# Betsi Cadwaladr University Health Board
# Q3/4 Action Plan

## Core Priority: Continuing Essential Services and Safe Stepping Up of Planned Care

**Long term Outcomes**

- Essential and urgent surgery for those in need is maintained
- Elective activity is increased to serve the population of North Wales
- People have the best possible outcome, conditions are diagnosed early and treated in accordance with clinical need
- People are safe and protected from harm through high quality care, treatment and support
- People know and understand what care, support and opportunities are available and use these to facilitate self-care and help achieve health and well-being
- Staff will always take time to understand 'what matters' and take account of individual needs when planning and delivering care
- People will be care for in the right place, at the right time and by the most appropriate person.
- Interventions to improve people's health are based on good quality and timely research and best practice
- People can access the right information, when they need it, in the way that they want it and use this to improve their well-being
- People have easy and timely access to primary care services
- People know and understand what care, support and opportunities are available and use these to help them achieve health and well-being
- People are safe and protected from harm through high quality care, treatment and support

**Q3 / Q4 Performance Indicators**

- Outpatient Attendance (OPA) First appointment - face to face
- OPA First appointment – virtual
- OPA Follow up - face to face
- OPA Follow up – virtual
- Compliance with eye care measure for new and follow up patients (%)
- Number of inpatient procedures
- Number of day case procedures
- Dental: Number of Aerosol Generating Procedures
- Dental: Number of Aerosol non-Aerosol Generating Procedures
- Optometry: Acute eye care presentations (EHEW band 1)
- Optometry: Low vision service (Care home residents) - number of patients accessing the service - new patients (as per EHEW Band 1).
- Optometry: Low vision service (Care home residents) - number of patients accessing the service - follow up patients (as per EHEW Band 1).
- Optometry:  IP - number of patients seen
- Optometry: IP - number of patients maintained in primary care
- Optometry: Number of practices open at least 75% of normal pre-COVID hours
- GP: In hours GP demand vs capacity: No of GP practises at escalation levels 3 and 4
- GPS demand vs capacity: No of community pharmacy services at escalation levels 3 and 4
- GP: Ambulatory sensitive conditions referral numbers (interface with secondary care)
- GP: Urgent Cancer OPD referral numbers
- GP: Urgent non-Cancer OPD referral numbers

| Ref | Action | Output | Lead Director | Target Date |
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| 2.30 | Deliver monthly planned care re-start activity plan | Monitoring of services not re-started via exception report to Secondary Care and Area management meetings | Chief Operating Officer | 30/11/2020 |
| 2.31 | | Identify and make recommendations to address barriers to re-start. Standing agenda item Secondary Care and Area management meetings & Clinical Advisory Group (CAG). | Chief Operating Officer | 30/11/2020 |

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| 2.40 | Develop and implement a Once for North Wales' solution to address specialties where local resource do not meet needs for P1 and P2 demand and where significant variance in waiting times between sites exits. | Implement a 'Once for North Wales' approach to specialities in order of highest risk. | Chief Operating Officer | 31/10/2020 |
| 2.41 | | P2 waiting list reporting to be by weeks of wait. | Chief Operating Officer | 31/10/2020 |
| 2.50 | Identify specialities where the 'Once for North Wales' approach is not able to provide the required level of access to services. | Communications strategy to communicate pathway changes to the public and primary care and keep stakeholders updated on how to access HB services. | Chief Operating Officer | 31/10/2020 |
| 2.51 | | Each planned care specialty to have clear month on month capacity plans, which in addition to core capacity specifies the additional capacity available as a result of networking, insourcing and outsourcing. | Chief Operating Officer | 31/10/2020 |
| 2.52 | | Ensure comprehensive and inclusive reporting of activity vs plan for activity internally and externally delivered. | Chief Operating Officer | 31/10/2020 |
| 2.60 | Review of external capacity for key providers | Develop contracts and plans for additional capacity with: Spire Hospital (Wrexham), Robert Jones and Agnes Hunt NHS FT, Countess of Chester NHSFT | Chief Operating Officer | 31/10/2020 |
| 2.70 | Develop and implement plans to support patients to actively manage symptoms/ optimise their health whilst waiting for treatment. | Clinical leads to agree and implement plans for their respective specialties, a non-surgical approach to care which will ensure patients are actively managed whilst waiting | Chief Operating Officer | 31/12/2020 |
| 2.80 | Introduce specialty specific risk stratification using P1- P4 categorisation as per Essential Services Framework. | Pilot approach to key specialties; General Surgery, Urology, Ophthalmology, Orthopaedics, Head and Neck cancer | Chief Operating Officer | 19/10/2020 |
| 2.86 | | Conclude evaluation of pilots and take forward recommendations during Q3. | Chief Operating Officer | 31/12/2020 |
| 2.87 | | Activity vs Plan each week monitored and supported by: | Chief Operating Officer | 31/12/2020 |
| 2.88 | | PTL scheduled via P2 and P3 | Chief Operating Officer | 31/12/2020 |
| 2.89a | | Number of P2 patients not treated within 1 month i.e. overdue | Chief Operating Officer | 31/12/2020 |
| 2.89b | | Patient's risk stratified waiting time to replace RTT targets in line with targets specified in WG Delivery Framework. | Chief Operating Officer | 31/12/2020 |
| 2.89c | | Establish and routinely use P1 and P4 PTLs to schedule procedures. | Chief Operating Officer | 31/12/2020 |
| 2.89d | | Improve equity of waiting times for P2 patients between sites in line with targets specified in WG Delivery Framework. | Chief Operating Officer | 31/12/2020 |

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| 2.89e | | Stages 1-3 risk stratified | Chief Operating Officer | 31/12/2020 |
| 2.89f | | Implementation of risk stratified approach | Chief Operating Officer | 31/12/2020 |
| 2.90 | Create specialty MDTs to review cases and ensure clinical handover if surgical team listing the patients is not able to operate. | Cancer MDTs in place with agreed and documented ToR and protocols for handover. | Chief Operating Officer | 19/10/2020 |
| 2.91 | | Cancer staging reports in place to consider longer term risk from late presentation due to COVID-19 constraints. | Chief Operating Officer | 19/10/2020 |
| 2.92 | | Over 62 day PTL reduced to pre COVID-19 levels | Chief Operating Officer | 19/10/2020 |
| 2.93 | | Number of MDTs in place. | Chief Operating Officer | 19/10/2020 |
| 2.94 | | Attendance list of leads at MDT meetings each quarter. | Chief Operating Officer | 19/10/2020 |
| 2.95 | | For high risk specialties - patients to be offered appointments for treatment based on North Wales PTL - capacity as a first choice | Chief Operating Officer | 19/10/2020 |
| 3.00 | Provide virtual outpatient appointments wherever possible. | Implement 'Once for North Wales' booking process. | Chief Operating Officer | 31/03/2021 |
| 3.01 | | Develop dashboards to monitor all OPD related activity to be reviewed on a monthly basis by Secondary Care and Area meetings | Chief Operating Officer | 31/03/2021 |
| 3.02 | | Implementation of software to support Video Consultations (this may or may not be Attend Anywhere) | Chief Operating Officer | 31/12/2020 |
| 3.03 | | Capacity available in community settings identified and mapped to consultant job plans by specialty and site | Chief Operating Officer | 31/12/2020 |
| 3.04 | | Delivery of >100% Follow-up Backlog Breach target met | Chief Operating Officer | 31/03/2021 |
| 3.10 | Identify community facilities where face to face consultations could be delivered and appointments and treatments offered to improve local/equity of access. | Review of validation process. Recommendations of review to be implemented by Q3 | Chief Operating Officer | 31/12/2020 |
| 3.11 | | Achieve at least 92% clinic utilisation by specialty by site | Chief Operating Officer | 31/12/2020 |
| 3.20 | Develop and implement plans to address backlog of overdue follow up patients | PROMs implemented and metrics in place to report performance in line with OPD Transformation programme | Chief Operating Officer | 31/12/2020 |
| 3.21 | | Sustain and increase (month on month) virtual clinic activity for new and follow-up appointments i.e. % of non-face to face appts as a % of all New appts and % of non-face to face appts as a % of all follow up appts. | Chief Operating Officer | 31/12/2020 |

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| 3.22 | | Decision / implement software to support 'Advice and Guidance' (this may or may not be Consultant Connect) | Chief Operating Officer | 31/12/2020 |
| 3.23 | | Decision on software that will support video consultations (this may or may not be Attend Anywhere) | Chief Operating Officer | 31/12/2020 |
| 3.40 | Undertake feasibility study into a Diagnostic and Treatment Centre to reduce long waiters in the health economy | Identify which pathways could be adopted | Chief Operating Officer | 31/10/2020 |
| 3.41 | | Business case developed | Chief Operating Officer | 30/11/2020 |
| 3.42 | | Undertake internal and external stakeholder engagement and consultation (to include formal consultation if required) | Chief Operating Officer | 30/11/2020 |
| 4.10 | Clinical Advisory Group to co-ordinate a programme and timetable for pathway development and review in line with clinical strategy | Clearly defined, documented clinical pathways in place in agreed priority areas | Executive Medical Director | 31/12/2020 |
| 4.11 | | Clinical pathways requiring review or development identified. | Executive Medical Director | 31/12/2020 |
| 4.20 | Ensure PREMs are included in the development of pathways where feasible and appropriate. | Pathway PREMs are monitored and reported. | Executive Medical Director | 31/12/2020 |
| 4.30 | Develop the process to arrive at a Digitally Enabled Clinical Services Strategy | Agreed process | Executive Medical Director | 31/03/2021 |
| 4.40 | Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists | Ensure leadership of service is clearly defined in the operational structure | Chief Operating Officer | 30/11/2020 |
| 4.41 | | Building upon demand management/primary care pathway work (escalated and delivered in Q1 2020/2021 in response to Covid-19). Wales Eye Care Service stratification of surgical pathway numbers completed | Chief Operating Officer | 30/11/2020 |
| 4.42 | | Referral refinement fully implemented for cataracts | Chief Operating Officer | 30/11/2020 |
| 4.43 | | Monitor and report number of patients going to one stop service/ reviewed by Optometrists post operatively month on month. | Chief Operating Officer | 30/11/2020 |
| 4.44 | | Monitor and report number of cases per list and number of lists starting with P2 patients | Chief Operating Officer | 30/11/2020 |
| 4.45 | | Optometric Diagnostic and Treatment Centres (ODTCs) operational and monthly monitoring of activity and financial spend | Chief Operating Officer | 30/11/2020 |
| 4.46 | | Eye Care Programme Board ToR, evidence of meetings and confirmation of Chair and Programme Manager. | Chief Operating Officer | 30/11/2020 |
| 4.47 | | New staff appointed as per All Wales Digital Health Eye Care Programme Business Case. | Chief Operating Officer | 30/11/2020 |

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| 4.50 | Undertake a total review of the orthopaedic case for North Wales, in light of the COVID-19 pandemic | A total review of the orthopaedic case for North Wales, in light of the COVID-19 pandemic (and if indicated completion of new business case by 31/03/2021) | Executive Director of Planning | 30/11/2020 |
| 4.60 | Review of Orthopaedic business case in light of DTC feasibility work. | Update orthopaedic modelling work and impacts for the latest waiting lists, and risk stratification. | Chief Operating Officer | 31/12/2020 |
| 4.61 | | Review whole pathway management including CMATS, lifestyle management. The pandemic has encouraged some service innovations that may impact on the case. | Chief Operating Officer | 31/12/2020 |
| 4.90 | Insourcing Diagnostic Capacity.(subject to market availability) | Insourcing contract in place with external provider. Additional mobile scanners procured and operational and additional staff recruited and in post. | Chief Operating Officer | 31/12/2020 |
| 5.10 | Implementation of insourcing solutions for CT, MRI and ultrasound to reduce backlog of routine referrals. | Business case for sustainable solution completed | Chief Operating Officer | 31/12/2020 |
| 5.11 | | Diagnostic Services re-established for prostate biopsy. | Chief Operating Officer | 31/10/2020 |
| 5.20 | Implementation of insourcing solutions for neurophysiology to reduce backlog of routine referrals. | Insourcing contract in place with external provider. | Chief Operating Officer | 31/10/2020 |
| 5.30 | Review of phlebotomy service model in light of covid-19 | Additional clinic space and staffing in place | Chief Operating Officer | 31/10/2020 |
| 5.31 | | Implementation of appointments system where required. | Chief Operating Officer | 31/12/2020 |
| 5.32 | | Staffing model aligned with service model and activity. | Chief Operating Officer | 31/12/2020 |
| 5.40 | Implement year one (2020/21) plans for Endoscopy | Develop in year service plan | Chief Operating Officer | 30/11/2020 |
| 5.41 | | Endoscopy screening backlog addressed in line with plan. | Chief Operating Officer | 30/11/2020 |
| 5.42 | | Action plan developed and implemented so that JAG accreditation is in place by the end of Q4 | Chief Operating Officer | 30/11/2020 |
| 5.43 | | Implementation and monitoring of 'Once for North Wales' approach to endoscopy during Q3/Q4 | Chief Operating Officer | 30/11/2020 |
| 5.44 | | Endoscopy tracker used to monitor activity v plan and waiting times weekly including any site variance | Chief Operating Officer | 30/11/2020 |
| 6.10 | | Planned Care COVID-19 Options Appraisal Service Blueprint developed and preferred option identified. | Chief Operating Officer | 30/11/2020 |

| 6.11 | Systematic review and development of plans to address service sustainability for planned care specialties in order of highest risk. | Referral volumes by specialty and site monitored weekly and trends reported to enable identification of shortfalls between capacity and demand by site and specialty. | Chief Operating Officer | 30/11/2020 |
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| 6.12 | | Activity v Plan for Q3/Q4 monitored weekly and reported to Secondary Care and Area meetings | Chief Operating Officer | 30/11/2020 |
| 6.13 | | Priority waiting lists reported for stage 4 | Chief Operating Officer | 30/11/2020 |
| 6.20 | Review and refresh priority business cases relating to service sustainability | Priority cases fully reviewed and revised in light of impact of pandemic and resultant new ways of working. | Chief Operating Officer | 31/03/2021 |
| 6.21 | | Revised cases to be submitted to Executive Team and F&P Committee | Chief Operating Officer | 31/03/2021 |
| 6.60 | Ensure surge and escalation plans are aligned to Planned Care activity needs | Communication of surge plan to Planned Care Group via Executive Team | Chief Operating Officer | 02/11/2020 |
| 6.61 | | Understanding impact of the "winter planning process/winter plans on Q3/4 planned care activity | Chief Operating Officer | 02/11/2020 |
| 6.62 | | Ensure intelligence cell and early warning indicators are embedded into planned care activity plan to ensure action to address impact of surge/winter plans on planned care activity is timely and effective. | Chief Operating Officer | 02/11/2020 |

## Core Priority: Safe Unscheduled Care

| Long term Outcomes | Q3 / Q4 Performance Indicators |
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| - Unscheduled care services for those in need is maintained<br>- People have an accessible responsive and proactive health care system that supports them when they have a more serious health need<br>- People have the best possible outcome and are treated in accordance with clinical need<br>- People know and understand what care, support and opportunities are available and use these to facilitate self-care and help achieve health and well-being<br>- People are safe and protected from harm through high quality care, treatment and support<br>- Staff will always take time to understand 'what matters' and take account of individual needs when planning and delivering care<br>- People will be care for in the right place, at the right time and by the most appropriate person. | - EDQDF National Quality standards<br>- BCU site specific improvement trajectories (4hr; 12hr; 60 min handover; DToC; MFFD)<br>- GPOOH National performance measures (call handling and clinical intervention) |

| Ref | Action | Output | Lead Director | Target Date |
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| 6.70 | Develop Winter Resilience Plans for each local Health and Social Care Community as well as a pan BCUHB overarching Winter Resilience Plan for 2020-21 | Robust plans in place that set out the operational, tactical and strategic co-ordination arrangements across the Health Board and respective LAs to support the management of surge 24-7. Plan take into account lessons learnt from Winter 2019 and initial COVID outbreak. | Chief Operating Officer | 31/10/2020 |
| 6.71 | | Formally agreed escalation plans at Health Community and pan BCU level in place to include agreed triggers and mobilisation to mitigate peak demand periods. | Chief Operating Officer | 31/10/2020 |
| 6.72 | | Local and pan BCUHB Surge plans in place for 2020/2021 detailing timeframes for delivery. | Chief Operating Officer | 31/10/2020 |
| 6.73 | | Defined costed schemes to support delivery of safe services in BCUHB over winter (Q3&4) | Chief Operating Officer | 31/10/2020 |
| 6.74 | | Weekly reporting actual vs planned activity at BCU, and Health Community level (split between Site and Area activity, where available | Chief Operating Officer | 31/10/2020 |
| 6.75 | | A risks and mitigation framework established | Chief Operating Officer | 31/10/2020 |
| 6.76 | | LA support and alignment with BCU plans | Chief Operating Officer | 31/10/2020 |
| 6.77 | Implementation of the Winter Resilience Plan and the 7 schemes identified | Optimising cross organisational and sector working | Chief Operating Officer | 31/03/2021 |
| 6.78 | | Re-inforce urgent primary care/out of hours' resilience | Chief Operating Officer | 31/03/2021 |
| 6.79 | | Preventing unnecessary conveyance and admission to hospital | Chief Operating Officer | 31/03/2021 |
| 6.80 | | Engagement of the Community Services Transformation Programme with the NHS Delivery Unit's 'Right-Sizing Community Services for Discharge' programme, to map current capacity within community health and social care services, to facilitate a timely discharge from hospital.<br><br>When completed, the programme will be in a position to use the findings to evaluate current and future service models and develop a programme of change to respond to areas of identified gaps within the community. This will include ensuring that there is sufficient capacity within the | Chief Operating Officer | 31/03/2021 |

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| | | community to support people to Discharge 2 Assess and Recover.<br><br>Workforce: work being undertaken as part of the Community Services Transformation programme to understand the skill mix and competencies required to deliver effective and integrated health and social care in the community, is critical to this programme of work. | | |
| 6.81 | | Develop more effective and seamless integrated step-up / step-down pathways, as a way of increasing community capacity and ensuring the availability of community services for frail older people as an alternative to an acute hospital admission. | Chief Operating Officer | 31/03/2021 |
| 6.82 | | Continue to develop multi-disciplinary pathways for respiratory conditions encompassing urgent advice, diagnostics and review, including reviewing and reinstating relevant pathways developed during Covid-19 - and are included within local health community plans.<br><br>All Wales Respiratory Guidelines to be implemented via the COPD discharge bundle to enable increased co-ordination and resources for Respiratory 'Hospital at home' with enhanced Early Supported Discharge and Pulmonary Rehabilitation.<br><br>Locality-based monthly MDTs to support respiratory patients at home with Specialist Respiratory Nurse co-ordination to support admission avoidance. | Chief Operating Officer | 31/03/2021 |
| 6.83 | | Further develop the integrated and transformational ways of working for older people, including those on a 'frailty pathway'. Community services and service responses to be put in place to enable older and frail people to receive a greater proportion of their care and support within their own homes and / or communities. | Chief Operating Officer | 31/03/2021 |
| 7.40 | Develop surge plans for secondary care, community and primary care services, including the development of specific schemes | Establish overarching surge plans to ensure sufficient capacity to meet unscheduled care demand over Q3/Q4. | Chief Operating Officer | 31/10/2020 |
| 7.41 | | Schemes in place, which can be implemented as and when required to mitigate any shortfall in beds. | Chief Operating Officer | 31/10/2020 |

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| 7.50 | Surge plans are based on data, which describes COVID and non-COVID (USC) predicted demand for Q3&4. | Area plans in place which overlay acute site surge plans and describe surge response at health Community level | Chief Operating Officer | 31/10/2020 |
| 7.60 | Site specific plans include community based actions that will support Acute sites to maintain flow, avoid admissions wherever safe to do so and link community services designed to facilitate timely discharge e.g. Home First schemes. | Contribution from community schemes such as pharmacy led Common Ailment Schemes and Independent Prescribing. | Chief Operating Officer | 31/10/2020 |
| 7.71 | Temporary hospitals incorporated into the surge plans where triggers indicate the system is close to being overwhelmed. | Establish specific pan BCU Task & Finish Group focused on improving hospital flow by sharing learning and standardising processes for flow across the 3 Acute sites. Outcomes will be measured by consistent delivery and/or reduced variance in National USC performance measures e.g. 4hr, 12hr, 60min ambulance handover, DToC etc. | Chief Operating Officer | 31/10/2020 |
| 7.72 | | Pan BCU actions reflected in Health Community level Surge plans. | Chief Operating Officer | 31/10/2020 |
| 7.73 | | Agreement of LA support with details set out in Surge plans. | Chief Operating Officer | 31/10/2020 |
| 9.00 | Develop and implement a 'Phone First' service building on the learning from the Cardiff & Vale pathfinder model – CAV 24/7. This will incorporate GP OOH call handling, SICAT, NHS Direct/ 111, primary care triage | People only visit hospital when it is essential in line with 'Healthier Wales'. | Chief Operating Officer | 31/12/2020 |
| 9.01 | | People accessing urgent patient care are signposted to the right care, in the right place first time. | Chief Operating Officer | 31/12/2020 |
| 9.02 | | Improved management and co-ordination of people with clinical need including urgent physical or mental health care. | Chief Operating Officer | 31/12/2020 |
| 9.03 | | Development and roll out of communication plan to inform public of new arrangements. | Chief Operating Officer | 31/12/2020 |
| 9.04 | | Measurement as per All Wales reporting template (currently in development but likely to include) | Chief Operating Officer | 31/12/2020 |
| 9.05 | | Reduced number of ambulance conveyances to ED | Chief Operating Officer | 31/12/2020 |
| 9.06 | | Increased use of MIUs and/or urgent treatment centres | Chief Operating Officer | 31/12/2020 |
| 9.07 | | Reduced acute admission from care homes | Chief Operating Officer | 31/12/2020 |
| 9.08 | | Increased numbers of direct access pathways | Chief Operating Officer | 31/12/2020 |

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| 9.09 | | Maintaining a comprehensive Directory of Services (DoS) | Chief Operating Officer | 31/12/2020 |
| 9.10 | | Improved patient experience (fewer complaints relating to USC access) | Chief Operating Officer | 31/12/2020 |
| 9.11 | | Fewer SUIs or reports of patient harm relating to ED attendances etc. | Chief Operating Officer | 31/12/2020 |
| 9.20 | Phone First discussion paper drafted | Plan submitted to Health Board Business Case Review Team and F&P decision making. | Chief Operating Officer | 30/09/2020 |
| 9.21 | | Business case to be developed once Executive Team approval. | Chief Operating Officer | 31/12/2020 |
| 9.70 | Implementation of the Emergency Department Quality Delivery Framework (EDQDF) programme to agree care standards, a uniform approach to measuring activity and a nationally agreed model of care for Emergency Departments and which will be informed by the Welsh Access Model (WAM) | Improved clinical outcomes by EDs. | Chief Operating Officer | 31/03/2021 |
| 9.71 | | Reduced incidents of harm | Chief Operating Officer | 31/03/2021 |
| 9.72 | | Improved patient experience and quality of care within EDs. | Chief Operating Officer | 31/03/2021 |
| 9.73 | | Patient satisfaction live survey/ patient feedback | Chief Operating Officer | 31/03/2021 |
| 9.74 | | Enhanced engagement of EDs workforce. | Chief Operating Officer | 31/03/2021 |
| 9.75 | | Reduced sickness; improved recruitment and retention; reduced turn over | Chief Operating Officer | 31/03/2021 |
| 9.76 | | Increased value for money achieved from ED funding through innovation, improvement, adoption of good practice and eliminating waste. | Chief Operating Officer | 31/03/2021 |
| 9.77 | | Develop regional business case for delivery of Emergency Department Workforce Improvement plan | Chief Operating Officer | 31/03/2021 |
| 11.10 | Development and implementation of actions at a cluster level to deliver improved update in flu immunisation rates. | Maximise the coverage of the flu programme with increased uptake  compared with 2019 | Executive Director Primary & Community Care | 31/12/2020 |
| 11.11 | | Each cluster should achieve the influenza vaccination uptake target (60%) for at risk populations by the end of Q3. | Executive Director Primary & Community Care | 31/12/2020 |
| 11.70 | Implement Welsh Government GMS Recovery Plan | All enhanced services being delivered, with gaps in services identified and alternative provision explored (in the | Executive Director Primary | 31/10/2020 |

| | | context of social distancing and infection control protocols, potential further Covid-19 outbreaks) | & Community Care | |
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| 12.30 | Implement Welsh Government Dental Recovery Plan | AMBER plan being delivered to treat the backlog of dental patients who contacted practices during the RED alert phase who had an on-going treatment need but were assessed as not having an urgent treatment need | Executive Director Primary & Community Care | 31/03/2021 |
| 12.90 | Implement Welsh Government Optometry Recovery Plan | Reopening all Primary Care Optometry Practices (so ceasing "Hub" system); and recommencing domiciliary eye care services | Executive Director Primary & Community Care | 31/10/2020 |
| 13.70 | Revisit the Stroke Business Case to prioritise early supported discharge and stroke rehabilitation | Review and revisit of the Stroke Business Case, particularly the development of an ESD service | Executive Medical Director | 31/01/2021 |
| 13.90 | Regional Care Home Action Plan developed. (Building from good practice introduced in Q2 and legacy actions). | Develop, and achieve Regional Partnership Board approval of, the North Wales Care Home Action plan | Executive Director Primary & Community Care | 31/12/2020 |
| 13.91 | | Commence implementation of priority actions within the North Wales Care Home Action plan | Executive Director Primary & Community Care | 31/03/2021 |
| 13.92 | | Review the impact of the Care Home DES and maximise opportunities for improvement / support | Executive Director Primary & Community Care | 31/03/2021 |
| 14.00 | BCU wide Continuing Health Care (CHC) Recovery Plan in operation | Develop and implement BCU wide approach to CHC recovery underpinned by Area and MH Divisional plans | Executive Director Primary & Community Care | 31/12/2020 |
| 14.01 | | Roll out revised performance dashboards for CHC | Executive Director Primary & Community Care | 31/12/2020 |
| 14.02 | | Prepare training plan for introduction of the new CHC Framework | Executive Director Primary & Community Care | 31/12/2020 |

# Core Priority: Safe Integration and Improvement of Mental Health Services

## Long term Outcomes

- People are well supported in managing and protecting their physical, mental and social well-being
- People have an accessible responsive and proactive health care system that supports them when they have a more serious health need
- People have the best possible outcome, conditions are diagnosed early and treated in accordance with clinical need
- People will be cared for in the right place, at the right time, and by the most appropriate person
- Children at raised risk of poor emotional well-being are quickly identified and early intervention and preventative action is tailored to their needs

| Ref | Action | Output | Lead Director | Target Date |
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| 15.40 | CAMHS: Continue to deliver remote consultations via Attend Anywhere | Recruitment to primary care cluster posts (West and East) and develop implementation plan to establish the family wellbeing service and ensure progressing | Executive Director Primary & Community Care | 31/12/2020 |
| 15.50 | Restart face to face planned care assessment and intervention work in CAMHS (once approved to start) | CAMHS to provide link clinicians to school clusters to provide consultation to education staff and participate in multiagency planning meetings to facilitate appropriate referral and support pathways | Executive Director Primary & Community Care | 31/12/2020 |
| 16.00 | Work towards providing Assessments and improve performance against the 26 week target | Increase in face to face assessments and support with infection control measures in place and the new ways of working to complete assessments (i.e. not in schools or whilst wearing PPE) | Executive Director Primary & Community Care | 31/12/2020 |
| 16.01 | | Commence work with Independent Provider tendered to address the waiting lists. | Executive Director Primary & Community Care | 31/12/2020 |
| 16.40 | Develop stronger and consistent divisional management and clinical governance arrangements which align with those of the Health Board. | Divisional and clinical governance arrangements aligned with those of the Health Board | Executive Director of Public Health | 31/03/2021 |
| 16.80 | The Mental Health Division in partnership with the Primary Care and Community work stream seeks to | Reduction in number of people with mental health problem reaching crisis. | Executive Director of Public Health | 31/03/2021 |
| 16.81 | implement a number of support mechanisms including investing in the roll out of the Mental Health practitioner model and community connector role to Clusters in order to improve Primary care resilience. | Improved navigation and time spent within primary care to identify appropriate service | Executive Director of Public Health | 31/03/2021 |
| 16.90 | The model is based on providing 14 mental health practitioners working within GP Clusters supported with 14 community connectors. The tier 0 model would | Care delivered within the community setting | Executive Director of Public Health | 31/03/2021 |

| Ref | Action | Output | Lead Director | Target Date |
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| | provide additional support within the primary care setting releasing GP time. | | | |
| 17.00 | The Centre of Mental Health suggest there is an inherent risk of developing post-traumatic stress disorder (PTSD) after experiencing intensive care treatment for Covid-19 and therefore our plan will offer targeted; tailored mental health support to the families of people treated in ICU. Work is already underway to identify potential numbers affected. | Reduction in attendances at ED of patients who require low level support | Executive Director of Public Health | 31/03/2021 |
| 17.01 | | Dedicated team delivering targeted preventative intervention | Executive Director of Public Health | 31/03/2021 |
| 17.10 | Additional CPN support to care home sector to avoid admission to acute setting and support early discharge | Reduction in MH DTOCs within acute setting | Executive Director of Public Health | 31/03/2021 |
| 17.11 | | Increased CPN support to care home staff | Executive Director of Public Health | 31/03/2021 |
| 17.12 | | Reduced transfer via WAST | Executive Director of Public Health | 31/03/2021 |
| 17.13 | | Reduction in placement breakdown | Executive Director of Public Health | 31/03/2021 |

## Core Priority: Safe, Secure and Healthy Environment For Our People

| Long term Outcomes | Q3 / Q4 Performance Indicators |
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| - People are well supported in managing and protecting their physical, mental and social well-being;<br>- Interventions to improve people's health are based on good quality and timely research and best practice;<br>- People have access to information and advice about services and opportunities that enable them to maximise their health & well-being<br>- Inequalities that may prevent people from leading a healthy life are reduced through programmes tailored and designed to meet needs<br>- Patients Staff and Visitors feel safe accessing/working within our services<br>- Staff feel valued as a result of the commitment to improving safety<br>- Staff feel confident that they can raise issues/concerns in order to inform learning and improvement | - Demand for Antigen testing<br>- Harm incidents<br>- RIDDOR reports<br>- Legislative Compliance |

| Ref | Action | Output | Lead Director | Target Date |
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| 1.00 | Test, Trace, Protect (TTP) service established across N Wales to minimise the spread | Finalise recruitment and training to roles, including capacity to respond to surge, for testing and tracing units. | Executive Director of Public Health | 30/11/2020 |

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| 1.01 | | Community Testing Unit (CTU), Mobile Testing Unit (MTU) capacity in place and SOPs defined | Executive Director of Public Health | 30/11/2020 |
| 1.02 | | Lab capacity, lab testing prioritisation protocol and Turnaround Times (TAT) defined and transparent | Executive Director of Public Health | 30/11/2020 |
| 1.03 | | Respond to surge and outbreak through regional model | Executive Director of Public Health | 30/11/2020 |
| 1.20 | Antigen Testing service established with ability to effectively respond to surges | Integrated plan and standard operating procedures (SOPs) for testing; CTUs, MTUs, lighthouse labs (LHL) | Executive Director of Public Health | 31/10/2020 |
| 1.21 | | Bank of trained staff to support surge response | Executive Director of Public Health | 31/10/2020 |
| 1.30 | Tracing service established and key performance indicators achieved | In partnership with Local Authority colleagues, achieve the national response times for contacting index cases and their contacts consistently at a local and regional level | Executive Director of Public Health | 30/11/2020 |
| 1.31 | | Manage performance and trends through the governance and reporting structures | Executive Director of Public Health | 30/11/2020 |
| 1.32 | | Respond to surge and outbreak through regional mutual aid model | Executive Director of Public Health | 30/11/2020 |
| 1.40 | Protect plan established | Working with partners across the region, ensure protect plan effectively supports the vulnerable population when it is necessary to isolate due to C-19 | Executive Director of Public Health | 20/12/2020 |
| 1.60 | Lead cross-sector North Wales COVID-19 Vaccination Tactical Delivery Group to plan and oversee the implementation of the COVID-19 vaccination programme for North Wales | COVID-19 vaccination plan developed | Executive Director of Public Health | In line with national policy and guidance |
| 9.90 | Review the requirements of the all Wales Primary Care Operating Framework (not yet published), including the delivery of the WHO framework for essential healthcare services. | Requirements reflected in Q3/Q4 plan | Executive Director Primary & Community Care | 31/03/2021 |
| 9.91 | | Delivery of the full breadth of primary care essential services | Executive Director Primary & Community Care | 31/03/2021 |
| 9.92 | | Ability to meet WG primary care delivery milestones (NB not yet issued) | Executive Director Primary & Community Care | 31/03/2021 |

| 10.40 | Reflecting on the good practice and learning collated in Q2, support more primary care providers to implement e-Consult and video consultation platforms including the coordination of: | Increase in the number of GP practices using e-Consult and video consultation platforms | Executive Director Primary & Community Care | 31/03/2021 |
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| 18.70 | Ysbyty Gwynedd compliance | Programme Business Case to Board for approval | Executive Director of Planning and Performance | 31/12/2020 |
| 19.80 | Ensure workforce optimisation plans are in place and ready to mobilise to support the delivery of safe care and mitigate the impact of COVID-19, the TTP programme and the Vaccination programme on staff and they support the Health Boards adjusted surge capacity plans for Q3 & Q4. | Comprehensive framework and governance structure in place to support the integrated workforce surge plans encompassing secondary, community, primary services, Test, Trace and Protect and Mass Vaccination services | Executive Director of Workforce & Organisational Development | 30/03/2021 |
| 19.81 | | Expanded integration of the clinical deployment tools across other staff groups developed to enable safe deployment of staff in line with environmental/IPC/H&S guidelines | Executive Director of Workforce & Organisational Development | 31/12/2020 |
| 19.82 | | Full deployment of the clinical deployment tools developed to enable safe deployment of staff in line with environmental/IPC/H&S guidelines | Executive Director of Workforce & Organisational Development | 31/12/2020 |
| 19.90 | Ensure all key workforce indicators are in place, utilised and embedded robustly to support all surge and essential services delivery | Utilisation of the set of "triggers" to inform safe and prioritised deployment of staff | Executive Director of Workforce & Organisational Development | 31/03/2021 |
| 19.91 | | Utilisation of the comprehensive set of key performance indicators and reporting mechanism to demonstrate effectiveness of or areas for improvement in workforce planning and deployment | Executive Director of Workforce & Organisational Development | 31/03/2021 |
| 19.92 | | Demonstrated improvement against the core workforce performance key performance indicators | Executive Director of Workforce & Organisational Development | 31/03/2021 |
| 19.93 | | The set of "triggers" to inform safe and prioritised deployment of staff embedded into organisational planning structures | Executive Director of Workforce & Organisational Development | 31/03/2021 |
| 19.94 | | The comprehensive set of key performance indicators and reporting mechanism to demonstrate effectiveness | Executive Director of Workforce & | 31/03/2021 |

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| | | of or areas for improvement in workforce planning and deployment embedded into organisational planning structures | Organisational Development | |
| 19.95 | | The core workforce performance key performance indicators directly linked to and informing ongoing and future planning decisions across the organisation | Executive Director of Workforce & Organisational Development | 31/03/2021 |
| 20.10 | Development and delivery of safe and agile working | Ensure agile and new ways of working deployed in order to maintain safety for staff and patients because of COVID-19 are optimised and embedded. | Executive Director of Workforce & Organisational Development | 31/12/2020 |
| 20.11 | | Clear framework and monitoring system in place to ensure COVID -19 Secure measures in place and effective – rollout of this for Q3 | Executive Director of Workforce & Organisational Development | 31/12/2020 |
| 20.12 | | Clear framework and guidance developed and operational for supporting remote/agile working | Executive Director of Workforce & Organisational Development | 31/12/2020 |
| 20.18 | | Safe and Agile work programme integrated into "normal" working practice including policy documentation, recruitment and retention and health and wellbeing | Executive Director of Workforce & Organisational Development | 31/03/2021 |
| 20.20 | Implement Year 2 of the Health & Safety Improvement Plan is implemented to staff are proactively protected, supported and safe, including BAME, older people, co-morbidities and pregnant workers and that all environmental and social impacts are monitored and complied with | Progressed the case for change and investment to enable deliver against the highest risks in the improvement plan | Executive Director of Workforce & Organisational Development | 31/01/2021 |
| 20.21 | | Scope for the establishment of a fit for purpose Security service for the Health Board agreed | Executive Director of Workforce & Organisational Development | 31/01/2021 |
| 20.22 | | Established clear divisional and operational infrastructure to support the Strategic Occupational Health and Safety Governance and performance management structure – *roll through to Q3* | | 31/01/2021 |

| 20.23 | | Established a robust COVID-19 risk assessment structure for high risk staff and able to evidence compliance and effectiveness in reducing/avoiding avoidable harm – *re-enforce this Q3 – tracking system* | Executive Director of Workforce & Organisational Development | 31/01/2021 |
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| 20.24 | | Case for change and investment approved to enable deliver against the highest risks in the improvement plan and phased investment and delivery plan agreed by Health Board | Executive Director of Workforce & Organisational Development | 31/03/2021 |
| 20.25 | | Appropriate Procurement for the establishment of a fit for purpose Security service for the Health Board underway with clear timetable for completion and commencement. | Executive Director of Workforce & Organisational Development | 31/03/2021 |
| 20.26 | | Divisional and operational infrastructure demonstrating delivery in line with the Strategic Occupational Health and Safety Governance and performance management structure | Executive Director of Workforce & Organisational Development | 31/03/2021 |
| 20.30 | Effective infrastructure in place to ensure wellbeing and psychological support is accessible to all staff | Demonstrated effectiveness of the Staff Wellbeing and Support Service/Hubs | Executive Director of Workforce & Organisational Development | 31/03/2021 |
| 20.31 | | Developed a proposal and case for change/investment for sustainable delivery of clinically led services building on this model | Executive Director of Workforce & Organisational Development | 31/03/2021 |
| 20.32 | | Identified Key performance indicators to support consideration of the case for change and to demonstrate benefits realisations | Executive Director of Workforce & Organisational Development | 31/03/2021 |
| 20.70 | Review and improve mechanism for raising concerns to ensure concerns can be raised at all levels of the organisation with confidence they will be considered, acted upon and used to inform learning for improvement | Review of current processes on impact undertaken | Executive Director of Workforce & Organisational Development | 31/01/2021 |
| 20.71 | | Options for improvement developed and approved | Executive Director of Workforce & Organisational Development | 31/01/2021 |
| 20.72 | | Rollout of revised processes | Executive Director of Workforce & | 31/01/2021 |

| Ref | Action | Output | Lead Director | Target Date |
|---|---|---|---|---|
| | | | Organisational Development | |
| 20.73 | | Learning from review included in specification for Strategic OD programme | Executive Director of Workforce & Organisational Development | 31/03/2021 |

## Core Priority: Effective Use Of Our Resources

| Ref | Action | Output | Lead Director | Target Date |
|---|---|---|---|---|
| 17.70 | Phase 3 of Welsh Patient Administration System re-focus on West implementation | Work on data migration commenced | Executive Director Primary & Community Care | 30/06/2021 |
| 17.80 | Pending approval of the business case – deploy WEDS | WEDS implemented in YGC, prior to WPAS | Executive Director Primary & Community Care | 30/11/2020 |
| 17.90 | Development of the digital health record | Mobilisation of the project ready for implementation | Executive Director Primary & Community Care | 31/03/2021 |
| 18.00 | Implementation of Health Records Project | Appointment of health records roles to baseline and scope the transition programme and secure project support to complete actions from various review recommendations | Executive Director Primary & Community Care | 31/12/2020 |
| 18.10 | Implementation of Digital dictation project | Upgrade to the latest version and implement in the West | Executive Director Primary & Community Care | 31/12/2020 |
| 18.20 | Development of priority business cases for sustainability of services | Business cases developed for: Attend anywhere Medicine, Transcription Electronic Discharge, Mobile Working in community, Business Intelligence, Digital eye care | Executive Director Primary & Community Care | 31/10/2020 |
| 18.30 | Produce a proposed implementation plan for the development of a strengthened business intelligence and analytics team. | Strengthened business intelligence and analytics team in place | Executive Director Primary & Community Care | 31/12/2020 |
| 18.40 | Ablett Mental Health Unit Outline Business Case | Outline Business Case to be submitted to Health Board in Jan 2021 with FBC in Q4 2021. | Executive Director of Planning and Performance | 31/01/2021 |

| Ref | Action | Output | Lead Director | Target Date |
|---|---|---|---|---|
| 18.50 | Residencies: Outline Business Case | Business case to Board or Committee for approval | Executive Director of Planning and Performance | 31/12/2020 |
| 18.60 | North Denbighshire Community Hospital | Full Business Case to Board for approval | Executive Director of Planning and Performance | 30/11/2020 |

## Core Priority: COVID-19

| Ref | Action | Output | Lead Director | Target Date |
|---|---|---|---|---|
| 17.20 | Establish a Coronavirus Coordination Unit (CCU) | Staffed CCU team able to effectively coordinate management of coronavirus across divisions and executive portfolios. | Executive Director Primary & Community Care | 09/10/2020 |
| 17.21 | | Archivist in role and proactively managing document archiving, referencing and accessibility | Executive Director Primary & Community Care | 01/11/2020 |
| 17.30 | Full operation of a Coronavirus Coordination Unit (CCU) | Clearly visible oversight of coronavirus activity and forward requirements, allowing most effective, safe, use of resource. | Executive Director Primary & Community Care | 01/11/2020 |
| 17.31 | | Active leadership focus to ensure the rapid, rolling embedding of learning from across the organisation, for example learning regarding best practice for patient movement. | Executive Director Primary & Community Care | 01/11/2020 |
| 17.40 | Business Intelligence Unit phase 1 established | Increased analytics capacity and focus to establish a framework for more robust and forward looking coronavirus analytics, with trajectory towards phase 2 (which is expansion to include non-coronavirus analytics) | Executive Director Primary & Community Care | 09/10/2020 |
| 17.50 | Business Intelligence Unit phase 1 established | Revised dashboard and reporting schedule for board and partners regarding covid-19 activity, incorporating consistent early warning system operating on a 'push' basis | Executive Director Primary & Community Care | 01/11/2020 |

## Core Priority: Integrated Governance

| Ref | Action | Output | Lead Director | Target Date |
|---|---|---|---|---|
| 20.50 | Strategic organisational development programme in place to support and enable the health board to build upon work undertaken to date to ensure our plans and people are aligned to our purpose | Established a programme for engagement in the development of the specification for securing an external partner | Executive Director of Workforce & Organisational Development | 31/01/2021 |
| 20.51 | | Draft specification developed and agreed by the Board | Executive Director of Workforce & Organisational Development | 31/01/2021 |
| 20.52 | | Appropriate procurement and identification of infrastructure required to support the programme in place | Executive Director of Workforce & Organisational Development | 31/01/2021 |
| 20.80 | Subject to approval from Welsh government develop a full business case for submission in support of the creation of a medical school for North Wales in association with Bangor University. | Development of full business case | Executive Medical Director | 31/03/2021 |
| 20.90 | To develop a performance and accountability framework for 2021/22, demonstrably strengthening accountability at all levels of the organisation and underpinned by improved performance reporting against agreed and quantified plans. | Strengthened accountability framework in place | Executive Director of Planning and Performance | 28/02/2021 |