and legal costs

Timeline 22/23

A M J J A S O N D J F M

Measure 3

Evidence of improvement in ease of contacting people service – for employees and managers

Timeline 22/23

A M J J A S O N D J F M

Ref No Title

b.2022.1 **3rd sector Partnerships**

Short description

We will work to develop a sustainable 3rd sector commissioning model, to get the greatest joint-working benefit with 3rd sector partners.

Longer description

In recognition of the vital role the third sector plays in supporting our communities, we will review and refresh our strategic commitment to the sector. This will be supported by development of a sustainable commissioning model, working together with partners where we can to lead to a stronger focus on outcomes and delivery of what matters for local people.

Measure 1

Timeline 22/23

Engagement with sector on relationships and proposed commissioning approach

A M J J A S O N D J F M

Measure 2

Timeline 22/23

Draft commissioning arrangements agreed, maintaining an overall strategic fit with BCU commissioning unit development

A M J J A S O N D J F M

Measure 3

Timeline 22/23

Implementation of revised arrangements

A M J J A S O N D J F M

Ref No	Title
b.2022.2	Accelerated Cluster Development
Short description	
Implement the national Accelerated Cluster Development Programme across north Wales	
Longer description	
In line with the all-Wales Strategic Programme for Primary Care, strengthen and develop the roles and responsibilities of clusters in the planning and delivery of integrated services to best meet the needs of the population at a locality level.	
Measure 1	Timeline 22/23
Establish six county level pan cluster planning groups (PCPGs)	A M J J A S O N D J F M
Measure 2	Timeline 22/23
Sustainable system agreed and in place for generating and analysing Local Needs Assessment data	A M J J A S O N D J F M
Measure 3	Timeline 22/23
PCPGs hardwired into revised BCU Planning processes	A M J J A S O N D J F M
Measure 4	Timeline 22/23
Governance framework for PCPGs agreed with partners	A M J J A S O N D J F M
Measure 5	Timeline 22/23
Community small-grant scheme piloted in one county	A M J J A S O N D J F M

Ref No Title

b.2022.3 **Atlas of Variation**

Short description

Establish a triangulated approach to considering (and addressing) variation in practice where an intervention would provide an opportunity to improve overall value.

Longer description

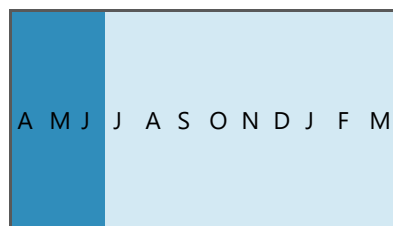
We will consider successful 'atlas of variability' approaches delivered elsewhere, to establish a local approach which will then collate and triangulate data to identify unwarranted variation. From this we will identify two key clinical areas in 2022-23 where - as a result of taking an atlas of variation approach - an intervention in 2023-24 would be expected to improve value.

Measure 1

Review success AoV approaches elsewhere, culminating in a recommended approach for BCU:

Summary report published outlining review findings and recommendations, received jointly by Transformation, Strategic Planning and Commissioning teams

Timeline 22/23

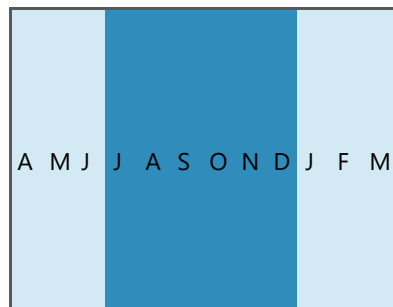


Measure 2

Implement an AoV function in BCU:

Agreement reached between Transformation, Strategic Planning and Commissioning teams regarding the BCU approach to creating and maintaining an AoV, with specific detail on which team will provide lead oversight, and how the AoV will be used to influence the priorities of the respective teams

Timeline 22/23



Measure 3

Identify 2 clinical areas for intervention in 2023/24:

AoV work plan created which includes 2 clinical areas for focus in 23/24

Timeline 22/23



Ref No Title

b.2022.4 BCUPathways, incorporating oncology and delayed planned care pathways

Short description

Deliver the BCUPathways whole-system methodology across at least 20 priority pathways.

Longer description

Our methodology to support whole-pathway balance across our Health, Social Care and Well-being system, co-designed with those using the services, and medicalising only when necessary, will be deployed to cover at least twenty pathways identified as priorities.

Measure 1

Identification at least 20 priority pathways, cognisant of regional treatment development

Timeline 22/23

A M J J A S O N D J F M

Measure 2

Consistent, continuous publication of BCUPathways in place, on webportal accessible by professionals and public, and supported by public and professional feedback tools

Timeline 22/23

A M J J A S O N D J F M

Measure 3

Collaborative review undertaken of version 1 of the BCUPathways methodology, to refine based upon initial pathways completed, in line with 'PDSA' improvement principles

Timeline 22/23

A M J J A S O N D J F M

Measure 4

Rolling programme of pathways for creation/review in place, using BCUPathway methodology (as revised in previous measure)

Timeline 22/23

A M J J A S O N D J F M

Ref No Title

b.2022.5 **Building a Healthier Wales (BAHW)**

Short description

Strengthening the population health approach in the Health Board through targeted projects that prioritise prevention, early intervention and reducing health inequalities.

Longer description

BAHNW is an established programme of work. This scheme is in response to reductions to the national Building a Healthier Wales Funding structure. This ensures we continue to build upon existing progress.

Measure 1

Approved work-plan for each BAHNW scheme to have commenced, and partner network informed

Timeline 22/23

A M J J A S O N D J F M

Measure 2

Interdependencies framework is developed which supports organisational planning via Health Improvement & Reducing Inequalities Group (ToR Reviewed)

Timeline 22/23

A M J J A S O N D J F M

Measure 3

Evidence-based benefits (quantitative and qualitative) identified for the whole programme, in order to support organisational planning

Timeline 22/23

A M J J A S O N D J F M

Ref No Title

b.2022.6 **Commissioning unit**

Short description

Establishment of Commissioning Unit and a Review of our Commissioning Plan built upon quality and equity. Responding to population needs assessment to develop a commissioning programme that supports key population health challenges.

Longer description

As part of our organisational redesign, a Commissioning unit will be established as part of a triumvirate of functions within the Executive Director of Planning and Transformation portfolio, to further strengthen our approach to commissioning services built upon quality and needs assessment, maximising transformational opportunity.

Measure 1

Scope and structure of commissioning unit agreed by Executive Team

Timeline 22/23

A M J J A S O N D J F M

Measure 2

Appointment to commissioning unit senior team

Timeline 22/23

A M J J A S O N D J F M

Measure 3

Written plan for timescale of full transfer of functions, and programme of work for year one and anticipated work in year two agreed with Executive team

Timeline 22/23

A M J J A S O N D J F M

Ref No Title

b.2022.7 **Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viruses**

Short description

The Community Pharmacy Enhanced Service delivers an evidence-based, proactive approach to increasing access to screening, advice and guidance for under-served groups.

Longer description

This will identify people at risk from blood borne viruses and risky alcohol behaviours and contribute to a reduction in the burden of associated disease.

Measure 1

Timeline 22/23

Completed design of media and resources required to support the service

A M J J A S O N D J F M

Measure 2

Timeline 22/23

At least one Community Pharmacy site offering ES in each of East, Centre, West health communities

A M J J A S O N D J F M

Measure 3

Timeline 22/23

Evaluation completed of test sites (identified in measure 2)

A M J J A S O N D J F M

Ref No Title

b.2022.8 **Diabetic Foot pathway**

Short description

Improve diabetic foot management and outcomes across BCUHB.

Longer description

Improve diabetic foot management and outcomes across BCUHB by applying a whole system pathway approach, and wider use of a broad professional skill-mix.

Measure 1

Increased podiatric capacity in place to support relaunched primary care component of diabetic foot pathway

Timeline 22/23

A M J J A S O N D J F M

Measure 2

Review emergency admission data for diabetic foot presentations, which should be expected to fall as whole system pathway embeds

Timeline 22/23

A M J J A S O N D J F M

Measure 3

Review inter-hospital transfer data for diabetic foot presentations, with transfers to YGC expected to fall as whole system pathway embeds

Timeline 22/23

A M J J A S O N D J F M

Development Priorities being commenced in 2022
SMART detail

Ref No Title

b.2022.9 Foundational Economy Strategy/Policy

Short description

Implementation of BCU strategy and policy that maximises our contribution to the Foundational Economy.

Longer description

Implementation of BCU strategy and policy that maximises our contribution to the Foundational Economy.

Measure 1

Timeline 22/23

Completion of Strategy and submission to Board

A M J J A S O N D J F M

Measure 2

Timeline 22/23

Implementation of policy and operating processes to deliver agreed strategy

A M J J A S O N D J F M

Development Priorities being commenced in 2022
SMART detail

Ref No Title

b.2022.10 **Golden Value Metrics**

Short description

Create a Golden Value Metric Set, built upon patient reported experience and outcomes, with roll-out programme agreed.

Longer description

This work will deliver a streamlined set of high value metrics which provide a barometer of performance in general. This will be built around patient experience and outcomes, aligned to be a person-centred organisation.

Measure 1

Agreed micro-set of metrics that provide a temperature check of the wider system, agreed by working group

Timeline 22/23

A M J J A S O N D J F M

Measure 2

Implementation of metric set, published at front of performance reports

Timeline 22/23

A M J J A S O N D J F M

Development Priorities being commenced in 2022
SMART detail

Ref No Title

b.2022.11 **Implementing the Quality Act**

Short description

The Health and Social Care (Quality and Engagement) (Wales) Act 2020.

Longer description

We will fully comply with the requirements of the Quality Act when it is implemented nationally in April 2023. This includes the Duty of Quality, the Duty of Candour and full engagement with the new Citizens Voice Body.

Measure 1

Consider the full requirements of the Act, and develop a plan to ensure full compliance when it comes into force in 2023

Timeline 22/23

A M J J A S O N D J F M

Measure 2

Amendment/development of internal systems, if so required, to ensure compliance

Timeline 22/23

A M J J A S O N D J F M

Ref No Title

b.2022.12 Inverse Care Law work

Short description

The Inverse Care Law states that those who most need healthcare are least likely to receive it, and in contrast, those with least need of healthcare tend to access healthcare more effectively. This challenge is reflected in the gap in life expectancy and healthy life expectancy between the most and least deprived. This programme will design the supporting infrastructure and frameworks through which Primary Care, in partnership with community, voluntary and local services can address the health inequality challenges facing their local populations.

Longer description

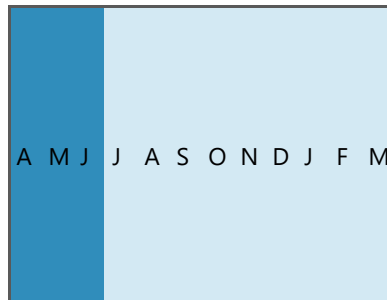
The programme will practically deliver solutions that are able to demonstrate impact in reducing health inequalities, thereby increasing our chances to reduce the gap in healthy life expectancy and improve the health and wellbeing of those who are most in need.

Acknowledging that social determinants have a significantly greater impact on health than can be managed by our NHS alone, we will enable local teams to take a partnership approach to addressing health inequalities that exist within their communities.

Measure 1

By June '22 we will have established our Community of Practice (CoP) as the vehicle for change in tackling health inequalities in North Wales. The CoP will have defined its aims, objectives and purpose. We will have created a local networking platform for hosting case studies and we will have developed a knowledge & skills framework to support the work of the group and its members

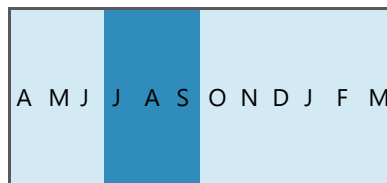
Timeline 22/23



Measure 2

By September '22 we will have developed Rapid Actionable Insight (RAI) packs to support identification of health inequalities at cluster/locality level. We will have commenced our engagement process in seeking out our innovator clusters

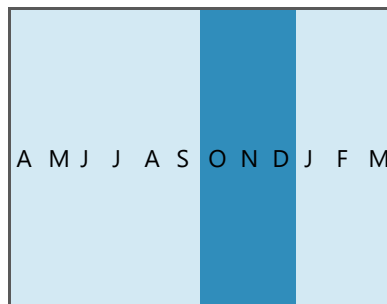
Timeline 22/23



Measure 3

By December '22 we will have developed our Health Inequalities Intervention & Innovation Plan (HIIP) for inclusion within our 23/24 IMTP. We will have identified a minimum of 6 innovator clusters aligned to our Local Authority footprints. The HIIP clusters will work on a set of interventions, which they wish to test to drive down health inequalities in their chosen population group

Timeline 22/23



Measure 4

By March '23 we will have put in place the required supporting mechanisms for the innovator clusters/ localities to commence their implementation. We will have held 6 kick-

Timeline 22/23



Ref No Title

b.2022.13 **LEAN Healthcare system**

Short description

Implementation of a coordinated continuous improvement approach across BCU built upon the LEAN Healthcare methodology.

Longer description

This scheme will roll-out a consistent, evidence based improvement methodology (LEAN Healthcare based) across BCU, by the recently enhanced Transformation and Improvement team, supported by Improvement Cymru.

Measure 1

Establishment of a buddying arrangement with a respected and established LEAN Healthcare organisation, in line with current plan created with the support of Improvement Cymru

Timeline 22/23



Measure 2

Successful launch of a standard BCU improvement toolkit, building upon LEAN, enabling consistency of approach and support

Timeline 22/23



Measure 3

Progression to full implementation of BCU improvement portal, including webchat facilities with continuous improvement practitioners and best practice case-study library

Timeline 22/23



Measure 4

First annual report outlining breadth of continuous improvement activity that has been supported, and clinical impact

Timeline 22/23



Ref No Title

b.2022.14 **Recovery of Primary Care chronic disease monitoring**

Short description

Planned care in Primary Care has been negatively impacted over the last 15 months due to the need to respond to the pandemic and vaccination programme, causing a backlog of chronic disease reviews, leading to increased waits for people living with a chronic condition(s). As part of primary care recovery, Cluster funding will work to reduce this backlog. In addition, in a number of Clusters, work will also be undertaken in order to improve and enhance services to people with a chronic disease, with a focus primarily upon diabetes care.

Longer description

Priority will be given across all primary care clusters, to reducing the backlog of chronic disease reviews. The approach taken to achieve this reduction is determined by individual clusters, and includes the recruitment of additional Chronic Conditions nurses, or by increasing the number of sessions currently available across the practices in order to meet with more individuals.

Measure 1

Recruitment of additional staff / increase in hours available to undertake chronic disease management reviews, and thereby reduce backlog

Timeline 22/23



Measure 2

Provide a collaborative Cluster-based long-term Conditions Hub: leading to a reduction in referrals to secondary care Q3

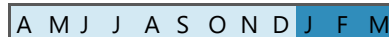
Timeline 22/23



Measure 3

Backlog of chronic disease reviews reduced

Timeline 22/23



Measure 4

Individuals provided with education to support with self-management of their chronic condition

Timeline 22/23



Development Priorities being commenced in 2022
SMART detail

Ref No Title

b.2022.15 **Results management**

Short description

Improve the assurance for the management of results across BCUHB by fully delivering a fit for purpose solution that will improve patient safety.

Longer description

Delivery of a fit for purpose results solution that will improve patient safety and ultimately stop printed results, by utilising the Welsh Clinical Portal (WCP) Results Notification and Assurance dashboard.

Measure 1

Timeline 22/23

Full implementation of pre-go live tasks within phase 2 of project plan

A M J J A S O N D J F M

Measure 2

Timeline 22/23

Go live with WCP results notification and action recording

A M J J A S O N D J F M

Ref No Title

b.2022.16 Valuing carers

Short description

Working with partners across north Wales to develop and commission a range of support options, which ensure that the needs of informal carers are taken into account across Primary and Secondary care, and which recognise the valuable informal carers play in enabling care closer to home.

Longer description

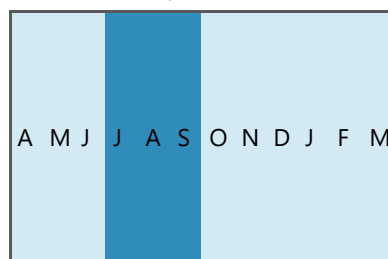
Working in partnership with informal carers, third sector providers and local authorities, the Health Board will continue to develop and commission a range of initiatives aimed at improving informal carers' access to information, advice and assistance across primary and secondary care:

- GP Carer Facilitators support GP Practices and community pharmacies by keeping them updated on legislation, training and education. This enables them to raise awareness of carers within the surgeries and pharmacy settings. The Facilitator supports GP practices to put in place systems for identifying carers at the earliest possible stage and works with agencies that can help surgeries to support carers. Support is provided to enable carers to access flexible appointments that acknowledge their caring role.
- Hospital Carer Facilitators assist informal carers by providing information, support and facilitating the discharge process in a way that enables the carer to cope with their caring role. The facilitator works closely with the hospitals and MDTs and engages with local authorities and other stakeholders.
- Short-term Respite service allows carers to take care of their own health needs, be it to attend a hospital or other health appointment, or if they are feeling generally unwell.

Timeline 22/23

Outcomes Framework:

- Joint outcomes framework for carers services across north Wales co-designed with local authority partners and third sector providers
- Current commissioned carers services mapped against outcomes framework, and gaps identified

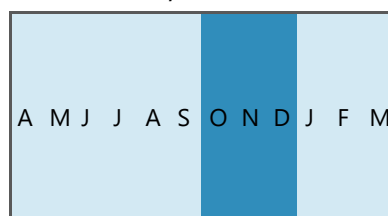


Measure 2

Review of current carers contracts:

- Quality performance review of existing carers contracts completed
- Recommendations for future commissioning made to Executive Board

Timeline 22/23

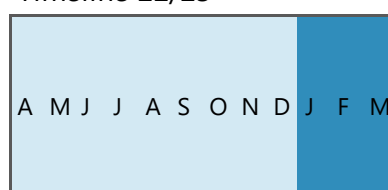


Measure 3

Therapeutic alliance:

- With Welsh Government, explore the development of a 'therapeutic alliance' to support quality care and support for carers and the person cared for

Timeline 22/23





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Integrated Medium Term Plan 2022/25

Appendix 4 2022/23 Workforce Profiles



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The following tables outline the workforce profiles for those schemes currently identified for 2022/23 (as listed in the main IMTP document).

Table 1 outlines those schemes currently underway and being consolidated.

Table 2 outlines the schemes we intend to commence during 2022/23.

Key

'no workforce implications'	The human resource required to deliver this scheme is already factored in to existing team workplans.
RAG rating of AMBER in column 3 ●	The workforce requirements of this scheme have been carefully scrutinised and are considered to be appropriate in nature. There is a high likelihood of being able to recruit the necessary individuals, including specialist roles.
RAG rating of AMBER in column 3 ●	The workforce requirements of this scheme have been carefully scrutinised and are considered to be appropriate in nature. There are some concerns about being able to recruit the necessary individuals but mitigation is in place in case of incomplete recruitment, and the scheme is of sufficient importance that we consider it important to maximise efforts and seek to fully recruit.
RAG rating of AMBER in column 3 ●	<p>The workforce requirements of this scheme have been carefully scrutinised and are considered to be appropriate in nature. There are significant concerns about being able to recruit the necessary individuals.</p> <p>Red RAG schemes would not normally be progressed. Red RAG schemes will only be included in limited circumstances:</p> <ul style="list-style-type: none"> - The scheme is multi-year, already underway, and is progressing well in all other respects. The adverse workforce RAG score has arisen since commencing the scheme and on balance it is considered appropriate to continue. Mitigation has been considered should preferred recruitment levels be unsuccessful. - The scheme is new. Although there are recruitment concerns, the workforce requirements have been heavily scrutinised to increase the prospect of suitable recruitment (e.g. by reviewing skill mix). The scheme is of such importance that it is considered important to try to recruit. Mitigation is in place should preferred recruitment levels be unsuccessful.
Monthly workforce profile	Total cumulative workforce numbers for the scheme, by month, rounded to nearest full person.

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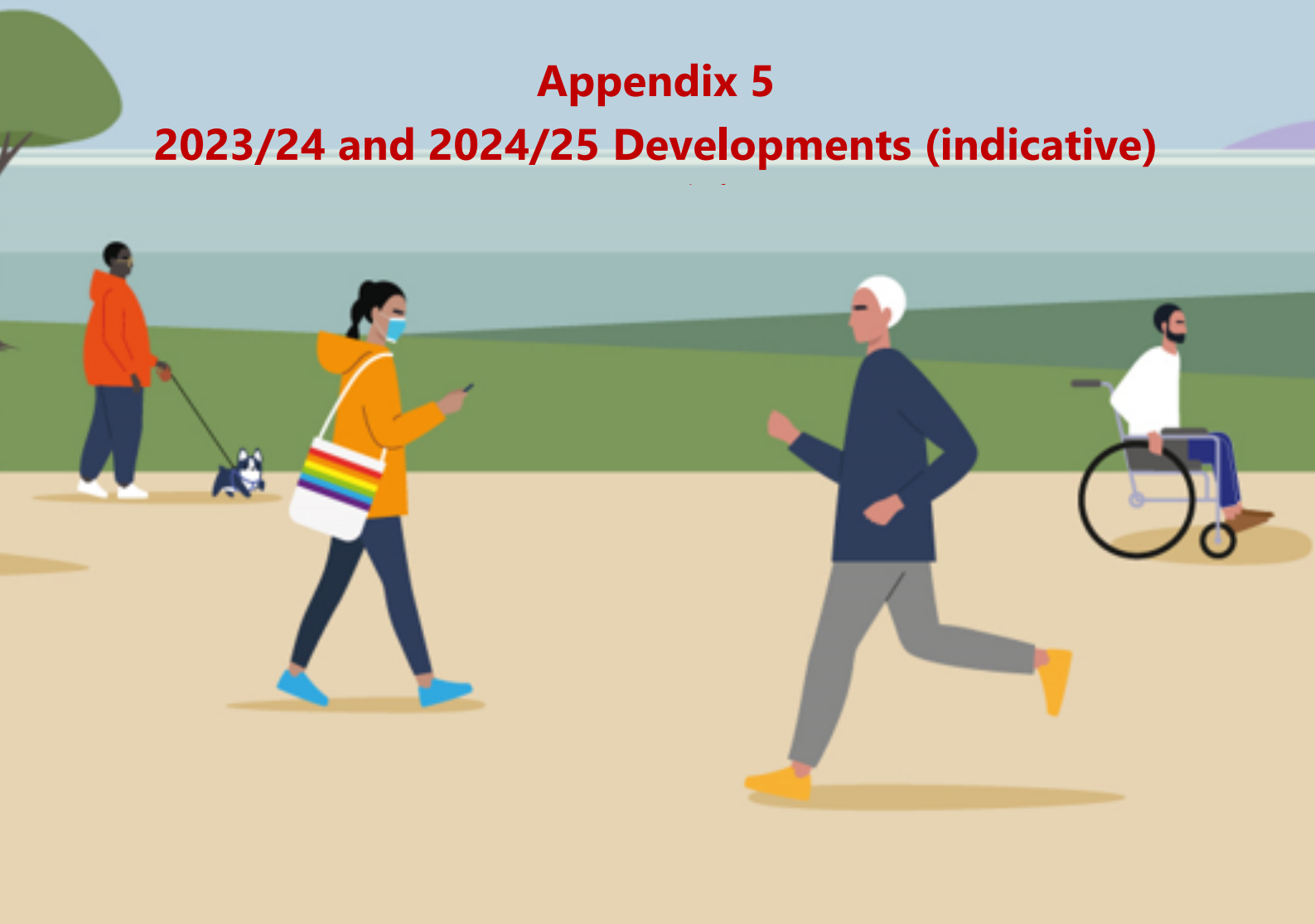
Schemes being commenced during 2022/23:

Ref	Title		Medical (WTE)	Nursing (WTE)	Other Clinical (WTE)	Non Clinical (incl Admin) (WTE)	Total (WTE)	Monthly Workforce Profile												Monthly Workforce Profile												
								M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12													
b2022.1	3rd sector strategy	●		No Workforce Implications											No Workforce Implications																	
b2022.2	Accelerated Cluster Development	●		No Workforce Implications											No Workforce Implications																	
b2022.3	Atlas of Variation	●	0.0	0.0	0.0	1.0	1.0				1	1	1	1	1	1	1	1	1													
b2022.4	BCUPathways	●		No Workforce Implications											No Workforce Implications																	
b2022.5	Building a Healthier Wales (BAHW)	●		No Workforce Implications											No Workforce Implications																	
b2022.6	Commissioning unit	●	0.0	0.0	0.0	1.0	1.0				1	1	1	1	1	1	1	1	1													
b2022.7	Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viruses	●		No Workforce Implications											No Workforce Implications																	
b2022.8	Diabetic Foot pathway	●	14.7	4.6	9.2	13.9	42.4			10	28	28	38	42	42	42	42	42	42													
b2022.9	Foundational Economy Strategy/Policy	●		No Workforce Implications											No Workforce Implications																	
b2022.10	Golden Value Metrics	●		No Workforce Implications											No Workforce Implications																	
b2022.11	Implementing the Quality Act	●		No Workforce Implications											No Workforce Implications																	
b2022.12	Inverse Care Law work	●	0.0	0.0	0.0	1.0	1.0	1	1	1	1	1	1	1	1	1	1	1	1													
b2022.13	LEAN Healthcare system	●		No Workforce Implications											No Workforce Implications																	
b2022.14	Recovery of Primary Care chronic disease monitoring	●		Plans delivered within each cluster																												
b2022.15	Results management	●	0.0	0.0	0.0	5.0	5.0				5	5	5	5	5	5	5	5	5													
b2022.16	Valuing carers	●		No Workforce Implications											No Workforce Implications																	
			14.7	4.6	9.2	21.9	50.4																									

Include wider workforce plan info

Integrated Medium Term Plan 2022/25

Appendix 5 2023/24 and 2024/25 Developments (indicative)



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Appendix 5: 2023/24 and 2024/25 Developments (indicative)

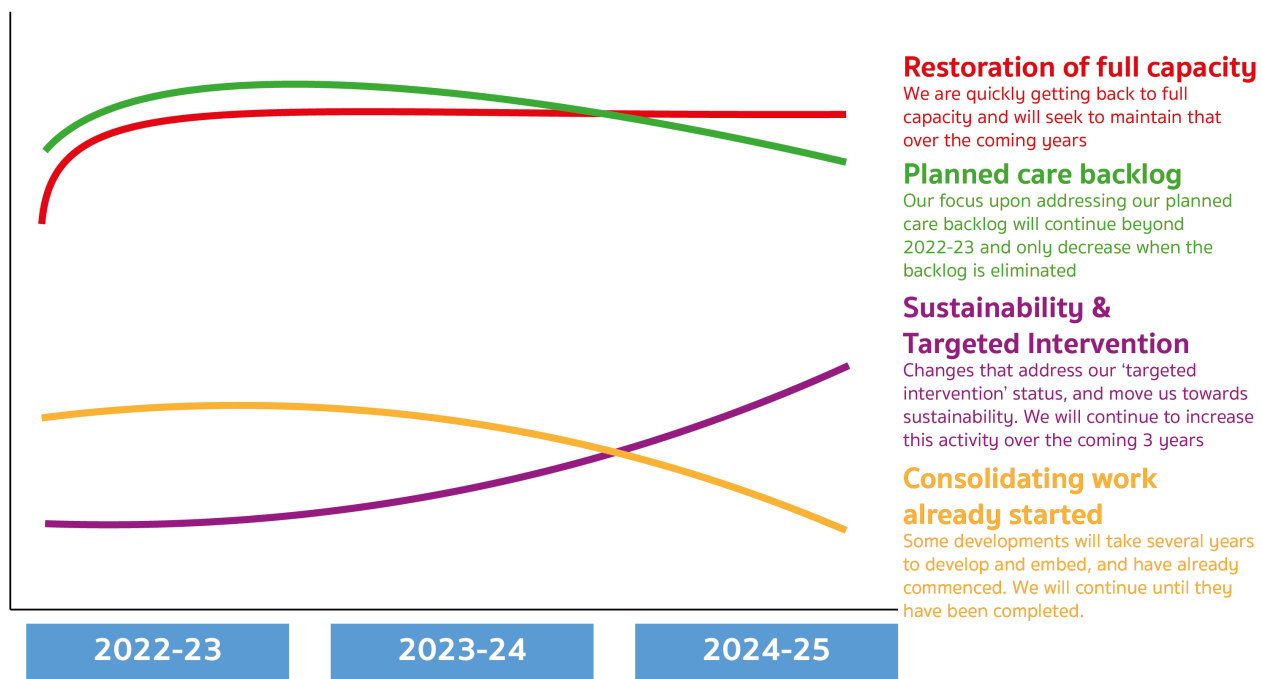
As outlined in the main IMTP document, the Board is focused in 2022/23 on

- A full return of pre-Pandemic core activity
- A continued drive on Recovery, catching up activity delayed as a consequence of Covid-19
- Consolidation of good developmental work already commenced but which needs to be progressed and embedded
- Implementing a smaller number of initiatives that are required to be sustainable longer term, supporting us to exit from Targeted Intervention.

As we move into 2023/24 and then to 2024/25 we expect that the balance of these areas of focus will change. This will be contingent upon the course of Covid-19 as we move through the pandemic. In line with other Health Boards our planning assumptions build around maintaining level 1 (below).

Level	Description	Situation	Planning Assumption
0	Covid eliminated	Covid exists but rarely seen	Unlikely to be reached over next three years
1	Low Covid	Covid circulating in the community, perhaps at levels of last summer, but lower severity (equivalent to Omicron variant)	Following WG guidance assume this level is reached from April 2022
2	Stable Covid	Approximates to levels of Covid seen over Autumn/Winter 2021	Robust plans required to implement enhanced Covid measures if required
3	Urgent Covid	Rapidly spreading and/or extremely high levels of Covid, with high levels of hospitalisation (e.g. emergence of new variant)	Plans for Emergency response

As catch-up of our backlog planned care activity progresses towards completion our greater focus will move further towards building upon the bedrock changes to operate sustainably that we have already started to lay.



Above: The expected shift of balance over the next three years

2023/2024

Our recovery of planned care backlog will continue into 2023/24 in those areas that are particularly challenged, and eliminating this backlog will remain our priority alongside delivering full core services, such that a backlog of demand does not continue to be generated.

As capacity allows, we will increase our emphasis upon embedding the developments commenced in 2022/23 that collectively support us to operate in a sustainable way within our resource allocations.

We will use our 5 Planning Principles to ensure we take every opportunity to structure our services in a sustainable way, medicalising only when necessary, and built upon local engagement and feedback. Supported by our Clinical Services plan, this will ensure we progress in a structured, needs-based way to deliver Ministerial Priorities.

We will continue work seeking to exit from 'Targeted Intervention'.

We will deliver against our savings plan, with the more of those savings being delivered through transformation (as opposed to transactional savings).

Important areas of development in 2022/23 are expected to include:

- Further increased focus upon recognising the social determinants of health and further work to address the overt and hidden variations (inverse care law) that lead to inequity of provision.
- Expansion of pre-habilitation services to all cohorts of the population waiting for surgical or medical interventions.
- Expansion of an approach to the commissioning of our services based upon value, outcomes and experience.
- Evolving development of the 'Accelerated Cluster Programme' building incrementally upon the maturity achieved, with increased leadership for local needs-based planning and commissioning
- Progressing of partnership approaches to develop the next generation of 'extra care' and 'intermediate care' housing, supported by an integrated workforce
- Exploration of opportunities to operate pooled revenue budgets with key partners where this would support person-centred care
- Delivery of a primary care estates strategy for North Wales that is fit for the coming decades
- Progression of our Regional Treatment Centre model

Targeted consolidation of core activities in 2022/23 will include:

- Progression against the Targeted Improvement framework
- Ongoing delivery and evolution of key clinical areas such as vascular, mental health and our unscheduled care transformation programme, using the principles of continuous improvement
- Consolidation of our 'home first' model of care, with shared learning from across North Wales
- Building upon the changes in Operating Model implemented in 2021/22 to make sure the model delivers as expected
- Making further inroads into a systematic approach to the delivery of whole system care pathways by introducing further tranches of pathways
- Further growth of our quality improvement and transformation system, working with Improvement Cymru, Institute of Healthcare Improvement, and other continuous improvement specialists such as Toyota and Airbus.
- Continued work on the Wrexham Maelor site to address infrastructure limitations.
- Ensure we are fully prepared for a North Wales Medical and Health Sciences school.

2024/2025

We currently anticipate that the vast majority of our planned care backlog will have been eradicated through a combination of increased activity and more inefficient pathways of care. Evidence of improved experience and outcomes will be objectively demonstrated in terms of feedback, and the proportions of patients offered self-initiated follow-up and remote consultations.

We will again deliver a savings plan, which will now be mostly delivered through transformational, recurrent efficiencies.

We will continue to mature the developments started during 22/23 and 23/24, continually learning and evolving them through learned, real-time experience.

We will prepare to transition to provide a large number of our planned clinical services through a Regional Treatment centre approach, delivered using value-based pathways of care.

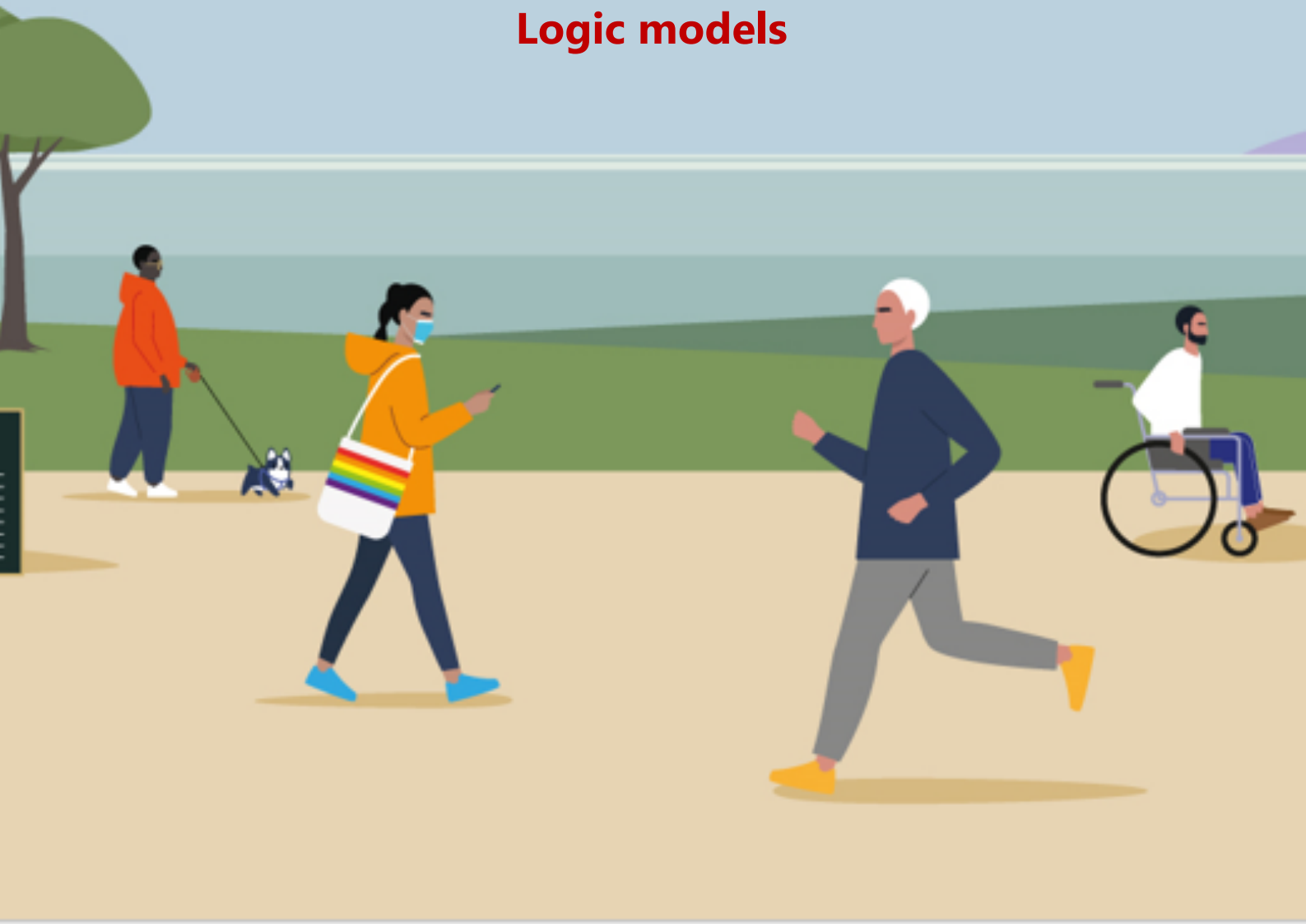


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

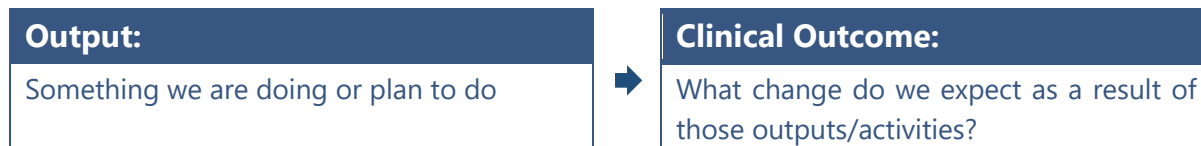
Integrated Medium Term Plan 2022/25

Appendix 6 Logic models



Appendix 5: Logic models

The use of Logic models is important to connect the **outputs** of this IMTP to the clinical **outcomes** that we expect to see as a result.



The IMTP refers, broadly, to pieces of work that create activity output. The reason for this is because it is much easier, within healthcare settings, to quickly evaluate progress against outputs of work. We can chart out timescales for when pieces of work will be complete, programme manage the process and then report progress very easily.

The problem with that approach is that doing things doesn't necessarily improve clinical outcomes, and the goal we value the most is to be able to improve those clinical outcomes. The reason that we don't just focus upon reporting these clinical outcomes is because some outcomes are difficult to count, and because it can take quite a long time to see improvement in some clinical outcomes after something has been improved or changed.

Therefore, if we are to monitor our progress against the activities contained within our IMTP plan, they must clearly link to improvements in clinical outcomes that we are confident will follow. This is the role of logic diagrams.

As an example of the difficulty we would face if we did not monitor outputs, and only monitored clinical outcomes, is in the field of smoking cessation. The clinical evidence linking smoking with a range of serious illnesses is clear and undisputed. Reducing the amount of smoking in our communities will reduce the prevalence of those serious illnesses in our communities but for some of those clinical outcomes it can take several years before we can spot a statistically significant difference (for example death from lung cancer). Instead we can monitor, how many people use NHS accredited smoking cessation services, and who report they have still quit after 12 weeks as we know this is linked to long-term non-smoking which is then linked to a reduction in smoking related disease.

In this example, we would monitor the success of implementing or expanding a smoking cessation service by counting the capacity of appointments we have, the number of staff trained to deliver the most successful interventions for long-term quitting, and the number of successful contacts/quit rates, because we can see improvements quickly and intervene when they are not as good as we had planned, and knowing that in the coming years the improvement in clinical outcome would be seen.

Outputs:	Number of smoking cessation appointments available Number of smoking cessation professionals fully trained with the latest techniques Number of smoking cessation service users who report they have still quit at 12 weeks
Outcomes:	Reduction in deaths from lung cancer Reduction in life limiting heart disease,

a.2022.1 - Care Home support

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Finalised a Quality Assurance Framework meeting the needs of BCU and our 6 LA partners (already commenced in partnership)	Improved care, assured against an evidence based quality framework, in those care homes in which the QAF has been deployed to.	Improved care, assured against an evidence based quality framework, in all north Wales care homes. Reduction in BCU care home interventions as a result of concerns or complaints. Reduction in inappropriate hospital conveyances.	Reduction in care home failures/closures as a result of quality. Reduction in CHC costs, as a result of efficient delivery of person-centred packages of care.

a.2022.2 - Conwy Integrated Health & Social Care facility			
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
<p>Multi-year partnership between Conwy County Borough Council (CCBC), Betsi Cadwaladr University Board (BCUHB) and Grwp Llandrillo Menai (GLLM) to create</p> <ul style="list-style-type: none"> • Extra Care Housing Apartments • Multi Agency Office/Clinic Space • Training and development suite • Intermediate care facility 	<p>Bespoke local provision to meet the needs of a range of adults in alternative settings to long-term care home placements.</p> <p>Improved learning experiences for community care workers.</p>	<p>An integrated Health & Social care facility in Conwy</p> <p>Greater opportunity for staff from all partner organisations to learn from each other through integrated working, leading to more flexible and responsive care to local service users.</p>	<p>Increased quality of life and independence, resulting from high quality reablement provided at the time of need.</p> <p>Reduction in avoidable long-term care packages.</p>

a.2022.3 - Continuing Healthcare infrastructure			
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
<p>Implement year 3 of the care homes fee rebasing programme.</p> <p>At least 75% of care homes having signed pre-placement agreement, and with open book accounting in place.</p> <p>Full implementation of the CHC framework.</p>	<p>Improved stability of local care homes.</p>	<p>Ability to intervene more flexibly in support of care homes that are struggling financially.</p> <p>Increased placement flexibilities.</p> <p>More timely placements.</p>	<p>Reduction in care home failures as a result of financial instability.</p> <p>Increased delivery of the CHC framework, reported against nationally agreed KPIs.</p>

a.2022.4 - Covid vaccination and Test, Trace and Protect (TTP)			
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Continued delivery of third and booster vaccination programme and offer of vaccination to those who have not previously taken up the offer	People know where to get vaccinated and can access the vaccination offer	Immunity levels are sustained within the population	Resilience to Covid-19 within the community and reduction in the wider harms caused by Covid-19
Development of a sustainable model of Covid-19 vaccination delivery	Target take-up rates for vaccination for the cohort groups are achieved	More individuals are protected from severe harm and hospitalisation and deaths	
Staff and locations are secured for delivery of the ongoing vaccination programme		Reduced staff unavailability in health and social care	

a.2022.5 - Digitisation of Welsh Nursing Care Record				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
<p>A digital nursing system that replaces paper nursing documentation within adult secondary care settings and community hospitals.</p> <p>Implementation of mobile devices using the WNCr in East.</p> <p>Implementation of mobile devices using the WNCr in Centre.</p>	<p>In East and Centre:</p> <p>Increased accessibility of records.</p> <p>More timely navigation of records due to standardisation and legibility.</p> <p>System learning from East to Centre, and from East/Centre to West when rollout there progresses.</p>	<p>Improve patient safety during admission.</p> <p>Contributes to a single cohesive view of a patient's digital health record, allowing efficiency and reduction in duplication across the system.</p> <p>Releasing time to care.</p>	<p>Reduction in delays or errors due to missing, illegible, or mis-filed records.</p> <p>Reduction in delays due to notes being available in more than one place simultaneously.</p> <p>Improvements in decarbonisation.</p>	

a.2022.6 - Eye Care				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
Implement National Intravitreal Treatment (IVT)/Age Related Macular Degeneration (AMD) Pathway	People receive appropriate access to on-going care and management of their eye condition.	People are seen within the primary and community setting, where it is clinically appropriate.	People are satisfied with the care they receive at their local optometry practice.	
Implement rolling delivery of Open Eyes All Wales Digital system		Local eye care, hospital eye care and support services are all joined up.	People are satisfied with the care they receive when they visit the hospital eye service.	
Local planning group in place to support Integrated Eye Pathways arising from National Optometric Contractual reform		More optometry practices providing the full range of extended eye care services in the community	Reduced inequalities in access to optometry services.	

a.2022.7 - Further development of The Academy				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
Expand offer to 12 training / student placements in Academy Training Hubs	Greater generic knowledge in workforce wherever student ultimately ends, to benefit of patients being consulted	Greater working knowledge of the whole system	Less over-medicalisation of care	
Appoint 8 x supernumerary trainee posts in General Practice	More interest from professionals to train and stay working in Primary Care settings	Greater number of patients being well cared for in primary care settings, reducing patient inconvenience, reducing pressure upon secondary settings, and reducing medical-related harm	Greater skill set and focus upon 'social medicine', supporting a left shift of care in line with 'A Healthier Wales'	
Increase the uptake of apprenticeships in primary care with up to 6 apprentices	Wider range of professionals able to support patients with complex primary care presentations		Reduction in chronic disease burden and increase in disability free life	
Provide opportunities for reflective practice for at least 16 new Advanced Clinical Practitioners in primary care & community settings				
Build upon the exposure the Academy is receiving nationally, and the positive impact this will have upon recruitment, by ensuring at least 4 Academic posters are accepted in national conferences.	Greater awareness outside of north Wales of rich training, academic and employment opportunities in Primary Care in BCU, resulting in an increase in applicants from forward thinking healthcare practitioners	Increased recruitment from outside of north Wales Increased reputation and confidence in BCU for delivering high quality, innovative, care	Strong academic focus in the development of healthcare practice, with outcomes in north Wales being amongst the very best	

a.2022.8 - Health & Safety Statutory Compliance				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
<p>Trial of e-learning training package for IOSH managing safely competed</p> <p>70% of staff at Band 8d and above to be trained</p> <p>Develop the Fit Testing Programme to achieve Fit2Fit accredited status</p>	<p>Staff awareness of health and safety in the workforce is improved</p> <p>Staff can easily apply health and safety training in their daily working practice</p> <p>Systems are implemented across the Health Board to ensure staff are safe at work</p>	<p>Improved levels of compliance against statutory Health and Safety requirements</p> <p>A pro-security culture is adopted across the Health Board</p> <p>Improved organisational management of risks relating to water safety, medical gas pipeline systems, and electrical safety</p>	<p>Reduced BCUHB exposure to potential prosecution/ litigation by external regulators</p> <p>BCUHB staff feel safer at work</p> <p>Assurance Audits report positive improvement in health and safety statutory compliance in operational estates</p>	

a.2022.9 - Home First Bureaus				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
Development of consistent and standardised model for Home First Bureaus in place, available 8am – 8pm seven days a week	<p>Increase in the number of people returning to their own home following a hospital admission</p> <p>Increased number of assessments outside of a hospital setting, leading to a more accurate assessment of need and ability, as well as leading to shorter lengths of stay</p>	<p>Increased numbers of people who receive care closer to home</p> <p>Reduction in hospital re-admission rate</p> <p>Improved outcomes for people, because of spending less time in an acute hospital bed</p> <p>Assessments undertaken in people's own home/ homely environment will reduce the numbers of people entering long-term care</p> <p>Sustainable model across north Wales in place to maintain the 'Home First' principles</p>	<p>Reduction in over-prescription of statutory services "to be on the safe side"</p> <p>Stronger inter-professional and partnership working through health, social care, housing, community, third and independent sectors</p> <p>People are enabled to live independently within their own homes and communities for longer</p>	

a.2022.10 - Implementation of Audiology pathway				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
Access to advanced practice audiology as first point of contact in primary care - increased to 50% of BCU area	Greater and quicker access to audiology led care for hearing loss, resulting in <ul style="list-style-type: none"> • increase in positive interventions to manage hearing loss • quicker intervention to manage hearing loss • less unwarranted use of antibiotics 	Reduction in unnecessary hospital clinic referrals	Reduction in falls arising from ear-related balance issues/hearing loss	
Access to advanced practice audiology as first point of contact in primary care - increased to 75% of BCU area	Greater and quicker access to audiology led care for ear wax management, resulting in <ul style="list-style-type: none"> • quicker management of avoidable hearing loss • less ear perforation, scarring 	Less untreated hearing loss in the community, and the associated social isolation that results Greater confidence in consulting non-medical advanced practitioners more generally, allowing greater breadth and speed of consultation opportunity		

a.2022.11 - Improving minimal access surgery in gynaecology and north Wales specialist endometriosis care				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
Align service with the proposal for the development of Regional Treatment Centres	Ability to provide more advanced gynaecology treatment – including for endometriosis – in north Wales, and to a high standard. This means less patients will have to travel for specialist treatment.	Ability to provide greater levels of minimal access surgery in north Wales, resulting in less patients enduring the complications and morbidity of open abdominal/pelvic surgery.	More sustainable gynaecology service in north Wales due to being more attractive to potential recruits, with the opportunity to provide high-throughput specialist interventions in 'centre of excellence' environments. This will support sustainable access to gynaecology care in north Wales.	
Designate local clinical leads for Endometriosis				
Endometriosis leads and additional designated Gynaecologists to commence ATSM training in Endometriosis				

a.2022.12 - Long Covid				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
<p>Successful roll out delivery of interim service model to Central Area (completed in West and East during 2021/22)</p> <p>Agreement of a 'multi-morbidity model' for the service, built upon learning from the interim model and with the support of the Lived Experience Reference Group</p> <p>Phased introduction of multi-morbidity model commenced</p>	<p>Treatment for Long Covid available more locally, reducing the number of patients having to travel.</p> <p>Greater access to tailored support to meet individual needs</p>	<p>Breadth of professional skill mix required to meet the highest standards achievable.</p> <p>Improved satisfaction arising from the greater use of 'patient experience'</p>	<p>Fewer long-term complications of long-covid.</p> <p>More equitable access to support</p> <p>Greater confidence in BCU as a listening organisation.</p>	

a.2022.13 – Lymphoedema				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
<p>A <i>rolling programme</i> of 'on the ground' education (OGEP) using the Agored model to enable the effective and prompt management of chronic oedema, leaking 'wet legs' and superficial wounds.</p> <p>Permanently recruit to seconded posts.</p> <p>90% of relevant staff in an identified community area will complete training programme.</p> <p>90% of those with chronic oedema/lower leg ulceration/wet legs will be assessed using OGEP.</p>	<p>Improved, transferrable knowledge amongst professionals completing OGEP.</p> <p>Improved well-being support for individuals, their families, and carers</p> <p>Patients receive high quality healthcare from a skilled and confident community nursing workforce.</p>		<p>Improved treatment delivery resulting in improved mobility and quality of life.</p> <p>Improved patient experience of service delivery.</p> <p>Reduced waste, harm, and variation in prescribed treatments, including but not limited to, inappropriate antibiotic use.</p> <p>All community and practice nurses can competently and effectively manage people with chronic oedema and 'wet legs'</p>	

a.2022.14 - Mental Health Improvement scheme - AISB Joint Commissioning				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
<p>Joint approach to commissioning health and wellbeing services for local population via community localities</p> <p>Driven through the respective AISBs with a focus on addressing the physical health and mental health of the local population, clearly looking to address prevention and crisis management, and to support care homes.</p> <p>Continuation of support in I-CAN Hubs and expansion into rural outreach I-CAN work to ensure sufficient coverage in vulnerable areas</p>	<p>Effective joint planning for the provision of services & joint approach to commissioning health and wellbeing services for local population via community localities and will also align to closer working with Community Mental Health Teams.</p> <p>Short-term intensive support available to help individuals experiencing mental health</p> <p>Delivery of prevention activities related to mental health and wellbeing and early intervention</p>	<p>Increased opportunities for community-based information provision, sign posting and public awareness raising.</p> <p>People have access to the right staff in the right place, at the right time</p>	<p>People are supported by a sustainable health and social care partnership</p>	

a.2022.15 - Mental Health Improvement scheme - CAMHS Training and Recruitment				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
Recruitment of Nurse Prescriber posts	<p>Increased Psychiatry and prescribing provision will improve waiting times for children, young people and their families and ensure that they have access to appropriate clinicians as required and necessary medication. Provision of timely medication will support children and young people not to escalate into crisis thus required increased input from CAMHS services</p>	<p>Increased consistency in the early intervention and prevention offer. Staff in health, education, social care and third sector across North Wales are supported to develop specific skills and competencies in delivering consultation and training</p>	<p>Children, young people, and their families have access to early help and emotional support when they need it the most, in ways that are appropriate to their need, to build and create resilience and self-reliance.</p> <p>Children and young people have effective and timely transitions into adult services</p>	
Induction and local training for Nurse Prescriber posts and production of job plans aligned with service need				
Recruitment of two Higher Specialist trainee posts				

a.2022.16 - Mental Health Improvement scheme - CAMHS Transition and Joint working				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
Appointment of transition/joint working youth worker and HCSW for each area.	Consistent equity of access to services across North Wales and provide opportunity for peer support and the sharing of best practice.	Children, young people, and their families have access to early help and emotional support when they need it the most, in ways that are appropriate to their need, to build and create resilience and self-reliance.	The mental health and wellbeing of the whole population is improved. Children and young people have effective and timely transitions into adult services.	
Implementation of pathway for young people in out of area beds requiring transition to AMH inpatient care.				
Ongoing use of the transition pathway and audit tool.				

a.2022.17 - Mental Health Improvement scheme - Early Intervention in Psychosis				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
<p>Provide an early intervention service for people with a first episode of psychosis, supporting education, employment, and life choices.</p> <p>The service will be set up in two phases to manage the scale of the task to be undertaken safely and measurably. Phase 1 recruitment will be the service wide roles and the East team, Phase 2 will recruit the central and West team and align to the service design.</p>	<p>Enhancing Multi-Disciplinary Team means experienced staff will be more available to support families experiencing first episodes of psychosis.</p>	<p>People have access to services that are focussed on recovery and an asset-based approach</p> <p>People experience less stigma and can talk more openly about mental health</p>	<p>People have access to high quality early intervention and prevention treatment to recover from Mental Health illnesses.</p>	

a.2022.18 - Mental Health Improvement scheme - Eating Disorders Service development

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
New eating disorder teams to facilitate medical and psychiatric admissions for eating disorder patients, ensuring all cases presenting are reviewed within set timescales by the specialised team.	Improved access to early intervention and treatment for patients with eating disorders.	<p>People have access to services that are focussed on recovery and an asset-based approach.</p> <p>People experience less stigma and can talk more openly about mental health.</p>	<p>People have access to high quality early intervention and prevention treatment in order to recover from Mental Health illnesses.</p> <p>Evidence of improved outcomes for people with Eating Disorders.</p>

a.2022.19 - Mental Health Improvement scheme - ICAN Primary Care				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
<p>Roll out of cluster based ICAN Practitioners providing real alternatives to avoidable medicalisation.</p> <p>Develop alternative pathways for people experiencing a mental health crisis, with quicker access to support from specially trained staff</p>	<p>More flexible service available for individuals in crisis, based on individual and cluster need, working with community resources.</p> <p>More interventions focused upon prevention.</p> <p>A safe, out of hours alternative to A&E offering a welcoming, non-judgmental, and non-clinical environment, without the need for a referral, through a 'Sanctuary' or 'Safe Haven' type model of support.</p>	<p>People have accessible help at the right time in crisis (24/7)</p> <p>People in crisis have access to a timely response for assessment and onward treatment</p>	<p>People have access to high quality early intervention and prevention treatment in order to recover from Mental Health illnesses.</p> <p>The impact of mental health problems and/or mental illness on individuals of all ages, their families and carers, communities, and the economy more widely, is better recognised and reduced.</p>	

a.2022. 20 - Mental Health Improvement scheme - Medicines Management support				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
<p>To provide dedicated medicines management across the division including inpatient units and CMHTs</p> <p>Develop medicines management pathways and pharmacy requirements including role re-design</p> <p>Provide Area mental health pharmacy teams to support patients and staff in the community.</p>	<p>Access to timely medication advice and medication prescribing with a fully trained pharmacy technician</p> <p>Increase in medicines concordance.</p>	<p>Individuals understand their medications and can make informed choices</p>	<p>The values, attitudes and skills of staff treating or supporting individuals of all ages with mental health problems or mental illness is improved</p>	

a.2022.21 - Mental Health Improvement scheme - Neurodevelopment recovery				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
<p>Identifying/scoping workforce requirements, developing business cases and plan recruitment.</p> <p>To develop a new tender for interventions,</p>	<p>A consistent approach with early intervention and post diagnostic interventions will support families and other settings in managing young people with neuro-diverse presentations.</p> <p>With the introduction of the Additional Learning Needs (ALN Act) there is a requirement on services to ensure there is full support for children and young people within educational settings.</p>	<p>Children and their families have access to early help and emotional support when they need it the most, in ways that are appropriate to their need, to build and create resilience and self-reliance.</p>	<p>Children and infants have access to high quality early intervention and prevention treatment in order to recover from Mental Health illnesses.</p>	

a.2022.23 - Mental Health Improvement scheme - Older Persons Crisis Care				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
<p>Development of Crisis care support for older adults (over 70) with an acute mental illness, people of any age living with dementia and to provide on-going specialist occupational therapy support to community care settings</p> <p>Implement revised OPMH / Dementia proposed model of care through project team, including development and communication of clear admission criteria to system partners that responds effectively to episodes of acute mental health needs and crisis (24/7)</p>	<p>Alternative pathways for people experiencing a mental health crisis that can work into the community and care home setting to proactively prevent hospital admissions.</p> <p>A more integrated, innovative care system and culture which prevents, but where necessary, responds effectively to episodes of acute mental health need and crisis</p>	<p>People in crisis have access to a timely response for assessment and onward treatment</p> <p>People have accessible help at the right time in crisis (24/7)</p> <p>Improve overall impact on avoidable hospital admissions due to crisis against 2019/20 baseline.</p>	<p>People have access to high quality early intervention and prevention treatment to recover from Mental Health illnesses.</p> <p>The impact of mental health problems and/or mental illness on individuals of all ages, their families and carers, communities, and the economy more widely, is better recognised and reduced.</p>	

a.2022.24 - Mental Health Improvement scheme - Perinatal Mental Health Services			
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
<p>Complete recruitment of specialist roles to the team.</p> <p>Complete necessary training for all disciplines including Cognitive behavioural treatment and Compassion focus therapy training.</p> <p>Fully Operational Perinatal Mental Health Team and Service Delivery, meeting the Royal College of Psychiatrists CCQI Perinatal standards.</p>	<p>Broader experience, and focus upon Perinatal Mental Health Services will improve overall understanding, and more timely intervention.</p>	<p>Interventions will be delivered using the most effective, skilled interventions, resulting in the best quality outcomes for mothers and babies.</p>	<p>Good perinatal mental health service support will give families the best start, which in turn supports infants and children to receive improved 'early year' experiences.</p>

a.2022.25 - Mental Health Improvement scheme - Psychiatric Liaison Services				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
<p>Appropriate and consistent psychiatric liaison response across North Wales. Further development of pathways & workforce and improve patient experience.</p> <p>Additional liaison workforce to target recurrent admissions (to provide the right interventions at the right time)</p> <p>Implement revised pathway of care to assertively target recurrent Mental Health admissions within A&E</p>	<p>Stabilised current team providing consistent psychiatric liaison response across A&E departments in North Wales.</p> <p>Improved interventions and improved outcomes of the service that sees a reduction in Liaison Psychiatry Emergency Department Assessment breaches over 4 hours and reduction in avoidable hospital admissions through A&E</p>	<p>People have access to services that are focussed on recovery and an asset-based approach</p> <p>People experience less stigma and can talk more openly about mental health</p>	<p>People have access to high quality early intervention and prevention treatment in order to recover from Mental Health illnesses.</p>	

a.2022.27 - North Wales Medical & Health Sciences School				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
<p>Board support of a co-designed ambitious proposal for a school which is fully aligned to our other strategies and plans.</p> <p>Successful admissions to increased student numbers.</p> <p>Stage 2 of GMC Accreditation.</p>	<p>Greater number of students studying medicine in north Wales, contributing to a rich learning environment across the healthcare system.</p>	<p>Increased numbers of students remaining in north Wales as young medical graduates.</p>	<p>Increased numbers of doctors remaining, or returning, to north Wales to settle into senior (permanent) positions.</p> <p>Increased number of doctors able to speak Welsh.</p>	

a.2022.29 - People & OD Strategy – Stronger Together				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
Individual projects to develop detailed benefits realisation measures.	Delivery of the 5 programmes of work following Discovery to improve our way of working, strategic deployment, how we organise ourselves, the best of abilities and how we improve and transform.	Shared organisational purpose. Improved skills to deliver distributed leadership. Motivated and fully mobilised teams.	Transformed outcomes, behaviours, capabilities, and competencies supporting our stronger together goals. Contribution from across the organisation to continuous improvement activity.	
Migrate information oversight and assurance mechanism to central PMO function.				
External specialist resource – complete tendering exercise				

a.2022.30 - Radiology sustainable plan				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
<p>Each modality will have a documented service delivery model (including training and equipment needs) for the current year to reach a 6 week target.</p> <p>Implement insourcing to address ultrasound capacity gap, as part of the saving babies lives programme.</p> <p>Implement agreed opportunities for insourcing across all imaging modalities where necessary to progress towards a 6 week waiting list, whilst recruitment and training is progressed.</p> <p>Implement revised staffing model/skill mix and training, supplemented where necessary by recruitment, to progress towards delivery of a sustainable 6 week waiting list.</p>	<p>Waits for routine examinations to reduce.</p> <p>Equitable access to radiology services across north Wales.</p> <p>Greater access to perinatal ultrasound.</p> <p>Improved access to urgent imaging for unscheduled care.</p>	<p>Compliance with NICE guidance for referring specialties, achieved.</p> <p>6-week waiting time for examinations to be performed is sustained</p> <p>Reduction in infant mortality rate</p> <p>Sustainable radiology workforce</p>	<p>More sustainable radiology service in north Wales, with opportunities to provide high-quality and timely interventions. This will lead to overall improvements and a reduction in awaiting times/ improved flow across the whole system.</p>	

a.2022.31 - Regional Treatment Centres			
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
<p>Award contact to supplier to design, fund, build, equip and maintain RTCs and Final design of facilities</p> <p>Signed off pathways (using BCUPathways methodology) for priority pathways relating to RTCs</p> <p>Initial RTC commissioned (facilities, equip, workforce) end Q3</p>	<p>Delivery of facilities from which a fit-for-purpose RTC model of care can be delivered.</p>	<p>Delivery of lean, planned care pathways, focused upon an efficient and effective patient experience.</p> <p>Improvements in timely access to planned care.</p>	<p>Improved patient experience.</p> <p>Reduced hospital admissions.</p> <p>Increased resilience and sustainability of planned care services.</p>

a.2022.32 - Speak Out Safely				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
<p>Expand network of Speak Out Safely Champions across the Health Board</p> <p>Undertake a review of the Speak out Safely Guardian role to confirm next steps, including increasing the time available the Guardian role</p> <p>Complete a benefits realisation/evaluation of Speak Out Safely</p>	All staff supported to 'Speak out Safely'	Consistent environment of strong staff engagement and psychological safety, where staff feel able to raise concerns, have these acknowledged and acted upon without fear of recrimination.	<p>Organisational culture of openness and transparency where all staff feel assured, they will be listened to when raising concerns.</p> <p>An inclusive learning organisational culture with concerns raised by staff providing a rich source of feedback as the Health Board continuously improves patient and staff safety</p>	

a.2022.33 - Staff Support and Wellbeing			
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
<p>Recruit substantively to the short term 12 month posts created in 2021/22 to ensure service continuity.</p> <p>Recruit to new posts to enable next phase of SWSS development.</p> <p>Complete a benefits realisation/evaluation of SWSS.</p>	Consistent availability of a service to staff looking for support.	Reduced levels of staff sickness, as a result of improved psychological well-being	BCU known as an employer of choice where compassionate and fair organisational culture, psychological safety and wellbeing of staff is paramount.

a.2022.34 - Strengthening emergency department (ED) & SDEC workforce to improve patient flow				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
<p>Phased implementation of new ED and SDEC model across all 3 sites.</p> <p>New ED and SDEC model sustained across all 3 sites with following metrics expected.</p> <p>Implementation of Gateway review to ensure system effectiveness.</p>	<p>Increasing USC intake managed with a '0' day LOS</p> <p>Reducing admissions in people going through SDEC</p> <p>Improvements in Ambulance handover delays</p>	<p>Reduction in locum and agency spend due to reduced reliance on agency doctors and nurses</p> <p>Increase in consultant-led care and enhanced clinical decision-making</p> <p>Improved outcomes for citizens because of a reduction in the number avoidable hospital admissions</p>	<p>Increased public confidence in the efficacy of the Health Board's approach to emergency/unscheduled care</p> <p>Sustainable and effective management of unscheduled care in north Wales</p>	

a.2022.35 - Stroke services				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
<p>Successful recruitment of 3 Stroke Specialist Nurses and SSNAP Clerks.</p> <p>Provision of an inpatient environment for active rehabilitation working with Early Supported Discharge team.</p> <p>Successful recruitment of Consultant Therapists, Therapy and support team, and seven psychology posts.</p> <p>Submission of a developed case for investment in a Hyper-acute Stroke Service (Phase 2 of the BCU Stroke Programme).</p> <p>Gateway review of the implementation of Phase 1 of the BCU Stroke Programme.</p>	<p>Improvements in the pathway and performance in acute settings, improving patient experience and outcome.</p> <p>Increase in delivery of early supportive discharge and rehabilitation services in community settings.</p> <p>Reduced hospital LOS.</p>	<p>Improved recognition, prevention and treatment of atrial fibrillation.</p> <p>Dedicated neuropsychology team integrated with rehabilitation and early supported discharge, providing more holistic patient experience.</p>	<p>Improved SSNAP scores, national Quality Improvement Measures, and compliance with NICE Stroke Guidelines</p> <p>Improved pathway and performance at each of the three DGH sites</p> <p>Rapid access to evidence-based interventions and treatments</p> <p>Patients, their families, and carers receive the right amount of therapy, from the right therapists, in the right environment – acute hospital, community hospital or home.</p>	

a.2022.36 - Suspected cancer pathway improvement				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
Provide four rapid access breast clinic streams per week, in each of the East, Centre and West health communities.	Improved efficiency through the patient journey leading to improved patient experience.	Standardised working across the 3 hospital sites – applying a whole pathway approach.	Improved patient outcomes.	
Provide at least one 'one stop' neck lump clinic per week in north Wales.	Improved cancer waiting times.	Fewer patients diagnosed with cancer via a non-USC pathway or following an emergency admission.	Improved cancer survival rates.	
Provide at least one 'one stop' clinic per week for vague but concerning symptoms, in each of the East, Centre and West health communities.	Cancer pathways revised and aligned to achieve the national standard.	An increase in the number of cancers diagnosed at earlier stages (I & II), and reduction in the number diagnosed at later stages (III & IV)	Reduced mortality ensuring rapid assessment of patients with suspected cancer.	
Provide all cancer patients with an identified keyworker to support them from the point of diagnosis onwards.		An increased number of late-stage patients (III & IV) receiving active treatment, rather than best supportive or palliative care All patients, from the point at which cancer is first suspected, will receive diagnostic tests and start their first definitive treatment within 62 days.		

a.2022.37 - Urgent Primary Care Centres				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
<p>Deliver a sustainable urgent primary care model for north Wales with supporting business case.</p> <p>Demonstrate an increase in referrals to UPC centres from EDs and GP practices.</p> <p>Evaluate the UPC service, including a cost benefit analysis as members of the all Wales UPC implementation board.</p>	<p>Increase in referrals to UPC centres from EDs and GP practices</p> <p>More timely care for patients with urgent (non- life threatening) conditions.</p>	<p>Reduction in unnecessary attendances at the Emergency Department increasing patient experience of those using UPCC and those within ED.</p>	<p>Supporting primary care sustainability and capacity by releasing capacity within GP practices and ED to provide more care for other complex urgent needs</p>	

a.2022.38 - Urology - Robot Assisted Surgery				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
Commence robot-assisted urology surgery in Ysbyty Gwynedd.	More patients will be able to receive care in North Wales.	Improved recruitment and retention of specialist clinicians.	Opportunity to develop the service to include other specialities, for example, colorectal surgery and gynaecology.	
Reporting mechanism in place detailing performance against agreed activity baseline and outcome related KPIs.				
Reduce/cease RAS outsourcing for urology and replace with activity delivered at YG as per levels specified in the Implementation Plan.				
Agreed implementation plan in place for expansion of RAS to other surgical specialities.		Better patient experience.	Development of a specialist Pelvic Cancer Surgery Centre in North Wales to provide a comprehensive local service, which makes best use of skilled staff and promotes research and innovation.	

a.2022.39 – Vascular				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
Action plan to address the Royal College of Surgeons (RCS) recommendations and drive the required improvement.	Effective Network arrangements in place to oversee implementation of improvement plan.	<p>Safe, effective delivery of vascular care across BCU.</p> <p>Improved recruitment and retention of specialist clinical staff</p> <p>A positive patient experience for individuals accessing BCUHB Vascular services</p>	A safe and sustainable vascular surgery service for North Wales with patient outcomes comparable to the best in the UK.	

a.2022.40 - Video consultations				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
<p>Training of BCUPathway coordinators in the optimal role of video consultations, advantages and disadvantages, when redesigning pathways.</p> <p>System in place to monitor the number of patients consulted using video technology</p> <p>Patient experience questionnaire (PREM) where available sent to at least 500 patients who have been consulted by video during Q3 and Q4, with analysis of responses completed.</p>	<p>Reduction in patient time spent travelling, when video consultation provides an acceptable alternative to a face to face consultation.</p>	<p>Increased number of pathways that have video consultation appropriately included, resulting in less inappropriate episodes.</p>	<p>Sustained use of video consultation where-ever possible, maximised through learning, triangulated and reinforced by patient experience feedback mechanisms.</p>	

a.2022.41 - Welsh Community Care Information System (WCCIS)

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
<p>To implement WCCIS via a phased approach over the next 3 years for community services (including children's), mental health and therapies.</p> <p>Resource Teams (CRT) in Ynys Mon and a Team within Gwynedd.</p>	<p>Better-integrated working across health and social care over the next 3 years.</p> <p>More effective care delivery through the safe sharing of key information between health and social care in the community.</p>	<p>Improved multidisciplinary knowledge as staff work more in multi-disciplinary environments, facilitated by WCCIS.</p> <p>Reduction in unnecessary hospital admissions.</p> <p>Reduction in do-not attends at appointments.</p>	<p>Patients experience more efficient, quality, and seamless care.</p> <p>BCU is positively recognised as a collaborative organisation.</p>

a.2022.42 - Welsh Language			
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Welsh Language Team capacity strengthened to enable BCUHB to deliver its obligations under the Welsh Language (Wales) Measure 2021	<p>Increased capacity to sustain an organisation-wide timely information translation service</p> <p>Increased simultaneous translation capacity enabling language preference in clinical and corporate settings</p> <p>Ability to respond to the increase in demand and senior level commitment in relation to training and organisational development</p> <p>Staff are supported to develop their Welsh language skills</p> <p>The development of initiatives that support the function of enabling an 'active offer' approach to service delivery</p>	<p>A visible commitment at leadership level to provide and develop Welsh language services according to choice and need</p> <p>Effective and efficient support provided for services in line with the 'More than just words' strategic framework</p> <p>Organisational development in place in accordance with the Bilingual Skills Strategy and the wider Welsh language agenda</p>	<p>Improved patient experience</p> <p>BCUHB is fully compliant with the Welsh Language Standards under the Welsh Language (Wales) Measure 2011.</p>

a.2022.43 - Welsh Patient Administration System				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
<p>To complete the complex, multi-year phased implementation of the Welsh Patient Administration System across the Health Board.</p> <p>Completion of the rollout of Welsh Patient Administration System in West Region and to as to complete the merger of individual Welsh Patient Administration System instances in the remaining regions into a single BCUHB wide Welsh Patient Administration System in 2023. (Phase 4 – Single instance).</p>	<p>Increased speed and relevance of diagnosis, care, treatment plan and onward referral.</p> <p>Improved workflow.</p> <p>Greater mobility for patients to choose preferred site of care</p>	<p>Single cohesive view of a patient's digital health record.</p>	<p>Improve quality of patient experience.</p> <p>Improved patient safety.</p>	

a.2022.44 - Widening of Primary Care workforce				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
Recruit to ANP and AHP roles, thereby enabling individuals to be directed to the most appropriate support for their particular needs.	Improved use of GP capacity and time to focus on people with complex health needs.	Reduction in demand on GPs	Primary care is more sustainable	
Delivery of Practice Nurse Education programme to support sustainability within primary care. Staff to have undertaken long-term conditions training.	Timely and accessible support to people living in long-term residential care	Increase in numbers of people receiving end of life care in their place of choice	Increased de-medicalisation	
	Individuals are referred to the most appropriate health professional to meet their needs	Reduction in waiting times for people with complex needs	Improved outcomes for citizens	
Care Home ANP role fully integrated into CRTs.	Root causes of multiple and regular consultations with GPs are identified	Reduction in the number of repeat/regular consultations with GPs for the same condition	Shift in locus of care from hospital to community	
	Enhanced skills and knowledge of junior primary care staff.	Skills and knowledge held by staff currently reaching retirement age is retained within Clusters		
	Holistic co-ordinated packages of care are delivered to the most vulnerable	Care is delivered closer to home		
	Increasing number of people supported at home rather than hospital	Reduction in unplanned admissions to secondary care		
		Fewer Delayed Discharges		

a.2022.45 - Workforce Operating Model				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
<p>To build on the learning from the pandemic and the feedback from discovery in ensuring the organisation has a highly effective & efficient People & OD service delivered in a way that is aligned with the operating model of the organisation.</p> <p>Establishment of dedicated HR Business partners capability to drive strategic workforce planning UHB wide.</p>	<p>Full alignment of the People service to the revised Operating Model.</p> <p>Resources placed closer to the bedside.</p> <p>Improvement in ease of contacting people service – for employees and managers.</p>	<p>Significant improvement in people service delivery across all metrics</p> <p>Significant improvement in case management including reduction in claims expenditure and legal costs combined with a more compassionate employee experience</p>	<p>Sustainable workforce aligned to new service models which optimally meet population needs</p>	

b.2022.1 - 3rd sector strategy				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
Position statement to reaffirm our commitment to the vital role of the third sector	Third sector networks are engaged in the co-design of an outcomes focused approach to collaborative working	Collaboration with the sector to build on community assets and develop resilient support networks	A more robust and sustainable 3 rd sector	
Engagement with the sector on relationships and proposed commissioning approach	A commissioning framework for the procurement, monitoring and evaluation of 3 rd sector contracts and that supports the delivery of shared priorities	Greater connection with local community networks	Improved delivery of outcomes for people, focusing on what matters most	
Draft commissioning arrangements. Including overall strategic fit with BCU commissioning		Improved trust and confidence in mutual relationships between the sector and the Health Board	Increased community resilience	
		Smarter, more joined-up commissioning with local authority partners		

b.2022.2 - Accelerated Cluster Development				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
Establish six county level pan cluster planning groups (PCPGs).	Pan Cluster Planning groups are hardwired into the Health Board's revised Planning Process	Improved inter-agency relationships, partnership working and decision-making at 'place'	Health and social care commissioning and planning integrated 'at place'	
Sustainable system agreed and in place for generating and analysing Local Needs Assessment data.	Greater alignment of vision and purpose across primary care, the Health Board, and local authorities,	Integrated planning between clusters, Health Boards and Regional Partnership Board	Health and social care delivery integrated 'at place' and delivering what matters to local people and communities	
PCPGs hardwired into revised BCU Planning processes.	Commissioning decisions are better informed by population need and community assets, as well as what matters to local people and communities	Improved access to primary care multi-disciplinary, multi-agency services	A more sustainable future for health and social care	
Governance framework for PCPGs agreed with partners.	Roles and responsibilities of clusters in the planning and delivery of integrated services is strengthened	Clusters empowered with increased autonomy to make speedy decisions	Citizens of north Wales are confident in their local health and social care 'system'	
Additional funding provided to release capacity of independent primary care contractors to enable them to actively engage in the work	Cluster priorities drive Health Board strategic planning	Range of local services delivered in primary and community care to meet cluster population priorities and need	Reduction in use of statutory services, including acute hospitals, domiciliary care, and residential care	
		Range of local services delivered closer to home	Greater accountability to people and communities	
		Improved population health and well-being		

b.2022.3 - Atlas of Variation				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
Review of successful AoV approaches elsewhere, culminating in a recommended approach for BCU	Access to data and intelligence to support the development of the AoV approach	Data and intelligence inform the redesign and delivery of care, support, and clinical services	Greater consistency of delivery and performance across the BCU region	
Implementation of agreed AoV function	Methodology is agreed to support the review and improvement of service areas identified	Evidence based interventions are implemented to address variation in performance and outcome	Improved outcomes for individuals and specific groups	
Identification of initial priority areas for focus under the AoV approach			Staff are informed and empowered to deliver the right care at the right time	

b.2022.4 - BCU Pathways, incorporating oncology and delayed planned care pathways				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
<p>Identification at least 20 priority pathways, cognisant of regional treatment development.</p> <p>Consistent, continuous publication of BCUPathways in place, on webportal accessible by professionals and public, and supported by public and professional feedback tools.</p> <p>Collaborative review undertaken of version 1 of the BCUPathways methodology, to refine based upon initial pathways completed, in line with 'PDSA' improvement principles.</p> <p>Rolling programme of pathways for creation/review in place, using BCUPathway methodology (as revised in previous measure).</p>	<p>Address adverse variation in practice.</p> <p>Make best use of available resources.</p>	<p>Developing a rolling programme of pathway review, redesign, and evaluation.</p> <p>Integrated pathways that include promotion of health and prevention of illness as well as the treatment of disease, resulting in a 'left shift' of care.</p> <p>A greater use of digital technology to support the delivery of healthcare.</p>	<p>A change in culture, removing silo working and introducing a whole-system approach to service delivery.</p> <p>A reduction in services delivered in hospital setting with a corresponding increase in primary and community services.</p>	

b.2022.5 - Building a Healthier Wales (BAHW)

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Approved work-plan for each BAHNW scheme to have commenced, and partner network informed.	Increase in immunisation/ vaccine uptake across clusters	Fewer people become ill or die because of contracting a communicable disease	Reduction in health inequalities
Interdependencies framework is developed which supports organisational planning via Health Improvement & Reducing Inequalities Group (ToR Reviewed).	People can access a range of quality and nutritious food, at affordable prices	Improved population health and well-being	Communities are stronger and more resilient
	People are provided with the skills and knowledge to cook nutritious low-cost meals	Reduction in rates of alcohol and substance misuse	Reduction in use of statutory services, including acute hospitals, domiciliary care, and residential care
Evidence-based benefits (quantitative and qualitative) identified for the whole programme, in order to support organisational planning.	People can access a greater range of support and activities within their own communities	Increase in the numbers of people eating 5 or more fruit and vegetables a day	Reduction in the number of children on the Child Protection Register
	Increased awareness amongst health and social care professionals of Childhood ACES, how to identify them and how to deal with their impact	Reduction in levels of loneliness and social isolation	Reduction in the number of people who are unintentionally homeless
	Health Board's approach to population health is strengthened	Improved population health and well-being, especially for those citizens who are traditionally hard to reach	Reduction in the numbers of homeless people in north Wales

a.2022.6 - Commissioning unit				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
<p>Scope and structure of commissioning unit agreed by Executive Team.</p> <p>Appointment to commissioning unit senior team.</p> <p>Written plan for timescale of full transfer of functions, and programme of work for year one and anticipated work in year two agreed with Executive team.</p>	<p>Alignment of commissioning arrangements including collaborative and specialist commissioning</p> <p>Mechanisms are in place to enable clusters to build commissioning plans to meet local needs</p>	<p>Commissioning processes are focused on population needs, the delivery of pathways and outcome measures</p>	<p>Commissioning supports the transformation of care, support and clinical services</p> <p>Improved outcomes for individuals and demonstrable impact on health and well-being of specific groups, contributing to population health</p>	

b.2022.7 - Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viruses				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
<p>Completed design of media and resources required to support the service.</p> <p>At least one Community Pharmacy site offering ES in each of East, Centre, West health communities.</p> <p>Evaluation completed of test sites (identified in measure 2).</p>	<p>To help the public recognise the risks associated with their personal alcohol consumption behaviours and de-normalise risky alcohol consumption and the inevitable burden on primary care workload, hospital admissions and subsequent expenditure.</p>	<p>Reduce risks associated with alcohol consumption through screening, education, brief advice, and referral to specialist services.</p> <p>Increased awareness of support available within target groups.</p> <p>Increased knowledge and awareness of new treatments for Hepatitis C (and which may provide a cure).</p>	<p>Reduce the personal and public health risk of infection</p> <p>This model demonstrates the Board's commitment to achieving WHO targets as outlined by Welsh Health Circular (WHC/2017/048) and as committed to by Welsh Government, which sets out to eliminate HBV and HCV as significant public health threats by 2030.</p>	

b.2022.8 - Diabetic Foot pathway				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
<p>Increased podiatric capacity in place to support relaunched primary care component of diabetic foot pathway.</p> <p>Review emergency admission data for diabetic foot presentations, which should be expected to fall as whole system pathway embeds.</p> <p>Review inter-hospital transfer data for diabetic foot presentations, with transfers to YGC expected to fall as whole system pathway embeds.</p>	<p>A better understanding of patients who access Health Board diabetic foot services - identification and promotion of good practice as well as areas for improvement.</p>	<p>Reduced hospital admissions and length of stay.</p> <p>An integrated approach to care resulting in a better patient experience</p>	<p>Individuals remain well and out of hospital and are given the appropriate support to manage their condition.</p>	

b.2022.9 - Foundational Economy Strategy/Policy			
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Implementation of a BCU strategy to maximise our contribution to the Foundational Economy.	Increased job opportunity in north Wales. Improved 'green' footprint.	Reduction in inequality by maximising the opportunity for local investment. Greater co-design of local NHS services with local communities and organisations. Improved provision of bilingual services.	Sustainability of service, recruitment. Pipeline of ambition for specialist posts, supporting clinical sustainability.

b.2022.10 - Golden Value Metrics				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
Creation of a streamlined set of high value metrics that provide an overall barometer of performance.	<p>Increased recognition of the importance of patient experience and outcomes in our improvement journey.</p> <p>Increase in person-centred “experience” conversations.</p>	<p>Redesign of services built upon robust experience data.</p> <p>Less complaints, higher satisfaction.</p> <p>Better clinical outcome data.</p>	<p>Improved patient journeys across the breadth of the organisation.</p> <p>More efficient targeting of improvement resource.</p>	

b.2022.11 - Implementing the Quality Act			
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
<p>Consider the full requirements of the Act, to ensure full compliance when it comes into force in 2023.</p> <p>Amendment/development of internal systems, if so required, to ensure compliance.</p>	<p>BCUHB nominees included in the various work streams and the Acting Director of Quality sits on the National Steering Group.</p>	<p>The existing duty of quality on NHS bodies to be strengthened</p> <p>An organisational duty of candour on providers of NHS services to be established requiring an open and honest approach with patients and service users when things go wrong</p> <p>The voice of citizens to be strengthened by replacing Community Health Councils with a new all-Wales Citizen Voice Body that will represent the interests of people across health and social care</p>	<p>A health and social care system in Wales that is fit for the future and that ensure the voices of citizens are engaged, listened to, and clearly heard</p>

b.2022.12 - Inverse Care Law work				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
Establishment of Community of Practice for addressing health inequalities in partnership with primary care	Cluster teams are skilled and informed to identify health inequality challenges, in particular those associated with the wider determinants of health	People at greatest risk living in socio-economic deprived areas of North Wales receive timely and effective support to reduce their risk of developing non-communicable disease	Reduction in risk factors leading to health inequalities reduces the risk of non-communicable disease	
Rapid Actionable Insight Packs to identify health inequalities at cluster / locality level	Clinical and health behaviour risk factors are identified early	Local communities are more engaged and empowered to exercise personal choice to control risk factors and adopt healthy behaviours	Increased chance of reducing the gap in healthy life expectancy	
Health Inequalities Intervention & Innovation Plan identifying 6 innovator clusters and setting out interventions to drive down health inequalities	Asset-based interventions are developed to reduce risk factors			

b.2022.13 – Lean & VBC Healthcare system

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Rollout of a constant evidence based improvement methodology built upon Lean and VBC principles.	<p>Reduction in low value steps within pathways of care, leading to better patient experience and resource utilisation.</p> <p>Greater ease of access to support for continuous improvement activity.</p>	<p>Less unwarranted variation in clinical service delivery.</p> <p>Greater engagement in continuous improvement activity.</p>	<p>Stronger partnerships with high-functioning organisations.</p> <p>High quality systems that make best use of our limited resources, allowing us to provide more (appropriate) episodes of care.</p>

b.2022.14 - Recovery of Primary Care chronic disease monitoring			
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Recruitment of additional staff / increase in hours available to undertake chronic disease management reviews, and thereby reduce backlog.	Backlog of chronic disease reviews because of Covid is reduced	Recovery of Primary Care	Improved community services for people with a chronic condition
Provide a collaborative Cluster-based long-term Conditions Hub: leading to a reduction in referrals to secondary care Q3.	Long-term conditions hub established in the North Denbighshire Cluster	Improved chronic disease monitoring in the community	Improved rates of self-care for people with a chronic condition
Backlog of chronic disease reviews reduced.	Chronic Conditions nurses support individuals and provide them with information to enable improved self-management of their chronic condition	Reduction in presentations to secondary care from people experiencing an exacerbation in their chronic condition	
Individuals provided with education to support with self-management of their chronic condition.	People with a chronic condition are signposted to a range of support and training	Individuals feel more confident in managing their chronic condition themselves	

b.2022.15 - Results management				
Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes	
<p>Improve the assurance for the management of results across BCUHB by fully delivering a fit for purpose solution that will improve patient safety.</p> <p>Deliver a fit for purpose solution that will improve patient safety and stop printed results</p>	<p>Providing the availability and good management of results is critical to inform the care a patient receives, constituting a fundamental part of the overall patient's care record that will have a direct impact on patient outcomes.</p> <p>Project – Welsh Clinical Portal (WCP) Results Notification & Assurance Dashboard - focusses on resolving the gaps in notification and action recording that retains the need for paper results. This will provide the assurance to enable us to safely (i) rely on notifications, and (ii) record the action digitally.</p>	<p>Increased patient safety.</p> <p>Environmental benefits of the reduction of the use of paper.</p> <p>Improved audit trail of how results are being managed.</p> <p>Improved patient experience as trends in results can be identified.</p>	<p>Prevents patient harm.</p> <p>Improve quality of patient experience.</p>	



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Integrated Medium Term Plan 2022/25

Appendix 7

Links to supporting strategies and plans



Appendix 6: Links to supporting strategies and plans

- LHSW strategy refresh 2021/22
[Link here:](#)
- Cluster plans
[Link here:](#)
- Quality and Safety strategy
[Link here:](#)
- Digital strategy
[Link here:](#)
- Mewn undod mae Nerth/Stronger Together
[Link here:](#)
- Workforce strategy
[Link here:](#)
- 2022/25 Financial plan
[Link here:](#)
- Estates strategy
[Link here:](#)
- Together for mental health
[Link here:](#)
- WHSSC Specialist services plan
[Link here:](#)
- Mid Wales Healthcare Collaborative Plan
[Link here:](#)
- Defnyddia dy Gymraeg / Use your Welsh
[Link here:](#)
- Promoting equality and human rights
[Link here:](#)
- Environment and sustainable strategy/Decarbonisation
[Link here:](#)
- Research, development and innovation
[Link here:](#)

Update:

The communications team are currently creating an IMTP page on the public BCU website, which will host the IMTP, appendices, and the links to the documents listed here.

Although not currently available to share, this will be available ahead of the public board in March.



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2022-25 Financial Plan

Sue Hill

Executive Director of Finance

Betsi Cadwaladr University Health Board

1 Executive Summary

Looking after taxpayers' money properly and within the resources delegated by the Welsh Government means getting two things right at the same time: delivering outcomes sought by Ministers and living up to the values demanded in the public service¹.

As part of this, financial discipline is an essential part of the organisation's governance and control framework, and as such setting a budget for the financial year is critical. The Health Board's Standing Orders require that the Health Board approve the budget and the financial framework, together included within this report.

A budget must be approved in advance of the start of a financial year.

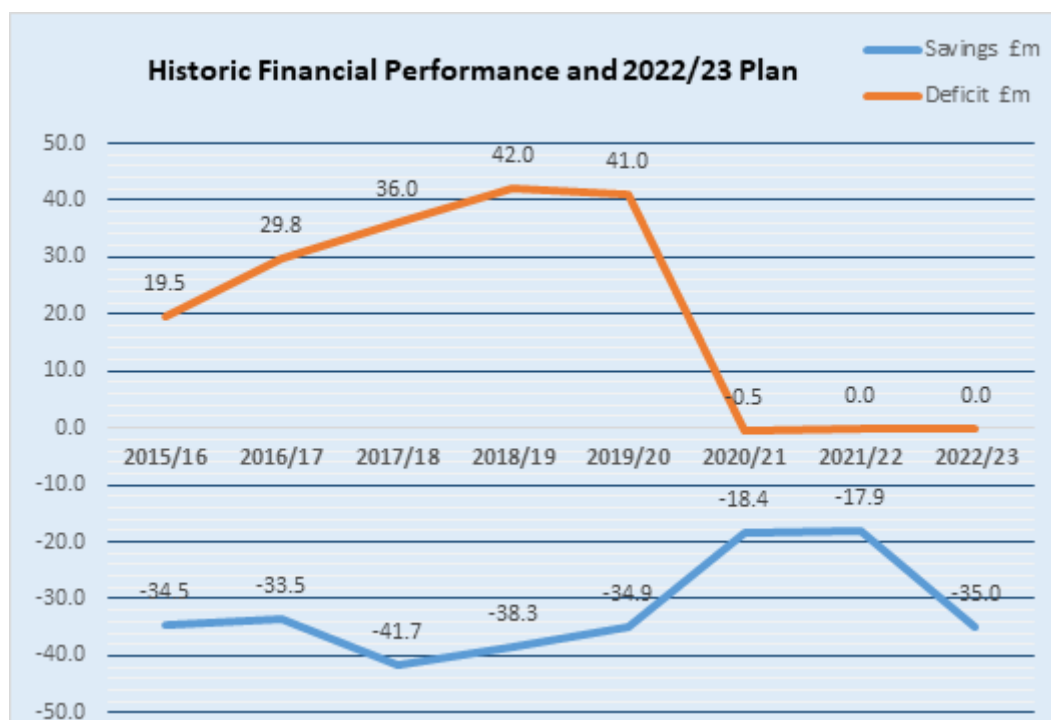
This report sets out the resources delegated to the Health Board by Welsh Government, and, based upon the current service configuration, the anticipated commitments against these resources alongside the expected savings which will be delivered over the year.

2 Financial context

The Health Board has historically reported annual deficits ranging between £20m - £40m against the level of resources allocated by Welsh Government, while delivering significant savings in that period.

The deficit cover funding provided by Welsh Government in 2020/21 allowed for a small surplus of £0.6m, and the plan is for a break even position in 2021/22, after additional WG funding to offset the impact of non-delivered savings during the Covid-19 pandemic.

This performance is illustrated in the following table:



¹ Managing Welsh Public Money, Welsh Government, January 2016

The Health Board continues to face a significant underlying deficit position in 2022/23, which is a consequence of our residual infrastructure and delivery inefficiencies from 2019/20 combined with the impact of the non-delivery of recurrent savings in 2020/21, as shown below:

	£m
Residual Infrastructure and Delivery Inefficiencies	40.00
Impact of COVID on our Savings Delivery Plan for 2020-21	17.80
FYE 2020-21 Cost Pressures	10.00
Total allocation	67.80

3 Financial Planning Principles

The revised financial plan is aligned with the following Planning Principles:

1. Annual 12 month plans, and 3 year planning assumptions
 - a. The plan includes 12 months cost assessment on a robust basis aligned with national and Health Board priorities (unless explicitly described as less than 12 months), and assumptions on year 2 and year 3 income and expenditure.
2. National Priorities

The plan reflects national priorities and includes baseline increases in funding for 3 years, and 12 months non recurrent funding for national priorities and programme including Covid-19 priorities and Planned and Unscheduled Care recovery:

 - **Sustainability funding (base increase) 2022/23** - 2.8% (£38m); 2023/24 – 1.5% (£19m); 2024/25 – 0.75% (£10m)
 - **Pay award funding** to meet anticipated wage awards (estimated at 3%)
 - **Covid-19 funding** for specific priority areas only, based on actual costs (TTP, Vaccination, PPE & Long Covid)
 - **Recovery funding** of £38.4m for planned / unscheduled care (see Annex 1)
 - **Efficiencies (savings)** expected to return to normal levels
 - Funding for other strategic priorities retained by Welsh Government
 - **Value Based Healthcare funding** for Health Boards - c£3.4m for BCU
 - **WG Strategic Support** annual funding (£82m) continues until 2023/24
 - Unconfirmed discretionary capital allocation likely to be in the region of £11m (24% down)
3. Aligning assumptions across organisations
 - a. The plan aligns with assumptions in other NHS Wales organisations' plans
4. Recovery Plan Allocations
 - a. The plan includes both allocation and expenditure in relation to confirmed Recovery Plan allocations

3.1 Resource Assumptions for 3 years

	2022/23	2023/24	2024/25
	£m	£m	£m
Opening allocation	1,516.49	1,554.45	1,573.45
Uplift	37.96	19.00	10.00
Specific allocations	198.74	198.74	198.74
Resource allocation	1,753.19	1,772.19	1,782.19
Anticipated Allocations	121.66	98.59	125.19
Total allocation	1,874.85	1,870.78	1,907.38

4 Strategic support

The Health Board received confirmation of a package of strategic support in November 2020. This package contained support to cover the historic deficit position, to improve performance and to drive a programme of transformation linked to a sustainable clinical model for North Wales. Resources were allocated to meet the following objectives:

- Improvement in service performance, patient experience, and financial performance year on year;
- Engagement with the public, staff and partners as an essential first step to building a sustainable vision for the future leading to a medium term plan, focusing on well-being, population health and primary care as well as secondary care services;
- Strengthening the ability of the organisation to deliver on a wide-ranging change programme;
- Further improvements leading to de-escalation from targeted Intervention, using a maturity matrix approach to assess progress;
- Transformation and innovation to support improved outcomes and patient and staff experience.

The funding allocated is summarised in the table below:

	2020/21	2021/22	2022/23	2023/24	Total
	£m	£m	£m	£m	£m
Deficit Cover	40.00	40.00	40.00	40.00	160.00
Performance					
Planned Care & USC	10.30	30.00	30.00	30.00	100.30
Enhanced Leadership					
MHLD & Governance, delivery & OD	0.70	0.00	0.00	0.00	0.70
Transformation					
Implementation of Strategy in partnership	0.00	6.70	6.00	6.00	18.70
Build capacity & capability	0.00	5.30	6.00	6.00	17.30
Total allocation	51.00	82.00	82.00	82.00	297.00

The additional resources allocated by Welsh Government allowed the Health Board to plan for a balanced budget in 2021/22. This Strategic Support, totalling £82m per year continues for 2022/23 and 2023/24 and supports the service improvements and transformation set out in this plan to create sustainable services in North Wales. The Health Board must however make significant transformational changes to ensure that services can continue to be delivered when this support ceases, in order to meet the ongoing requirement for a balanced budget.

Expenditure plans for the Performance and Transformation funds are detailed in Annex 2.

5 2022/23 funding

5.1 Resource allocation

The Health Board's baseline resource allocation is £1,753.19m, which includes a 2.8% uplift for inflation of £37.96m (hospital and community health services and prescribing of £33.49m and mental health ring fenced uplift of £4.47m).

	£m
Recurrent HCHS and Prescribing Discretionary Allocation	1,168.36
HCHS Ring Fenced Allocation	382.93
Directed Expenditure	3.16
Total HCHS and Prescribing Revenue Allocation	1,554.45
GMS Contract	133.83
Community Pharmacy Contract	35.12
Dental Contract	29.79
Total Revenue Resource Limit 2022/23	1,753.19

5.2 Anticipated Resources

These additional items for 2022/23 total £121.66m, which gives a total baseline resource allocation of £1,874.85m for 2022/23. This includes anticipated funding for the Covid-19 Programme (£38.78m) and exceptional cost pressures for COVID-19 Surge (£12m), Cleaning Standards (£2.8m), Extended Flu (£2.1m) and Energy, National Insurance and Real Living Wage for Care Homes and Domiciliary Care (£20.74m).

	2022/23	2023/24	2024/25
	£m	£m	£m
Urgent Primary Care Centres (UPCC) Centre & East	1.01	1.01	1.01
Same Day Emergency Care (SDEC)	1.64	1.64	1.64
PACU	0.90	0.90	0.90
Annual Leave on Overtime (Flowers Case)	1.68	1.68	1.68
Pay Award funding @ 3%	24.93	49.85	74.78
COVID-19 Programme	38.78	0.00	0.00
Welsh Patient Administration System	0.82	0.82	0.82
Centrally Held Budgets	14.27	17.05	18.72
Exceptional Items - Covid	12.00	0.00	0.00

Exceptional Items - Cleaning Standards	2.80	2.80	2.80
Exceptional Items - Extended Flu	2.10	2.10	2.10
Exceptional Items - Cost Pressures	20.74	20.74	20.74
Total Anticipated Resources	121.66	98.59	125.19

5.3 Expenditure

Expenditure budgets have been reviewed and the key unavoidable cost pressures for 2022/23 are shown in the following table:

	2022/23 £m	2023/24 £m	2024/25 £m
Pay			
National Insurance increase	7.44		
Service change			
Legal team and Information Governance team developments	0.25		
Digital Health Record business case	0.75		
Heart failure - original business case	0.43		
Drug Library	0.20		
	1.63		
Changes to the workforce (non COVID-19)			
Nurse Staffing Act - Paediatrics	1.00		
Emergency Department Workforce	5.78		
	6.78		
Total Pay	15.85	0.00	0.00
Non Pay			
Inflationary Pressures			
General		8.75	8.50
Welsh Risk Pool Cost Pressure	1.69	0.26	0.26
Hospices Uplift	0.80		
1% uplift - non-pay	6.95	7.02	7.09
Energy Cost Pressure	11.80	2.00	2.00
	21.24	9.28	9.35
Strategic priorities e.g. Digital, ICF	1.53	1.21	-0.61
Total Non Pay	22.76	10.49	8.74
Other			
Primary Care Prescribing - Volume & Growth	1.97	1.97	1.97
Secondary Care Drugs - Volume & NICE	5.05	8.25	8.25
Care Packages - Price including Premium & Real Living Wage	5.70	3.20	3.20
Commissioned Services			
Specialist Services / EASC / England 2022/23	7.95	8.21	8.21
Specialist Services / EASC / England 2021/22 FYE	6.80		

Corporate	1.23	0.00	0.00
Total Other	28.70	21.63	21.63

Total Change in Cost Base	67.32	32.12	30.38
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This illustrates that the operational cost base will increase by £67.32m. This excludes pay inflationary pressures, which is fully funded by Welsh Government.

5.4 Cost of Covid19

The Health Board continues to prioritise the response to Covid-19. In addition to our hospital response, both the vaccination programme and the Test, Trace and Protect (TTP) programme will be key operations during 2022/23 as set out earlier in this plan.

The current estimate of Covid-19 costs equate to circa £79.68m of expenditure, which includes £41m of costs not explicitly funded by WG and subject to funding from our core baseline, as identified in the following table:

	£m
COVID-19 Core	
COVID-19: Cleaning Standards	2.80
COVID-19: Extended Flu	2.10
COVID-19: Surge	36.00
COVID-19 Core	40.90
COVID-19 Programme	
COVID-19: TTP	21.28
COVID-19: Mass Vaccination	10.90
COVID-19: Personal Protective Equipment	5.48
COVID-19: Long Covid	1.12
COVID-19 WG Funded	38.78
Total Change in covid-19 Cost Base	79.68

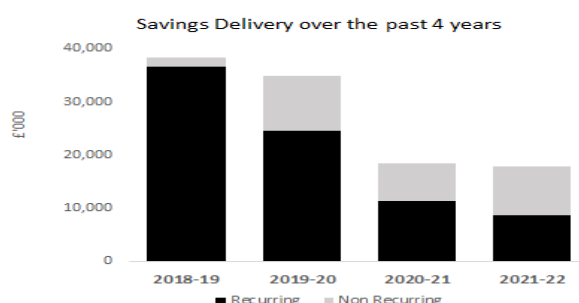
6 Savings & Transformation

The Health Board has historically applied a consistent savings target across the organisation. Whilst this approach has yielded savings, it has not focussed particular attention upon areas where there are recognised savings and efficiency opportunities, which vary across service areas. For the first time in 2021/22 a more focussed approach was adopted, using updated benchmarking data to identify opportunities for each service area.

Using detailed opportunity analysis, external benchmarking and cost comparison, savings plans for 2021/22 were developed. As a reflection of the anticipated disruption to services across BCU and Welsh Government support to underpin undeliverable savings, a reduced savings target of £17.0m was targeted in 2021/22. It is expected that savings will be delivered of £17.9m, over achievement of £0.9m. The table below shows the Health Board's savings delivery over the past 4 years.

The foundation of the analysis undertaken last year is deemed to still be relevant and provided to divisions and pan BCU functions to assist in identification of recurrent savings, where there is still unmet opportunity to be delivered.

	2018-19	2019-20	2020-21	2021-22
Target (£'000)	45,000	35,000	45,000	17,005
Delivered	38,348	34,932	18,391	17,946
Delivered %	85.2%	99.8%	40.9%	105.5%



6.1 Approach

Alongside the more traditional transactional approach to savings delivery, investment in the Transformation and Improvement unit will add greater capacity and capability, and greater opportunity for success in delivery of the efficiency and savings agenda. Through delivery of transformation programmes over the coming years, we not only seek to improve services and patient outcomes across BCU but in tandem yield tangible and sustainable financial benefits where possible.

The development of the team will enable us to place greater priority upon transformation, whilst also delivering continuous improvement across the whole organisation, and both in a consistent, evidence-based way. Key priorities that the team will lead and support during the coming year include developing the BCU Pathway resource, Golden Metrics based upon Patient-reported outcome measures (PROMs) and Patient-reported experience measures (PREMs), the atlas of variation approach, and the embedding of LEAN principles into our delivery of continuous improvement. In addition, the team will bring evidence-based change management expertise to support the systematic delivery of large-scale transformation programmes such as our Regional Treatment Centres (RTC).

In addition to development of the Transformation and Improvement team, a Finance Improvement team is being established through restructuring and reallocating resource from existing Savings and Cost teams. This will also provide increased capacity and capability within the Finance directorate to support the savings programme, with a focus on delivering sustainable, recurring efficiency and cost savings across BCU. Both Transformation and Financial Improvements teams will work alongside each other to provide increased delivery support, directional expertise, improved management information, reporting and insight, bringing action focus and strengthened governance.

As the transformation programme develops, its impacts upon quality, patient and staff experience and finance will be captured in a coherent manner. This work will be driven by the improvement and transformation team working with clinical and operational staff, with value based healthcare principles central to the approach. Finance staff will be embedded in this programme to assist in enabling the Value focus, and support the delivery and reporting of the savings impact.

6.2 Target

The savings target for delivery in 2022/23, and subsequent 2 years (2023/24 and 2024/25) is £35m which represents 3% of the Health Board's discretionary expenditure.

Benchmark data reviews completed in November 2020 indicated an opportunity to deliver improvements that could secure financial benefits ranging between £70m and £114m, over a 3 year period - see summary table below and Annex 3 for summaries of opportunity by Transformation Priority and Division/Directorate. The value range is based on opportunities having previously been assessed as having a high to medium confidence level in the quality of benchmarking.

We are now in the process of refreshing the most relevant benchmarking data and have re-engaged with PWC to provide independent validation of opportunities for the health board, particularly as we are now operating in a post Covid recovery period.

Further analysis will be incorporated to the existing insights developed, making best use of national and local CHKS benchmark information and Lightfoot analysis to direct focus to areas where service improvements are highlighted through outlier indicators.

Transformation Area	Low £m	High £m
Planned Care	19.8	36.7
Unscheduled Care	11.8	18.7
Mental Health	3.8	5.5
Other*	35.3	53.3
Opportunity Range	70.7	114.2

*Note – Other includes primary care medicines management, continuing healthcare and workforce

From a financial savings perspective, the intention is to prioritise cash releasing benefits, with quality assessment and review required to verify the cash releasing value. Areas for potential pathway, large scale service improvement and value work will be identified via the transformation team, in discussion with both the Finance Delivery Unit and the Delivery Unit of Welsh Government and these will be reflected in the emerging programme of work, building an opportunity pipeline.

It is anticipated that phasing of savings benefits driven through transformation programmes will increase over time as the transformation and improvement team mobilises. It is expected that transactional opportunities will decline proportionality as transformative led sustainable savings and efficiencies take over. The table below shows the savings target for the next 3 years, including the expected distribution between transaction and transformation led savings:

Financial Year	22/23 £m	23/24 £m	24/25 £m
Transactional Savings	18	12	6
Transformational Savings	17	23	29
Savings Target	35	35	35

To deliver the ambitious savings target, continuous focus on plan execution and the building of robust pipeline opportunities across all areas of the organisation will be required. Service areas have been required to identify the full value of saving opportunities by the 31st March 2022, with an understanding that detailed scrutiny and assurance of delivery plans is required and will continue into the new financial year.

The Health Board's financial plan for 2022/23 includes £35m of savings delivery, recognising that there will be less opportunity to deliver savings in the early part of the year due to COVID-19.

While the commitment made at the PFIG Committee meeting in December 2021, was to have identified 60% of the target by 31 March 2022 and the full target by 30 June 2022, the Executive team have a strong

determination to accelerate this programme in order to have identified £35m schemes before the end of the financial year. Additional resources to enable and facilitate the drive towards fulfilling this requirement have been deployed and the new post of Head of Financial Improvement commenced on 1st March 2022, a role which will work alongside the transformation team and their programme for 2022/23.

To date, savings plans submitted by the current divisional teams has identified £12.5m of Transactional savings, which equates to identification of 70% of this financial year's total target of £18m. All are cash reducing or cost avoidance with 75% being recurrent in nature. There is a potential further £1.5m opportunity in cash releasing transactional savings identified, subject to further review and assurance with division leads.

Potential Transformational financial savings of £27.1m (full year effect) have been identified through the following:

- I. Review of initiatives included in the IMTP;
- II. Updated assessment of financial benchmark information, which has identified a number of transformation opportunities and estimated potential financial gains;
- III. A PWC review conducted in 2019, which identified a number of potential opportunities. Delivery was subsequently delayed by the onset of COVID-19. PWC have been re-engaged to review and refresh the recommendations and are working with the BCU team to co-develop an integrated view of savings opportunities and the potential benefits.

The savings plans have been converted from the current divisional structure into the new operating model structure in the following table:

Revised Operating Model	Indicative Savings by Division	Transaction Savings Identified	Transformation Benefits Identified
	Update March 2022	Update March 2022	Update March 2022
	£m	£m	£m
Centre Health Community	9.60	3.29	8.10
East Health Community	8.95	3.49	7.94
West Health Community	6.77	1.87	5.46
pan North Wales Services	5.82	2.47	5.09
Corporate Functions	3.89	1.40	0.56
Total Savings Target	35.01	12.52	27.15

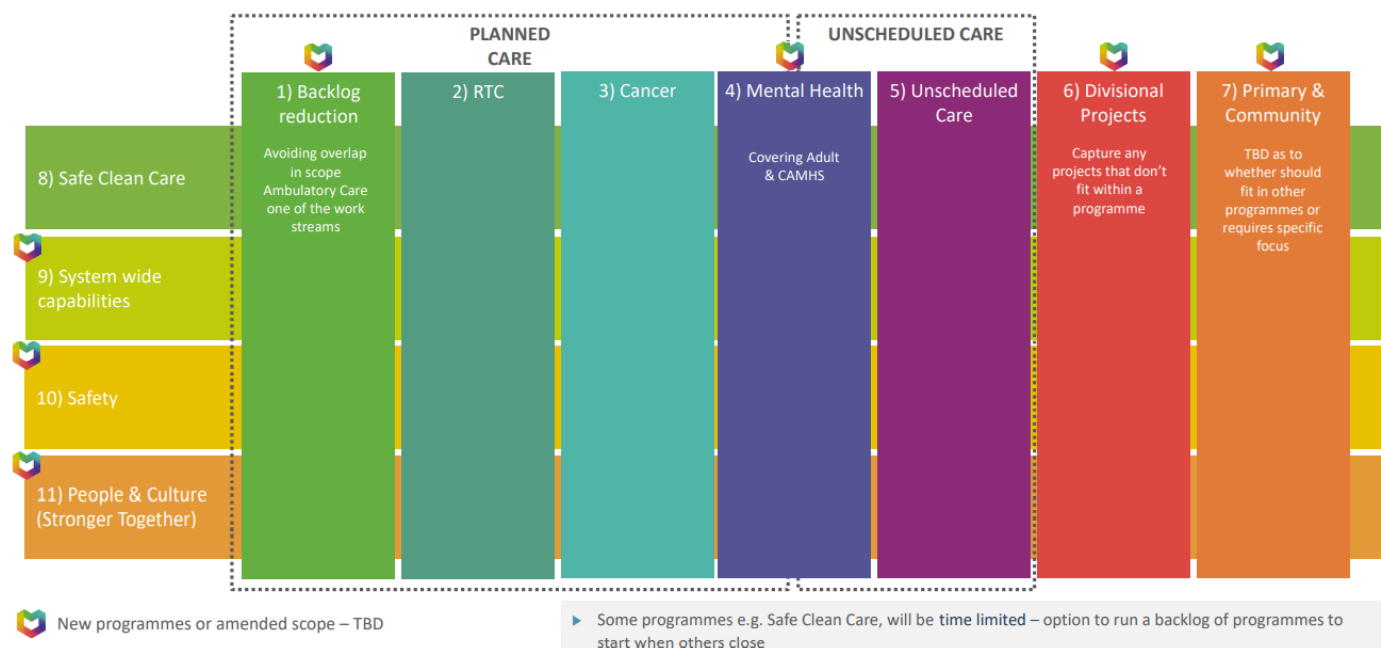
Savings delivery through Transformation programme plans of £27.1m (full year effect) are yet to be developed in detail and internally assured. Phasing of delivery plans throughout FY22-23 will reduce the in-year savings benefit and there is on-going work in developing transformation plans with programme leads so we can establish the financial impact of this. Additionally, indications are that many programme benefits are considered as having potential to drive Efficiency Gain. Ordinarily, efficiency gains would extend to reduction in costs (*e.g. consolidation of Wards & Theatre capacity, rationalisation of workforce*), however more is likely to be reinvested in delivering quality and service improvements and reducing the backlog, supporting the Health Board's recovery plans.

Further work with programme leads to determine the in-year, cash releasing, recurring benefit of transformation programmes is required and on-going. We are progressing the validation of opportunities which will be enabled through the transformation of services and programmes with multi-disciplinary teams

supporting the implementation. There is a renewed focus on return on investment reviews and assurance where additional funding is being sought to drive improvements and realise benefit.

Areas of opportunity include improved theatre utilisation, Get it Right First Time (GIRFT) and LEAN pathway standardisation, Medically Fit for Discharge benefits, and staff efficiency and agency management.

The opportunities will be reviewed by the operational and clinical teams and converted in to deliverable schemes which will be supported by the finance team working in conjunction with the transformation programme team, who have illustrated their key priority areas in the following diagram:



6.3 Milestones

Date	Activity
w/c 17 th January 2022	<ul style="list-style-type: none"> Communication to service areas of target savings, including accompanying benchmark data to support opportunity identification
Friday 4 th February 2022	<ul style="list-style-type: none"> Return of high level Transactional and local Transformation savings opportunities
7 th to 18 th February 2022	<ul style="list-style-type: none"> Review and consolidation of initial savings plan summaries Develop suite of PDSA (Plan, Do, Study, Act) plans for identified savings schemes
End of February 2022	<ul style="list-style-type: none"> Validation for first tranche of identified savings (transaction)
31 st March 2022	<ul style="list-style-type: none"> PID (Project Initiation Documents) completed for first tranche savings (transaction) 100% savings target areas identified – Transaction & Transformation Develop finance governance, reporting and monitoring framework
April – June 2022	<ul style="list-style-type: none"> Further development of savings plan across transaction and transformation schemes, mapped to IMTP priorities Executive team led 'star chamber' assessment and assurance review of divisional/directorate plans Development and implementation of joint finance and transformation programme governance, reporting and monitoring arrangements

7 The Financial Plan

The proposed methodology for the financial plan and apportionment of budget by service area was presented for approval to the Performance, Finance and Information Governance Committee in December 2021, and is summarised below:

1. Allocate the core uplift to divisions' recurrent budget;
2. Agree the forecast spend for 2021/22 based on agreed planning assumptions, including £35m savings delivery;
3. Identify the residual financial risk.

The table below identifies the Financial Risk after Mitigations, and the impact on our financial plan if those items identified as exceptional are funded. The table shows that against our Core Spend we are forecasting a balanced position, and the Health Board would be able to deliver financial balance if the Exceptional Items are recognised as UK wide and not just generated locally.

	Total Risk	Mitigations			Risk due to Exceptional Cost Pressures	Less Exceptional Cost Pressures		
		Slippage	COVID	New Develop's		Energy, NI, RLW	COVID	Core Spend
	£m	£m	£m	£m	£m	£m	£m	£m
Cost Pressures	62.24	(9.76)	0.00	3.25	55.73	(20.74)	0.00	35.00
Savings	(35.00)	0.00	0.00	0.00	(35.00)	0.00	0.00	(35.00)
COVID	40.90	(4.76)	(23.99)	0.00	16.91	0.00	(16.91)	0.00
Risk	68.14	(14.52)	(23.99)	3.25	37.64	(20.74)	(16.91)	(0.00)

See Annex 4 for amendments to original Risk Assessment.

Using this approach the summary financial position is set out in the table below for 2022/23 – 2024/25:

	2022/23 £m	2023/24 £m	2024/25 £m
Total allocation incl Anticipated Funding	1,874.85	1,870.78	1,907.38
Baseline expenditure	1,753.96	1,868.67	1,907.01
Pay & Non Pay growth and inflation	38.61	10.49	8.74
Other cost pressures	28.70	21.63	21.63
New Developments	8.91	5.00	5.00
COVID-19 costs	79.68	0.00	0.00
Recurrent savings	-35.01	-35.01	-35.01
Total Expenditure	1,874.85	1,870.78	1,907.38
Planned surplus / (deficit)	0.00	0.00	0.00

8 Financial Strategy

The Health Board is finalising a financial strategy which will articulate our ambition to deliver sustainable health care for North Wales and is aligned to the significant transformation programme being progressed this year. It is predicated upon the Health Board's adoption of value based health care principles to drive better outcomes for our population and focusing on clinical pathways for conditions.

The strategy has been developed in consultation with the senior leaders of the Health Board, including the executive management group who have provided constructive feedback which has been incorporated into the current draft of the strategy.

The financial strategy considers the significant and long-standing issues discussed and reviewed by the Performance, Finance and Information Governance Committee (PFIG), and previously by both the Finance and Performance Committee and the Finance Delivery Unit of Welsh Government. It will align with the other enabling strategies developed across the Health Board which will all be reviewed and refreshed in line with the vision of the Stronger Together programme.

The draft document has been presented to the PFIG Committee and discussed with the Finance Delivery Unit of Welsh Government and the financial strategy will be presented to the PFIG Committee for approval. The final strategy will describe a set of underpinning principles which the Health Board will use to inform its financial decisions as we drive towards financial sustainability.

9 Financial governance

The Health Board reviewed its governance arrangements during 2020/21. In response to the recommendations of this review a transformation and finance delivery group has been established, which will support the execution of the Health Board's key financial priorities with oversight provided through the PFIG Committee. The priorities are set out below:

- Improving financial performance and accountability;
- Delivery of the savings programme;
- Wider adoption of value based healthcare principles;
- Management of specific financial provisions; and
- Utilisation of strategic support funding.

The finance team are currently refreshing the PWC recommendations* about the Health Board's savings programme and will submit a proposal to the transformation and finance delivery group, for the adoption of an appropriate governance framework. The framework will review and validate savings schemes and their delivery plans and provide the check and challenge which has been applied to the investments included in the IMTP, with the clear intention to support and enable delivery of the savings programme during the three years of the IMTP.

*from the financial review conducted in 2019/20

10 Risks to the financial plan

The main financial risks are:

	2022/23 £m
Impact of a Covid-19 wave on our core planning assumptions	23.99
Anticipated funding for exceptional costs	32.74
New agreements on the licence for Microsoft products	1.88
Full implementation of the Nurse Staffing Act;	16.39
Full year impact of new drugs approved by NICE in 2021/22	3.20
Further increase in Energy costs	23.30
Revised Risk	101.51

Other non-quantified risks are:

- Failure to deliver savings plans and manage cost pressures brought forward from 2020/21
- Limited ability to deliver the clinical strategy and revised patient pathways within available resources;
- Inability to effectively manage cost and volume growth, including the increase in the Welsh Risk Pool Contribution.

The financial assumptions are in draft and subject to further refinement in line with additional NHS Wales guidance and the confirmation of our allocation assumptions.

The mitigations for the identified risks are:

- Review/Reduce current investments
- Reprioritise new investments in the IMTP
- Increase Savings target
- Identify potential non-recurrent savings
- Review recruitment assumptions with workforce
- Digital Health and Care Wales to negotiate Microsoft licence

Note: The plan assumes at this point, that additional strategic support will be provided for year 3 of the IMTP at the same level as the Health Board is currently receiving - £82m per annum.

11 Cash

The Health Board received strategic cash support of £149.7m from Welsh Government between 2014/15 and 2019/20. No cash support was requested during 2020/21 or 2021/22 and no further requirement is anticipated for 2022/23.

Following the Minister for Health and Social Services announcement of 6 July 2020, historic strategic cash support will no longer be repayable to Welsh Government although it will continue to be reported in the Health Board's annual accounts.

The cumulative revenue deficit at 31 March 2023 is expected to be £194.0m, with the difference of £44.3m resulting from movements in the balance sheet over the same period, the cash implications of which are funded by Welsh Government.

2022/23 Cash pressures		
	£'m	£'m
Strategic cash support for 2014/15	20.6	
Strategic cash support for 2016/17	20.0	
Strategic cash support for 2017/18	35.1	
Strategic cash support for 2018/19	39.0	
Strategic cash support for 2019/20	35.0	
Strategic cash support for 2020/21	0.0	
Strategic cash support for 2021/22	0.0	
Cumulative strategic cash support 31 March 2022		149.7
Forecast strategic cash support 2022/23		0.0
Cumulative cash deficit at 31 March 2023		149.7

12 Capital

The Health Board Capital Allocation for 2022/23 is shown in the table below.

2022/23 Capital Allocation		
All-Wales Capital Allocation	£'m	£'m
National Programme - Imaging P2	4.483	
Linear Accelerator Replacement	2.267	
Anticipated All Wales Capital Allocation		6.750
Discretionary Capital Allocation		10.971
Anticipated Total CRL		17.721

13 Conclusion

This paper describes the development of the financial plan, which is integrated with and aligned to the IMTP for 2022/25.

The plan is predicated on the additional non-recurrent strategic support provided by Welsh Government to enable the necessary transformation required to improve the quality and effectiveness of the services we provide to the population of North Wales.

As the Health Board starts to deliver against the transformation agenda, the next critical step is to begin to reduce the underlying financial deficit by realising the productivity and efficiency

opportunities which the transformation programme will deliver, across the main themes of planned care, unplanned care, primary and community care and pan North Wales projects.

This will require a greater level of integration across the Health Board than we have achieved so far and the revised Operating Model will be a key enabler for the necessary changes to our current ways of working. We will need to continue to work alongside our key stakeholders, particularly Welsh Government as we develop the long term financial sustainability of the Health Board.

Annex 1

Recovery funding

Sustainability Funding - £38.4m	Scheme Ref	Status	2021/22 Forecast £000	2022/23 Plan £000
Current Schemes Committed				
Outsourced Orthopaedics- Spire Contract		In 2021/22 Plan	1,553	4,800
Outsourced Orthopaedics- Spire Contract extension				2,000
Radiology sustainable plan - waiting times for Radiology	i.2022.109	In 2021/22 Plan	2,591	2,850
Endoscopy		In 2021/22 Plan	4,707	7,500
Oncology capacity - Ensure sufficient capacity in place to manage late presentation		In 2021/22 Plan	1,241	3,414
Total Current Schemes Committed			10,092	20,564
New Schemes Committed				
RTC - Project Costs	i.2022.12	New in 2022/23		1,500
Mixed speciality insourcing		New in 2022/23		4,375
Partnership		New in 2022/23		2,000
Orthopaedic Insourcing				5,000
Workforce costs				506
Funding as a Commissioner - WHSCC		New in 2022/23		2,849
Funding as a Commissioner - England		New in 2022/23		1,600
Total New Schemes Committed				17,830
Total Commitments				38,394

Annex 2

Expenditure plans for the Performance funds

Strategic Support - £30m	Scheme Ref	Status	2021/22 Plan £000	2021/22 Forecast £000	2022/23 Plan £000
Performance					
Attend Anywhere	i.2022.13	In 2021/22 Plan	379	169	379
Continuation of AccuRx; video consultation	i.2022.13	In 2021/22 Plan	300	268	0
Prehabilitation - cancer-specific and non-cancer elective	i.2022.8	In 2021/22 Plan	450	89	350
Eye Care Services: transform eye care pathway	i.2022.27	In 2021/22 Plan	1,563	218	2,590
Urgent Primary Care Centres (UPCC) West only	i.2022.14	In 2021/22 Plan	1,600	0	910
Single Cancer Pathway	i.2022.29	In 2021/22 Plan	1,500	917	2,000
Stroke Services	i.2022.4	In 2021/22 Plan	1,059	542	2,900
Urology Services - Robot	i.2022.26	In 2021/22 Plan	929	0	300
Home First Bureau (HFB)	i.2022.15	In 2021/22 Plan	1,770	509	1,300
ED Workforce (funds first part of £6.9m ED business case)	i.2022.35	In 2021/22 Plan	1,200	563	1,200
WOD Resource: Resourcing Establishment Control Team		In 2021/22 Plan	270	250	0
Neurodevelopmental (waiting times - backlog) Recovery of lost activity	i.2022.28	In 2021/22 Plan	1,400	2,300	1,400
CAMHS training and recruitment (CAMHS Workforce)	i.2022.33	In 2021/22 Plan	207	216	140
Primary Care Academy	i.2022.34	In 2021/22 Plan	940	0	1,168
Care Home Quality Nurses	i.2022.11	In 2021/22 Plan	102	21	102
Continuing Health Care infrastructure	i.2022.75	In 2021/22 Plan	1,138	0	500
Advanced Audiologist / Ear Wax (Primary Care Audiology / pathway redesign)	i.2022.17	In 2021/22 Plan	461	103	640
CAMHS additional £1m allocation		Agreed in 2021/22	0	1,000	0
Planned Care Team		Agreed in 2021/22	0	318	0
Site Medical Director Sessions		Agreed in 2021/22	0	96	0
ED Chasers		Agreed in 2021/22	0	167	433

Cardiac Physiology Training Posts	Agreed in 2021/22	0	22	150
IMT Scheme	Agreed in 2021/22	0	1,209	0
Total Performance		15,268	8,976	16,462
Planned Care				
Wrexham Maelor Schemes	In 2021/22 Plan	4,804	474	0
YGC Schemes	In 2021/22 Plan	3,543	1,331	0
YG Schemes	In 2021/22 Plan	3,951	1,169	0
North Wales Hospital Schemes	In 2021/22 Plan	99	83	0
Womens Schemes	In 2021/22 Plan	148	46	0
Planned Care Slippage	In 2021/22 Plan	2,187	0	0
Pathology sustainable plan - blood sciences (phase 1 only)	Agreed in 2021/22	0	29	513
Ophthalmology Outsourcing	Agreed in 2021/22	0	1,100	2,800
University College London Hospitals (UCLH) Orthopaedics	Agreed in 2021/22	0	320	0
Dermatology Outsourcing	Agreed in 2021/22	0	40	255
Regional Treatment Centres	i.2022.12 Agreed in 2021/22	0	562	5,216
Total Planned Care		14,732	5,154	8,784
Overall Total		30,000	14,130	25,246
Funding				30,000
Balance				4,754

Expenditure plans for the Transformation funds

Transformation Fund - £12m	Scheme Ref	Status	2021/22 Plan £000	2021/22 Forecast £000	2022/23 Plan £000
Corporate Infrastructure					
Value based Improvement faculty incl Head of Improvement		In 2021/22 Plan	1,000	166	1,000
Analytics PMO - substantive recruitment supporting VBIF		In 2021/22 Plan	650	45	650
Head of Financial improvement		In 2021/22 Plan	95	24	95
Digital Director		In 2021/22 Plan	133	117	133
OD & Engagement programme, incl Head of OD	i.2022.45	In 2021/22 Plan	1,300	985	600
Service Strategy Proposal		In 2021/22 Plan	250	90	0
Engagement capacity		In 2021/22 Plan	250	0	250
Health Community infrastructure		In 2021/22 Plan	425	0	425
Acute Site Directors - unfunded element		In 2021/22 Plan	184	145	184
Head of Cancer & Diagnostics		In 2021/22 Plan	133	11	133
Head of Ambulatory Care		In 2021/22 Plan	133	29	133
Deputy Director of Public Health		In 2021/22 Plan	133	0	133
Deputy Medical Director		In 2021/22 Plan	97	146	97
Head of Governance		In 2021/22 Plan	134	221	133
Strategic Dir of Communications		In 2021/22 Plan	133	110	133
Public Affairs function		In 2021/22 Plan	250	61	250
Associate Director of Unscheduled Care		Agreed in 2021/22	0	182	180
Associate Director of Planned Care		Agreed in 2021/22	0	418	216
Security		Agreed in 2021/22	0	110	0
FIT testing - Lead		Agreed in 2021/22	0	24	53
FIT testing - Coordinators		Agreed in 2021/22	0	33	136
FIT testing - H&S Officers		Agreed in 2021/22	0	17	29
Manual Handling - 6 x Band 6		Agreed in 2021/22	0	72	284
Training		Agreed in 2021/22	0	28	0
Air Quality		Agreed in 2021/22	0	16	0

Information Governance Support		Agreed in 2021/22	0	21	116
SuRNICC - Benefits Realisation		Agreed in 2021/22	0	25	0
Total Corporate Infrastructure			5,300	3,096	5,364
Mental Health					
Older Persons Crisis Care	i.2022.18	In 2021/22 Plan	523	44	400
Eating Disorders	i.2022.24	In 2021/22 Plan	519	43	450
ICAN Primary Care	i.2022.19	In 2021/22 Plan	1,726	202	1,200
Medicines Management	i.2022.70	In 2021/22 Plan	556	53	400
Occupational Therapy	i.2022.76	In 2021/22 Plan	400	33	320
Perinatal	i.2022.6	In 2021/22 Plan	196	35	170
Early Intervention in Psychosis	i.2022.7	In 2021/22 Plan	253	21	290
Psychiatric liaison	i.2022.71	In 2021/22 Plan	254	21	254
PMO Support Function		In 2021/22 Plan	225	19	0
Consultant Therapist		In 2021/22 Plan	70	7	0
Integrated autism service		In 2021/22 Plan	652	0	0
Joint commissioning pot with AISBs	i.2022.81	In 2021/22 Plan	300	50	230
Wellness, Work and Us	i.2022.80	In 2021/22 Plan	206	60	200
CAMHs transition and joint working	i.2022.79	In 2021/22 Plan	800	800	800
Director of Nursing		Agreed in 2021/22	0	0	133
Director of Transformation		Agreed in 2021/22	0	114	110
Ablett Project Director		Agreed in 2021/22	0	63	59
Advanced Nurse Practitioners/ Nurse Consultants		Agreed in 2021/22	0	113	294
CHC RCAP structure		Agreed in 2021/22	0	202	345
Additional Slippage Schemes		Agreed in 2021/22	0	2,716	0
Total Mental Health			6,680	4,596	5,655
Other					
VBHC - Diabetes		Agreed in 2021/22	0	36	135
Total Other			0	36	135
Overall Total			11,980	7,728	11,154
Funding					12,000
Balance					846

Annex 3

Benchmark Savings Opportunity by Transformation Area

Transformation Priorities	BCUHB Benchmarking - 3 Year Opportunity	
	£m Low	£m High
Improvement Groups, High and Medium Confidence only	70.7	114.1
Planned Care	19.8	36.7
Referral Management	2.1	4.2
Theatres	6.0	12.4
Inpatient LOS	2.0	3.0
Outpatients	5.5	10.8
Pathology	1.5	2.0
Pressure Ulcers/HAI	0.2	0.3
Community Hospitals	1.7	2.5
Contracting	0.9	1.6
Unscheduled Care	11.8	18.7
Ambulatory Care Sensitive Conditions	5.1	7.6
Management of Frequent Fliers	0.5	0.7
Inpatients - LOS	6.2	10.3
Mental Health	3.8	5.5
Mental Health NHS Benchmarking	3.7	5.2
DTOCS	0.1	0.2
Other	35.3	53.3
Estates	1.6	2.4
Workforce	11.8	21.1
HSDU	0.1	0.1
Continuing HealthCare	8.3	12.4
Prescribing	13.6	17.2

Benchmark Savings Opportunity by Transformation Area

[illegible]

Annex 4

Amendments to original Risk Assessment

	2022/23 £m	2023/24 £m
Original Risk		88.62
Amendments:		
Microsoft Licence additional contribution	-1.88	
Nurse Staffing Act (Core, Paeds & MH)	-15.39	
NICE Drugs	-3.20	
Total expenditure		-20.48
Revised Risk		68.14



Appendix B Draft Capital Programme 2022-2027

Situation:

In accordance with the Standing Financial Instructions the Health Board is required to approve an annual capital plan prior to the commencement of the financial year. The purpose of this report is to present for support the draft five year capital programme for the period 2022/23 to 2026/27 and in particular the investments prioritised for 2022/23.

Background:

The Health Board's capital programme comprises a number of potential funding sources, namely the All Wales Capital Programme, grant support, discretionary capital, property sale receipts and charitable funding.

The following table indicates the likely total funding available. This table assumes the following:

1. The draft programme includes an assessment of the carried forward discretionary commitments.
2. Welsh Government (WG) have confirmed BCU's discretionary capital allocation for 2022/23 as £10.971m. This is a 24% reduction from previous years and reflects the overall reduction in the NHS Wales capital allocation of circa £100m for 2022/23.
3. WG have provided additional funding of £2.399m to develop the Ysbyty Wrexham Maelor (YWM) Business Continuity Phase 1 Outline Business Case (OBC) /Full Business Case (FBC). Approximately half of the expenditure was supported from this year's discretionary allocation with approximately £1.436mm required in 2022/23 leaving a balance of £0.903m available in 22/23.
4. WG have confirmed that there will be no separate funding allocation in support of "*Targeted Improvements in the NHS Estate in Wales*" (EFAB Programme) in 2022/23.

	£ m	£ m
Funding		
Draft discretionary allocation		10.971
Wrexham Business Continuity OBC		0.903
Funding available		11.874

Making provision for a 25% overcommitted, to allow for potential slippage and recognising that WG have consistently provided additional in-year funding, indicates that we should develop a programme based upon circa £14.8m total value.

WG have confirmed funding of £4.25m for 2022/23 in support of agreed Imaging and radiotherapy priorities and that there is likely to be a national programme for Digital

Assessment

Guidance was sent to all divisions and core programme leads on the development of divisional and core programme capital plans and the prioritisation of the associated capital investment in the short (annual) and medium term cycle.

All proposals were required to demonstrate that they will:

- Address the major risks
- Improve the quality of care/health outcomes (supports service transformation)
- Ensure the estate is sustainable
- Ensure the estate is affordable (delivers financial recovery)

It was recognised that capital investment may be required to support some of the proposals. In determining capital priorities divisions and core programme leads were required to review potential investment requests and score each against the following criteria:

Criteria	Objective	Definition	Scoring criteria	Score
Address major risk	Reduces risk	Meets identified corporate or division/department risk (as identified in relevant Risk Register).	Related to assessment of risk and urgency: does not reduce risk or risk rated as low, medium or high	0,2,4 or 6
Improves the quality of care/health outcomes (supports service transformation)		Describe outcomes and benefits	Ability to meet national or local targets as defined within the operational plan	0 to 6
Ensure the estate is sustainable	Meets KPIs (as attached)	Supports the delivery of the estate KPIs	No or yes	0 or 6
	Supports service continuity	Describe outcomes and benefits	Ability to meet national or local targets as defined within the operational plan	0 to 6
Ensures the estate is affordable (delivers financial recovery)		Cost avoidance or cash releasing	Ability to avoid/reduce cost or release cash	0, 3 or 6

Capital bids were initially received from all divisions and core programmes to a total value of approximately £50m. A number of schemes were not costed and not all programmes were ranked as per the guidance and there were instances of equal ranking within individual programmes. Furthermore some programmes were for a single year, rather than multiple years as required.

Further work was undertaken to refine the capital bids initially received and develop an affordable programme that meets the Health Board's operational needs. Divisions and core programme leads were requested to:

1. Ensure all schemes were ranked in priority order, with no equal ranking, in accordance with the guidance. In reviewing the ranking particular emphasis was placed on the proposals ability to mitigate risks as identified in the Corporate Risk Register and to support the following strategic priorities:
 - Covid-19 response
 - Unscheduled care
 - Planned care
 - Mental Health
 - Patient Experience
 - Sustainability
2. Consideration is given to opportunities to attract additional funding. In particular proposal that address Welsh Government concerns/priorities and that are in excess of £1m may be suitable for NHS All Wales funding. Consideration should also be given to any available grant funding and charitable donations.
3. Plans to look to the medium term rather than be limited to the short-term and should therefore be over a period of 5 years.

WG have indicated that they expect significant slippage across the planned capital programme for Welsh Government and that Health Boards should prepare for additional funding to be released during 2022/23. This was the case in 2021/22 where it should be noted that £2.93m was made available to bring forward medical device priorities from 2022/23 and £2m to support additional IT devices.

Given the reduction in discretionary allocation for 2022/23 and the confirmation of no additional funding for EFAB, the draft programme has reduced the allocation for Medical Devices and Informatics to reflect the potential additional funding likely to be available in year and has been considered over a five, rather than three, year period to ensure that it is affordable. Furthermore the programme has been overcommitted by 25% to allow the development of schemes in preparation of additional in-year funding and any potential slippage.

The programme seeks to be a balance of compliance/replacement and support for service transformation/development priorities as the draft Integrated Medium Term Plan (IMTP). Allowances have also been included to support the transformation team, safe clean care, decarbonisation and the challenges identified by the Mental Health Learning Disability (MHLD) division with respect to interim solutions for the Hergest unit, the Women's division in addressing displaced services and additional support for decontamination.

Finally, the programme also includes details of our priorities for All Wales Capital funding. The priorities are aligned to the draft IMTP, as summarised within the agreed Business Case Tracker.

With respect to the proposed national Radiotherapy and Diagnostic programmes the key priorities are in accordance with the business cases approved by the PFIG Committee as follows:

YWM - DR X ray rooms 7, 9 and 10
 Ysbyty Glan Clwyd (YGC) - DR X ray room 3
 Ysbyty Gwynedd (YG) - DR X-ray room 4 and 5
 YWM - CT1 Replacement plus departmental infrastructure
 YWM - MRI upgrade
 YGC Fluoroscopy room 7
 Cancer Centre – replacement linear accelerator

Taken together all of the above indicate that the total funding (discretionary and national programmes) for 2022/23 is estimated to be **£19.128m**.

The proposed annual programme for 2022/23 may be summarised as follows:

Discretionary and national programmes	£million
Estates	
- Health & safety, risk and compliance	4.087
- Service recovery including Covid-19 response, planned and unscheduled care and patient experience	5.130
- Mental Health	0.829
- Sustainability including Decarbonisation	1.230
Medical Devices replacement programme	1.379
Imaging and radiotherapy national Programmes	4.250
Informatics	2.213
	19.128

The programme seeks to mitigate/reduce the following top risks:

- Board Assurance Framework
 - Strategic Priority 1
 - BAF 21-14 Pandemic exposure
 - Strategic Priority 2
 - BAF 21-09, Infection prevention and control
 - BAF 21-12, Security services
 - BAF 21-13, Health and safety
 - Strategic Priority 3
 - BAF 21-03, Primary care sustainable health services
 - Strategic Priority 4
 - BAF 21-04, Timely access to planned care
 - Strategic Priority 5
 - BAF 21-01, Safe and effective management of unscheduled care
 - Strategic Priority 6
 - BAF 21-06, Safe and effective mental health service delivery
 - Aligned to Key Enabler
 - BAF 21-16, Digital estate and assets
 - BAF 21-17, Estates and assets development
 - BAF 21-20, Development of IMTP
 - BAF 21-21, Estates and assets

- Corporate Risk Register:
 - 20-01, Asbestos management and control
 - 20-03, Legionella management and control
 - 20-04, Non compliance of fire safety systems
 - 20-06, Informatics – patient records pan BCU
 - 20-07, Informatics – capacity, resource and demand
 - 20-11, Informatics – cyber security

The programme also seeks to address tier 2 and 3 risks as identified by divisions and departments. Finally the programme proposes investment to increase capacity and reduce risks with respect to safe sustainable services, timely access to planned care and mental health & learning disabilities services.

Details of the draft five year programme are included in the appendix X. The programme includes discretionary and All Wales Funding. Whilst there is certainty for year 1 (2022/23), years 2 to 5 are indicative and will be subject to review and agreement prior to the relevant financial year.

The carried forward allowances are based upon known commitments but this may change as we seek to maximise year end expenditure.

Financial Implications

The report sets out the draft capital programme in accordance with the Health Board's Standing Financial Instructions and the estimated funding available.

Risk Analysis

Without an agreed capital programme there is a risk that the Health Board may be unable to meet its' defined operational objectives will not meet its' Capital Resource Limit.

Legal Compliance

The planned programme will assist the Health Board in meeting its' statutory and mandatory requirements.

Prior Scrutiny:	Capital Programme Management Team Capital Investment Group Executive Team
Appendices:	Appendix A) Discretionary Capital and All Wales Capital

APPENDIX							
Draft Capital Programme - 2022/23 to 2026/27							
March 22 v4							
Discretionary Capital							
Programme	Description	Estimated cost £m	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m
West							
Community and Primary care	Bryn Beryl Community Dental Unit	0.750	0.750				
	Bryn Beryl Redevelopment Phase 4	0.350		0.350			
	Neuro development team accommodation	0.200			0.200		
	YG - SCBU Expansion & Refurbishment	1.720			0.920	0.800	
	YPS Handrail Works	0.012	0.012				
	Llanfair PG Primary Care extension	0.500		0.500			
	Replacement West Management Admin HQ	Feasibility					
Acute	Critical Care - Enlli Ward Phase 2	0.500	0.500				
	Increased bed capacity to support bed spacing	0.500		0.500			
	Expansion of Ophthalmology OPD	0.780			0.780		
	Modular ward	see below					
	Provision of safe staff break facilities	0.150			0.150		
	EDOU	0.250			0.250		
	Fit out of ED "void" for provision of flexible use accommodation.	0.250			0.250		
	Changing Places Toilet	0.060			0.060		
	Storage - feasibility study/rationalisation	not capital					
	Additional car parking	0.250				0.250	
	Additional Segregation (Pods)	0.120				0.120	
	LLGH Theatre development	0.200				0.200	
	Bangor Community Dental Clinic	0.900	Bangor WBH				
			1.262	1.350	2.610	1.370	0.000
Centre							
Community and Primary care	Review of Outpatient services LLGH	1.903			0.500	1.403	
	Relocate ABI and other teams from 204/206 Abergele Road.	0.070	0.070				
Acute	Ward 6 & 10	3.604	2.000				
	PACU	0.057	0.057				
	ED pandemic protection	0.500		0.500			
	Decant of services to support SDEC/Hot clinic redesign	0.070			0.070		
	Ward 19 conversion	0.100			0.100		
	Service moves on site	0.050			0.050		
	EDOU/Frailty Assessment Unit	0.058			0.058		
	ED Reception/Streaming	0.133			0.133		
	Relocate the Endoscopy Unit and provide an improved decontamination facility	5.261	All Wales				
	Centralised Decontamination Facility	Feasibility					
	Site Storage	0.157					0.157
	Mass evacuation tent	Feasibility					
	Access to Maternity and Paediatric Units	0.100					0.100
	Helipad	1.926	charitable funds?				
	Rheumatology office accommodation	Feasibility					
	Dermatology outpatient	Feasibility					
	Ty Croseo - ensuites to parents accommodation	0.150	0.150				
			2.277	0.500	0.911	1.403	0.257
East							
Community and Primary care	Brynteg Clinic	Feasibility					
	Onnen ward - WMH	Feasibility					
	Evington ward	Feasibility					
	Sexual Health, YMW	Feasibility					
	Gladstone Unit, YMW	Feasibility					
	Mold Hospital - MIU	Feasibility					
	Chirk Hospital - outpatients	0.350		0.350			
	Connahs Quay HC - relocation of services from Queensferry	Feasibility					
	Rhos Clinic - conversion void	Feasibility					
	Multiple sites - attend anywhere hubs	Informatics					
	Chirk, Mold and Deeside - reconfiguration of reception desks	0.100		0.100			
Acute	Plas Gororau	2.750	1.000	1.750			
	Reconfigure ED	0.600		0.600			
	Reconfigure former CCU and associated relocations	0.730	0.730				
	CCU storage	Complete 21/22					
	Cardiology Ambulatory Pacing	0.090	0.090				
	Endoscopy refurbishment	0.150	add modular capacity				

APPENDIX							
Draft Capital Programme - 2022/23 to 2026/27							
March 22 v4							
Discretionary Capital							
Programme	Description	Estimated cost £m	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m
	Create Aerosol generating Procedure space for Max Fax.	0.350		0.350			
	Replacement of Nurse Call system.	see Estates					
	Acton ward - create sarea of sleep studies	0.070			0.070		
	Establish a dedicated Urology Diagnostic Unit	Feasibility					
	Creation of additional clinical rooms in cardio respiratory department	Feasibility					
	Treatment room to Acute Medical Unit	0.045			0.045		
	Ambulatory Hub - relocate anti Coag service	0.060			0.060		
	Cunliffe	Complete 21/22					
	Clinical Research Facility		PG				
			1.820	3.150	0.175	0.000	0.000
Womens							
	YMW Maternity bathrooms	0.150	0.150				
	Establish permanent bases for Community Midwifery offices. Bases and re locations are a result of COVID-19 needing long term solutions for:	0.250	0.250				
	• Porthmadog						
	• Pwllheli						
	• Anglesey						
	• Colwyn Bay						
	Refurbishment of Freestanding Midwifery Led Units across the community.	Feasibility					
	Centralised Antenatal Clinic YGC	Feasibility					
	Acute Maternity Unit Refurbishment	0.450		0.450			
	Fetal Medicine Unit	Feasibility					
	MLU Room	Feasibility					
	Blairbell MOAU	Feasibility					
			0.400	0.450	0.000	0.000	0.000
NWMCS							
	Carried forward completion of YMW post mortem rm		0.020				
Phlebotomy/Andro	YMW _ phlebotomy/Andrology accommodation	0.850	Complete 21/22				
Mortuary	Modular body storage units at YG ad YGC	0.100		0.100			
Immunology	YG Immunology laboratory refurbishment	1.500	0.063	0.687	0.750		
Audiology	Redevelopment of YG Audiology dept	0.600			0.600		
YG	YG Consultant Radiologists Clinical Reporting Offices	Feasibility					
YG	YG Radiology Staff Changing facilities & Toilets	0.600			0.600		
YWM	YMWConsultant Radiologists Clinical Reporting Offices	Feasibility					
YWM	Radiology Staff Changing facilities & Toilets	Feasibility					
YGC	YGC - Expansion of YGC mortuary	0.250			0.250		
	Posture mobility service ByN	1.500			0.500	1.000	
			0.083	0.787	2.700	1.000	0.000
Cancer Services							
	YMW - Redevelopment of shooting star unit	Charitable funds					
	YG - Redevelopment of day case (Heulwen) unit	Feasibility					
	Cancer Centre - additional capacity for clinics and phlebotomy	Feasibility					
	Cancer Centre - Redevelopment of reception and lobby area	Feasibility					
Planned care							
	Pre-habilitation	1.000	See IMTP reserve below				
	Modular capacity upon all three acute sites	Revenue					
			0.000	0.000	0.000	0.000	0.000
Stroke							
	Year 2	1.000	0.600				
			0.600	0.000	0.000	0.000	0.000
MHLD							
	Carried forward completion of EFAB		0.144				
	Carried forward completion Heddfan Windows		0.101				
	Ligature Risk reduction windows at Ablett	0.400	0.400				
	Heddfan Unit - Anti Ligature Blinds	0.027	0.027				
	Environmental improvements within Hergest	0.150	0.150				
	Installation of hand rails at Bryn Hesketh	0.023		0.023			
	Staff alarm system - Ty Llewelyn MSU	0.020		0.020			
	Bedrooms door replacement Bryn Hesketh	0.060		0.060			
	Key Management System Ty Llewelyn	0.050		0.050			
	Works to accommodate installation of POCHI machine Dyffryn Clwyd	0.007		0.007			
	Tryweryn Ward environmental improvements	0.060		0.060			
	Therapeutic Patient Kitchen Ty Llewelyn MSU	0.050		0.050			

APPENDIX							
Draft Capital Programme - 2022/23 to 2026/27							
March 22 v4							
Discretionary Capital							
Programme	Description	Estimated cost £m	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m
	ByN - LD Assessment and Treatment upgrade systems and improve independence	0.300			0.300		
	Staff changing facilities Hergest Unit	0.035			0.035		
	Ty Llewelyn - Additional therapeutic Space	0.300			0.300		
	Develop an extra care therapeutic areas within Pwyll ward, Ty Llewelyn	TBC			TBC		
	Installation of Ventilation System - OPMH wards	0.500			0.500		
	Feasibility Relocation of CMHT N Gwynedd	0.075			0.075		
	In response to HIW actions undertake a full review of the Hergest provision to ensure fit for purpose estates for all current services based .	TBC					
	Cefni hospital	0.500				0.500	
	Feasibility; To develop a Low secure Unit in North Wales.	TBC				TBC	
	Feasibility; Rehab Inpatient, based on revised model for rehabilitation services. New build or upgraded property for Coed Celyn.	TBC				TBC	
	Full renovation of all patient and staff areas in Bodnant	1.000				1.000	
	Renovation of Denbigh community mental health accommodation	0.500				0.500	
			0.822	0.270	1.210	2.000	0.000
Estates							
West	LLGH - Replacement Fire Alarm System (Year 4 of 4)	0.070	0.070				
	YG Management Centre - Replacement Fire Alarm System (Year 2 of 2)	0.080	0.080				
	Ysbyty Alltwen - Electrical Infrastructure non compliances (Year 3 of 3)	0.150	0.150				
	Upgrade Electrical Supply (Year 2 of 3) Ysbyty Dolgellau	0.060	0.060				
	YG - Replacement Roof Covering - Operational Estates	0.080		0.080			
	LLGH - Main Heating Boilers Upgrade	0.030	0.030				
	LLGH - Roof Replacement	0.150	0.150				
	YG - Ventilation Plant Intake Damper Upgrade	0.030	0.030				
	ByN - Replacement Boilers x3	0.030	See decarbonisation allowance below				
	YG - Road and Pathways Upgrade Work	0.030		0.030			
	YG - Road and Pathways Upgrade Work	0.080		0.080			
	YG - Legionella Mitigation(Rolling Programme)	0.040	0.040				
	Lighning Protection System Upgrade	0.100		0.100			
	LLGH - Safe Edge Protection	0.010		0.010			
Centre	YGC - Upgrade Emergency Lighting	0.050	0.050				
	YGC - Upgrade Fire Detection	0.035	0.035				
	YGC - Upgrade Fire Dampers	0.025	0.025				
	YGC - Upgrade Phase 2 Roof	0.320	0.320				
	Aberegle Hosp - Upgrade Roof	0.032	0.032				
	YGC - Upgrade Heating System within Service Duct	0.020		0.020			
	YGC - Upgrade SuRNICC Plantroom Floor	0.030		0.030			
	Bodnant - Upgrade Building Fabric	0.050		0.050			
	Bodnant - Decarbonisation Upgrade Boiler Plant	0.050	See decarbonisation allowance below				
	YGC - Upgrade Nurse Call System	0.040		0.040			
	Nant y Glyn MHL D - Decarbonisation Upgrade Boiler Plant	0.030	See decarbonisation allowance below				
	Hafod MHL D - Decarbonisation Upgrade Boiler Plant	0.016	See decarbonisation allowance below				
	RAH - Upgrade Boiler Plant / Flue	0.015		0.015			
	St Asph HC - - Upgrade Building Fabric	0.020		0.020			
	Denbigh Hosp - Upgrade Building Fabric	0.050		0.050			
	Team Dyffryn Clwyd - Upgrade Building Fabric	0.030		0.030			
	Aberege Hosp - Upgrade Roads and Footpaths	0.025		0.025			
	YGC - Upgrade of Medical Student Accommodation Roof	0.040			0.040		
	YGC - Waste Compound Upgrade	0.006			0.006		
	YGC - Upgrade Building Fabric	0.070			0.070		
East	Mold Hosp - Upgrade Sewage Station	0.040	0.040				
	YMW - Fire Safety - Compartmentation	0.030		0.030			
	YMW - Upgrade Roads and Footpaths	0.150		0.150			
	Preswylfa - Upgrade Roads and Footpaths	0.080		0.080			
	YMW - Fire Safety - Fire Alarm Upgrade	0.160		0.160			
	Rhos HC - Decarbonisation Upgrade Boiler Plant	0.010	See decarbonisation allowance below				
	YMW - Fire Safety - Fire Doors	0.060		0.060			
	Deeside Hosp - OPD - Upgrade Nurse Call System	0.030	0.030				
	YMW - Lift Upgrade	0.130	0.130				
	Chirk Hosp - Decarbonisation Upgrade Boiler Plant	0.075	See decarbonisation allowance below				
	YMW - Upgrade of Building Management System	0.040		0.040			
	YMW - Ward Areas - Upgrade Nurse Call System	0.030		0.030			
	YMW - Upgrade Electrical Systems	0.020		0.020			
	Chirk Hosp - Upgrade of Roof	0.060		0.060			
	Penley Hosp - Decarbonisation Upgrade Boiler Plant	0.030	See decarbonisation allowance below				
	Mold Hosp - Upgrade Electrical Systems	0.030		0.030			
Pan BCU	Asbestos Removal Project	0.150	0.100				

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March 22 v4							
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	Health & Safety - CCTV	0.150	0.150				
	Health & Safety - Road and Footpath Improvement Programme	0.350	0.150	0.200			
	Replacement of Facilities Catering Equipment	0.100	0.100				
	Decarbonisation/EFAB		0.250	0.500	0.500	0.500	0.500
	Safe Clean care - do no harm		0.500	0.500	0.500	0.500	0.500
	Decontamination	0.500	0.500				
			3.022	2.440	1.116	1.000	1.000
Medical Devices							
Royal Alexandra	3D L.A.S.A.R- Orthotics	0.016	0.016				
Glan Clwyd	EUS Scope-Endoscopy	0.100	0.100				
Wrexham Maelor	Software upgrade for HPLC systems-Pharmacy	0.011	0.011				
Wrexham Maelor	InstallationTelemetry-Acute Medical Unit	0.031	0.031				
Glan Clwyd	ECT Machine-Ablett Unit	0.022	0.022				
Ysbyty Gwynedd	MRI Head Coil-Radiology	0.026	0.026				
Penrhos Stanley, Eryri and Dolgellau	6 Bladder Scanners	0.047	0.047				
Ysbyty Gwynedd	8 Anaesthetic Machines and 3 Monitors-Theatres	0.264	0.264				
Wrexham Maelor and Ysbyty Gwynedd	21 Resuscitaires	0.309	0.309				
Glan Clwyd	Wound Assessment System- Renal and Diabetes Unit	0.008	0.008				
Glan Clwyd	2 Operating Tables-Theatres	0.081	0.081				
Wrexham Maelor	Rehabilitation Equipment-Posture Mobility	0.034	0.034				
Wrexham Maelor	CPET Machine-Cardiology	0.065	0.065				
Glan Clwyd, Wrexham Maelor and Ysbyty Gwynedd	6 Radiation monitoring devices-Radiology	0.047	0.047				
Tywyn Hospita	Field Analyser-Ophthalmology	0.031	0.031				
Glan Clwyd	Scanner-Obstetrics	0.144	0.144				
Bryn Beryl	Washer Disinfectant-Dental	0.013	0.013				
Glan Clwyd	Ambulatory ECG-Cardiac Physiology	0.130	0.130				
Prosthetics	Outdoor facilities for Microprocessor Functionality Development and Amputee Rehabilitation Project	0.027		0.027			
Wrexham Maelor	Operating Table-Theatres	0.054		0.054			
NWMCS	13 Radiology home workstations	0.149		0.149			
Eryri Hospital	4 Bladder Scanners-District Nurses	0.031		0.031			
Ysbyty Gwynedd	6 System 7 Drills-Orthopaedic Theatres	0.144		0.144			
Wrexham Maelor a	Flexible Video Cystoscope-Gynae OPD with processor (Botox and Bulking Agent)	0.085		0.085			
LlanfairPG	Digital Xray Machine-Dental	0.014		0.014			
Abergele Hospital	2 Phaco machines-Ophthalmology	0.098		0.098			
East Area	Dexa Scanner	0.137		0.137			
Wrexham Maelor	Patient Hoist-Emergency Dept	0.007		0.007			
Wrexham Maelor	EEG equipment-Neurophysiology	0.050		0.050			
Ysbyty Gwynedd	Diagnostic Ultrasound Machine-Physiotherapy	0.060		0.060			
Ysbyty Gwynedd	6 Colibri 2 Drills-Theatres	0.090		0.090			
	Hysteroscopy Stack System-Gynae	0.083		0.083			
Llandudno	Digital Xray Machine-Dental	0.014		0.014			
Glan Clwyd	Portable Echo machine-Cardiac Cath Lab	0.041		0.041			
Wrexham Maelor	CadCam-Orthotics	0.040		0.040			
Wrexham Maelor	2 Bladder Scanners-Bersham and Mason	0.018		0.018			
Glan Clwyd	Patient dose calibrator-Medical Physics	0.006		0.006			
Ysbyty Gwynedd	Video Fluoroscopy Chair-Therapies	0.010		0.010			
Ysbyty Gwynedd	Endobronchial ultrasound bronchoscope + ultrasound processor (EBUS)-Respiratory	0.184		0.184			
Glan Clwyd, Wrexham Maelor and Ysbyty Gwynedd	3 3D Scopes	0.252		0.252			
Caia Park, Wrexham	Digital Xray Machine-Dental	0.014		0.014			
Abergele Hospital	Fundus Camera-Ophthalmology	0.064		0.064			
East Sites	Automated Medicine Storage-Pharmacy	0.148		0.148			
Wrexham Maelor	Cell Salvage-Theatres	0.037		0.037			
Ysbyty Gwynedd	4 Ultrasound Scanners-Radiology	0.576			0.576		
Ysbyty Gwynedd	Manikin - SCBU	0.018			0.018		
Ysbyty Gwynedd	Nase-endoscopy Stack-ENT OPD	0.068			0.068		
Wrexham Maelor	LLETZ Machine-Gynae	0.010			0.010		

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March 22 v4							
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1) LlanfairPG 2) Holyhead 3) Mold 4) Holywell	4 Suction Motors -Dental	0.026			0.026		
Glan Clwyd	9 Patient Monitors-Emergency Quadrant	0.070			0.070		
Wrexham Maelor	Endoscopy Stack-Endoscopy	0.104			0.104		
Glan Clwyd and Wrexham Maelor	2 Image Intensifiers-Radiology	0.264			0.264		
Ysbyty Gwynedd	Anspach Drill-Orthopaedic Theatres	0.009			0.009		
Wrexham Maelor	3 Bladder Scanners -Ffroncon, Lawson Tait & Bromfield Wards	0.025			0.025		
Wrexham Dental Centre	Medical Gas Compressor - Dental	0.010			0.010		
Glan Clwyd	Ultrasound-Neonatal	0.061			0.061		
Wrexham Maelor	Biometry-Ophthalmology	0.053			0.053		
Glan Clwyd, Wrexham Maelor and Ysbyty Gwynedd	Objective test equipment-Audiology	0.182			0.182		
Ysbyty Gwynedd	2 Arthrex AR 300 Drills-Theatres	0.034			0.034		
Wrexham Maelor	Transabdominal Probe-Gynae	0.009			0.009		
Glan Clwyd	8 Incubators-Neonatal	0.216			0.216		
Glan Clwyd	Gastroscope-Endoscopy	0.054				0.054	
Wrexham Maelor	Bronchoscope-Endoscopy	0.032				0.032	
NWMCs	Image Intensifier (2008) Ziehm Vision Orth Plus	0.132				0.132	
Ysbyty Gwynedd	Ultrafin Stirrups for QA4 Trolley-Urology Unit	0.007				0.007	
Glan Clwyd	Cell Salvage-GynaeTheatres	0.014				0.014	
Glan Clwyd	Transcutaneous Bilirubinometr-Neonatal	0.010				0.010	
Glan Clwyd	7 ECG machines -Cardiac Physiology and Ward 1	0.070				0.070	
Wrexham Maelor	2 Colonoscopes-Theatres	0.109				0.109	
Glan Clwyd, Wrexham Maelor and Ysbyty Gwynedd	19 Audiometer and Hearing aid fitting Systems	0.256				0.256	
Ysbyty Gwynedd	Portable Fibroscan-Hepatology	0.095				0.095	
Glan Clwyd	Portable Ultrasound -Gynae	0.041				0.041	
Central Area	Automated Medicine Storage-Pharmacy	0.030				0.030	
Wrexham Maelor	Lithoclast machine -Theatre B Urology	0.040				0.040	
Wrexham Maelor	Olympus Flushing Pump-Endoscopy Unit	0.014				0.014	
Wrexham Maelor and Chirk	3 Ultrasounds-Radiology	0.343				0.343	
Ogwen Ward	4 Spinal Beds	0.168				0.168	
Wrexham Dental Centre	OPG Machine -Dental	0.024				0.024	
Glan Clwyd	Bladder Scanner -Wards 1, 2 and 12	0.027				0.027	
Wrexham Maelor	Intra Oral Scanner-Maxillo Facial	0.037				0.037	
Glan Clwyd, Wrexham Maelor and Ysbyty Gwynedd	6 Microsuction equipment-Audiology	0.034				0.034	
Ysbyty Gwynedd	Bariatric Operating Table-Theatres	0.057				0.057	
Glan Clwyd	2 Uretero-renoscopes-Theatre B Urology	0.032				0.032	
Wrexham Maelor	2 Gastrosopes-Theatres	0.019				0.090	
Ysbyty Gwynedd	Transfusion fridge / freezer-Pathology	0.090					0.019
Llandudno	Ultrasound Machine -Pain Service	0.046					0.046
Glan Clwyd	Echo machine-Cardiac Physiology	0.096					0.096
Wrexham Maelor	Fibroscanner-Hepatology	0.062					0.062
Glan Clwyd	Faxitron-Cellular Pathology	0.081					0.081
Glan Clwyd	Operating Table-Theatres	0.057					0.057
Theatres	2 Operating Tables-Theatres	0.081					0.081
Wrexham Maelor	2 OGD Stacks-Theatres	0.205					0.205
Ysbyty Gwynedd	Blanket Warming Cabinet-Theatre Recovery	0.007					0.007
Glan Clwyd	Fibroscanner-Hepatology	0.096					0.096
Wrexham Maelor	Belmont-Theatres	0.043					0.043
Glan Clwyd	Auriga XL Laser and HoLep equipment-Urology Theatres	0.109					0.109
Wrexham Maelor	Yag Laser -Ophthalmology	0.036					0.036
Abergele Hospital	Operating table- Orthopaedic Theatres	0.083					0.083
Wrexham Maelor	Auto Refractor-Ophthalmology	0.080					0.080
Glan Clwyd	Neptune 3 Waste management system-Theatres	0.028					0.028
Wrexham Maelor	Corneal Mapping / Topography -Ophthalmology	0.015					0.015
Glan Clwyd	Mini imige intensifier-Orthopaedics	0.067					0.067
Glan Clwyd	Ultrasonic washers-Sterile Services	0.016					0.016
Glan Clwyd	3 Ear Drills-ENT Theatres	0.039					0.039
			1.379	1.857	1.735	1.716	1.266

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Programme	Description	Estimated cost £m	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m
Informatics							
Digital Strategy	Cancer Care (CanISC project)	0.037	0.037				
	Welsh Nursing Record - Secondary Care - Multi Disciplinary	0.451	0.334	0.117			
	Maternity Information System (MIS)	0.140	0.140				
	Roll out of Stream	0.010		0.010			
	Patient Appointment and booking centre (PABC) Service	0.008		0.008			
	Radiology - Home Reporting workstations	0.075		0.075			
	Welsh Emergency Department System	All Wales Capital					
	Welsh Critical Care Information System	0.150		0.150			
Informatics	Digital Health Record	0.057	0.057				
	Desktop Estate - Hardware Lifecycle Replacement	0.220		0.220			
	Backup Storage	0.250	0.250				
	VMware Host Replacements	0.100	0.100				
	BT Switchroom Comms Facility Refurbishment	0.090	0.090				
	Corporate Wireless Network (WLAN)	0.280				0.280	
	Local Area Network - Hardware Lifecycle Replacement	0.645	0.645				
	Cyber Security Tools	0.060	0.060				
	Corporate Telephony Service	0.410				0.410	
	Wide Area Network - continuous development of Service	0.080		0.080			
	SAN Storage Expansion	0.150		0.150			
	Network Security Infrastructures	0.010		0.010			
	Communications and data hub rooms	0.075		0.075			
	Legacy Business System and Hardware Upgrade	0.030		0.030			
	Web Filter	0.200		0.200			
	Desktop Estate - Hardware Lifecycle Replacement	2.264			1.000	1.264	
	Local Area Network - Hardware Lifecycle Replacement	0.575		0.300	0.275		
	SAN Storage Expansion	0.150		0.150			
	Corporate Telephony Service	0.450			0.450		
	VMware Host Replacements	0.100		0.100			
	Cyber Security Tools	0.060		0.060			
	Corporate Wireless Network (WLAN)	0.098		0.098			
	Wide Area Network - continuous development of Service	0.050		0.050			
	Network Security Infrastructures	0.010		0.010			
	Communications and data hub rooms	0.075			0.075		
	Legacy Business System and Hardware Upgrade	0.040			0.040		
	Local Area Network - Hardware Lifecycle Replacement	2.220					2.220
	Desktop Estate - Hardware Lifecycle Replacement	2.332			0.500	0.500	1.232
	DataCentre Equipment Refresh	0.200				0.200	
	SAN Storage Expansion	0.150				0.150	
	VMware Host Replacements	0.250				0.250	
	Corporate Telephony Service	0.220				0.220	
	Cyber Security Tools	0.030					0.030
	Backup Storage	0.250					0.250
	Corporate Wireless Network (WLAN)	0.098					0.098
	Wide Area Network - continuous development of Service	0.050					0.050
	Network Security Infrastructures	0.010					0.010
	Communications and data hub rooms	0.075					0.075
	Legacy Business System and Hardware Upgrade	0.040					0.040
			1.713	1.893	2.340	3.274	4.005
Transformation		0.500	0.500				
			0.500				
	TOTAL		13.878	12.697	12.797	11.763	6.528
IMTP Reserve	Prehabilitation	1.000	1.000				
	TOTAL + Reserve		14.878	12.697	12.797	11.763	6.528

Draft Capital Programme - 2022/23 to 2024/25

All Wales Capital

Programme	Description	Scheme Value £m	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m
Secondary care	YWM - Continuity Programme	43.000	12.000	26.000	3.000		
	YWM - Redevelopment Programme	300.000					
	YG- Compliance Programme	250.000					
	School of medicine and health sciences	52.000					
	Regional Treatment Centre(s) Programme	Partnership scheme - revenue not capital					
	Residencies	Partnership scheme - revenue not capital					
NWMCS	Nuclear Medicine / PET CT	10.445	4.250	5.273			
	Radiotherapy Programme	15.500	2.260	11.030			
	Imaging replacement programme:						
	YWM - DR X ray rooms 7, 9 and 10	1.308	0.480				
	YGC - DR X ray room 3	1.644	0.060				
	YG - DR x-ray room 4 and 5	0.857	0.305				
	YWM - CT1 Replacement plus departmental infrastructure	2.920	2.898				
	YWM - MR upgrade	1.040	0.248				
	YGC Fluoroscopy room 7	1.320	0.648				
	YG - CT1 Replacement				2.500		
	Community sites - DR X ray			1.200	0.800		
	Ultrasound - all sites			0.360			
East Area	Cefn Mawr Primary Care Centre.	tbc					
	Hanmer PCC	tbc					
	Llay PCC	tbc					
Central Area	RAH development Project	67.302	14.365	37.718	10.075		
	Project "Paradise" with Local Authority and Grŵp Llandrillo Menai	Partnership scheme - revenue not capital					
	Denbigh integrated reablement unit	Partnership scheme - revenue not capital					
	Integrated PCRC for three Conwy practices and one Llandudno Junction	16.800					
	Kinmel Bay PCC	tbc					
	LLGH - outpatients	To be reviewed within context of RTC					
	LLGH Review of Neuro Rehabilitation services	tbc					
West Area	New Porthmadog Primary Care Centre	tbc					
	Holyhead Primary Care / Wellbeing Centre	tbc					
	Penygroes / Dyffryn Nantlle Health & Wellbeing Hub	Partnership scheme - revenue not capital					
	Bangor - Community Paeds CDC / Talarfon Replacement	Partnership scheme - revenue not capital					
	Bangor Well being Hub	Partnership scheme - revenue not capital					
	Pwllhelli - former Penhros Polish Home	Partnership scheme - revenue not capital					
MHLD	Ablett Redevelopment	67.300	1.387	13.417	31.526	21.312	
	TOTAL	831.436	38.901	94.998	47.901	21.312	0.000

Appendix C: Regional Treatment Centres Programme

This appendix outlines our plans to deliver Regional Treatment Centres to support robust and sustainable planned care (ref. 6 point Planned Care plan). The strategy and principle of approach within the Health Board and with Welsh Government is supported.

This appendix details the changes to the procurement route, timescales and cost (Phase 1).

Changes to Procurement process

Original route was mini-competition using SBS Framework Lot 1 deemed too high risk based on significant changes to the Framework contracts and input from the market and advisors (NWSSP/ETL&BB and SBS Host).

New procurement route, whilst similar phases to previous, is as follows:

1. Phase 1 – procure design Team using appropriate SBS Framework lots (1-5 and 12) via Direct Award to enable delivery of design and cost to RIBA 2 against agreed timescales. Mitigates previous risks. Locations and Consultations will be defined and undertaken during this phase. (Technical Assurance will be provided to enable Phase 2)
2. Phase 2. Competitive Procurement for preferred partner to complete design to RIBA 4, required planning permissions, funding, construction and equip and commissioning of facilities
3. Phase 3 – Full opening, operationalisation and delivery of clinical and non-clinical services

Timescales

The full programme timescale (best/most reasonable scenario) is delivery of RTCs is July 2025.

Critically this will only occur if key milestones are achieved.

Phase 1 critical milestones are as follows:

- Approval of procurement route and costs PFIG 24/3/22
- Approval of procurement route and costs Health Board 30/3/2022
- Endorsement of procurement route and costs WG early April
- Direct Award using SBS Framework lots 1-5 and 12 early April
- Complete Phase 1 October 2022

To note – Welsh Government are working with us in parallel, are fully appraised of all elements and additional paper is being prepared with WG input to support the above

Cost

By definition the requirement to procure a separate design team outside of the revenue funded process of a secured preferred partner to complete the DBFO will require an initial outlay of costs, even though the main elements of the design team could be novated into the preferred partner through the Phase 2 procurement process.

Costs have been identified for Project management, QS, Architects and M&E (including surveying, H&S, etc) and can be seen as follows:

Design Team	£9.06m
Technical Assurance	£1.00m
Contingency	£1.00m
Total	£11.06m

The Health Board has an allocation of £5m and is looking to Welsh Government for the differential of £6m.

